

# WESTMINSTER DESIGN REVIEW PANEL

Date: 18 January 2024

Dear Ms. West,

**Westminster Design Review Panel – St Mary’s Hospital Site Allocation Policy**

Please find enclosed the report of the Westminster Design Review Panel following the review of St Mary’s Hospital Site Allocation on 13.12.2023. I trust that this information is helpful to you.

On behalf of the panel, I would like to thank you for your participation in the review and offer our ongoing support as the policy develops, should this be required.

Yours sincerely,

Catherine Burd

**Co-Chair  
Westminster Design Review Panel**

Cc All meeting attendees

# Report of the Westminster Design Review Panel

<b>Project Name and Site Address</b>	St Mary's Hospital Draft Site Allocation Policy
<b>Planning Reference</b>	N/A
<b>Review Date</b>	13.12.2023
<b>Venue</b>	Westbourne Park Baptist Church
<b>Attendees</b>	
<b>Panel</b>	Catherine Burd (Chair), Sarah Jackson, Kosh Kar, Abigail Batchelor, Lorna Sewell.
<b>Westminster City Council Attendees</b>	Sean Walsh, Aidan Nyman, Ailish Ryan, Brandon Avery Tom Burke, Jennie Humphrey, Rupert Handley, Jane Hamilton

**Confidentiality** - Please note that until a draft policy is in the public domain, this report will be treated as strictly confidential.

## SUMMARY OF PANEL COMMENTS

- Policy should include at the start a stronger and more ambitious vision for the site, stressing the aim to deliver a world class health estate, which is set within world class townscape, and integrating references to key issues such as public realm, well-being, and sustainability. A better diagram should illustrate key principles;
- Policy should include a requirement that any redevelopment proposals coming forward are accompanied by a comprehensive masterplan, and set out the key parameters for that masterplan and the work needed to underpin it;
- The focus of policy should be on elements we want to see enhanced at ground plane - considering activating ground floor frontages, improving legibility, connectivity sustainable travel and highlighting key importance of public realm, rather than overly focusing on heights;
- Sustainability should be more prominent within considerations, included within the vision and key principles. Potential level of demolition is of concern and circular economy principles and potential to retrofit should be integrated into policy;
- Breadth of proposed uses could be refined, also having regard to what uses will contribute to this as a place and to the public realm;
- A strategy which involves clear scope for phased development across the area should be considered.

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## 1. Summary of the Proposal and Relevant Context

The draft site allocation policy sets out initial proposed high level design parameters for the site.

## 2. Stage of Proposal

Draft Westminster Site Allocation Policy.

## 3. Site Visit and Conflicts of interest

A site visit took place ahead of the review. The review was held in person. The Chair and all panel members present had confirmed they had no conflicts of interest in relation to the site. The policy team delivered a presentation, which explained the purpose of the site allocations policy and initial draft design principles. Comments of the panel are set out below.

## 4. Westminster Design Review Panel Comments

The panel welcomed the presentation by the policy team, noting the complexity of the site. Key issues discussed related to the overall approach and vision, building heights and architectural approach, public realm and connectivity, and sustainability. These are summarised below by theme:

### Overall Approach and Vision for the Site

The panel noted that the use of site allocations for such a large site is challenging, given its size and great complexity. It was suggested that to fully address the wide-ranging issues this raises, a comprehensive masterplan framework is needed (for example this could be potentially in the form of an SPD or a local area framework or similar), that sets out Westminster's expectations and ambition for the site in the context of the wider area. The panel therefore considered that any policy should include an explicit requirement that any redevelopment proposals coming forward are accompanied by a masterplan. The policy could then identify issues such a masterplan should address, as well as more detailed work which would be needed to underpin this - such as access, movement and connectivity strategy, public realm and landscape, heritage, sustainability, and circular economy assessments.

The panel recommended that the site allocation starts with a stronger and more ambitious vision. At the forefront should be the aim to be deliver a World Class health estate that is set within a world class piece of cityscape (rather than focusing on an individual world class hospital building). Key issues such as design connectivity, public realm, health and well-being, greening and active frontages should be integrated as elements in the vision, and not just listed as separate points to be addressed. This vision could be followed by a more detailed list of the priorities/ key design principles to inform any redevelopment.

In addition, a more detailed key diagram accompanying the site allocation would be beneficial. The panel considered that the policy needs to identify the wider area of influence beyond the allocation site. Plans and diagrams accompanying the policy could usefully illustrate some of the overarching principles and include two outlines - the site and its wider area of influence, showing connectivity issues/key routes which applicants need to consider, given the significant influence this site will have on a larger area.

### Building Heights Architecture and Townscape

The panel noted additional height in this location could be acceptable and a case could be made for the tallest building in this location to be the hospital, as it is the primary use. However, they noted that a tall building in this location would not have significant benefits in terms of legibility at street level, given the dense nature of the existing townscape. They considered

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legibility will be more significantly influenced by ground floor treatment and footprints of buildings across the site. A very tall building may not be the most appropriate or efficient for the hospital use and careful justification for both height and massing is needed, with consideration also given to scenarios which distribute height across the area to deliver the required quantum. The need to increase the capacity of the hospital was questioned and the required capacity also needs justification. It was suggested a strategy which involves phased development across the area should be considered.

Work carried out to date on behalf of the council on building heights takes a narrow focus of looking at the impact of various theoretical building heights on a range of views. As this is only one factor when considering potential building heights, and the study does not fully consider how the site functions as whole, or the relationship between buildings, it is not considered to provide robust support for the inclusion of guidance on what heights are appropriate within the site allocation. It is therefore recommended that work is either supplemented to provide a more thorough assessment of the full range of impacts of different heights across the site, or in the absence of this, policy does not set out parameters for building heights.

The panel concluded the allocation policy itself should not overly focus on specific building heights. Instead, policy could support an approach which is design-led, with a focus on creating appropriate massing, identifying building footprints at ground plane, and considering ways in which height is distributed across the site and where set-backs should be incorporated, as well identifying the positive townscape qualities that should be incorporated within any future development. The panel question the quality of internal space in a building with an overly large floorplate. Taller buildings with a small footprint could provide a good standard of internal accommodation (eg University College Hospital tower, which appears efficiently planned and gives all ward occupants good natural light and views).

A more nuanced approach could identify a baseline height, with potential for a series of buildings of greater height above that. Use of a podium could be appropriate (and could also help with microclimate). In terms of parameters, it was noted it will be important to address the shift from conservation area character to the character of canal basin and consider how any shift in scale is managed. The policy should also reference the need to consider daylight and overshadowing issues, including to the canal basin and seek to create an environment which promotes health and well-being. To achieve this, there will be a need for relief and policy could usefully identify the points across the site where it would be beneficial to create set-backs, openings and breakaways from the street.

It was noted in this context that it is important to be careful how any building height modelling is used and clearly set out the purpose of any modelling undertaken to support policy, as detailed analysis and understanding of heights and massing will be necessary to fully understand townscape impacts.

In terms of the architectural approach to development, the panel felt the allocation could more clearly articulate the requirement for the hospital to be 'World Class' – setting out the ideal scenario for both the hospital and the wider area. They noted that in this location what is needed is a world class piece of cityscape. It was felt that the existing townscape does not point to singular 'lump' of buildings and an understanding of existing townscape should inform design of the new hospital building as part of wider approach to place making - this could usefully be articulated within the allocation policy.

The panel suggested that this could lead to a more collegiate, campus-style approach to design, across several sites where feasible in the context of keeping the existing hospital operational during construction. This approach could also provide greater flexibility and allow greater scope for phasing, as well as for buildings to change and be adapted over time. The panel noted that,

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in terms of legibility, rather than a focus on height, it will be important to consider design at ground plane including identifying the location of the hospital's 'front door' and how this is reached as well, as the entry/exit points to the site to ensure accessibility.

The different functions and characters to the different streets across the site were noted, and the character shift moving from the conservation area to the canal basin could inform the design approach. There are more historic elements to Praed Street, which is busy and has an important function in the context of the neighbourhood. The quieter South Wharf Road is at the centre of the allocation, but has a less clearly defined character and greater consideration should be given to what its character should be. At the end of South Wharf Road at the exit to the tube, there is potential to create a sense of arrival – this should be identified as an important point of orientation and from there, there may be potential to activate frontages and enhance South Wharf Road (see also public realm below). There is an equal need to consider the character along the canal frontage including whether there can have more active frontage to the northern edge for example, and there may be an opportunity for setback to the northeast edge along canal frontage.

The allocation could consider (or require a street-based masterplan to consider in more detail) these issues of character, land use distribution and identify ground floor aspirations, including seeking to activate frontages, where appropriate, and where this will enhance permeability. Some of this could helpfully be set out on the drawings/ diagrams to accompany the allocation, which could identify different character areas.

### **Public realm, movement, transport, and connectivity**

Overall, the panel considered it was important for the allocation to more clearly stress the need for any development of significant scale to give much more to the public realm, bringing clear place shaping and legibility benefits. Given the increased scale of buildings, the quality of public realm will be extremely important, and policy should identify potential for creation of outdoor space and greening opportunities, with a focus on ensuring this promotes health and well-being. This should be a principle which underpins the policy and design parameters and must be integral to the vision.

It was noted that Praed Street is currently intense and busy, and there is more potential both on South Wharf Road and on new routes or set-backs from the street to make better public space. It was considered the routes behind Praed Street could be reimagined more as public open space which could offer respite and walkable routes through from Paddington Station and across the area.

In addressing this, the panel noted that more detailed analysis of movement, parking and transport is critical, and should be considered from the outset, as they will fundamentally affect the overall layout, existing and future hospital function and operations, and experience of walking and cycling through the site and quality of the public realm and streets and spaces between the buildings. This includes consideration of issues such as ambulance routes and entry points, staff and visitor access, bus accessibility, station, tube and taxis, and local and strategic cycle routes. The analysis should consider the wider area including opportunities to improve strategic connections for walking and cycling. There is also a need to understand existing and future parking requirements of the hospital, supporting buildings, visitors, and residents at the earliest. A phased parking framework should enable an environment that better supports and manages hospital uses including critical services (Accident and Emergency). It should identify and prioritise those people that need access to parking and look to rationalise and relocate parking to locations that have less impact on other users and needs.

Although the site has maximum PTAL, it is not fully accessible particularly with regards to walking, cycling and buses, and access through the area needs to be considered, ensuring new

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development does not increase barriers but creates more permeable access routes. In moving through the area, you are currently challenged by the barrier of the canal basin, and the policy and masterplan should consider how this can be accessed and ways in which redevelopment can help improve this.

In order to properly address these issues, this use and scale of development should be accompanied by a people-led transport, movement, access, and parking masterplan and phased framework for change, and this should be a requirement of policy. In terms of connectivity, it was noted that a policy diagram to accompany the site allocation could be more powerful in helping understanding of the importance of connections and movement – to do so it should go wider, and set out routes and transport connections e.g. how do you get into the Paddington Cube/ how to get into wider Paddington Basin and include tube exits etc.

### **Heritage Assets, Demolition/ reuse, and sustainability**

The panel noted that the heritage assets across the site are of mixed quality and there could be scope for some loss of heritage assets where this brings public benefit - but this should be based on a clearer understanding of their significance. Any masterplan plan should clarify in much more detail the value and significance of heritage assets.

It was felt that, given the mixed quality of existing townscape, sustainability considerations may be more significant than heritage considerations and there is also a need to consider in detail the sustainability of demolition. The potential level of demolition was noted as of particular concern and it was suggested that it will be hard to justify wholesale demolition, and that the level of demolition and reuse needs careful consideration, even if certain buildings can be stripped back but retaining the frame. Embodied carbon impacts must be fully addressed, with a study on this to support any masterplan.

The panel recommended that, in general, sustainability should be much more prominent within policy considerations, set out within the vision key principles with circular economy principles and potential to retrofit integrated into policy and a requirement for any masterplan to be supported by more detailed justification for demolition. Energy needs and infrastructure will also be a very important consideration for this scale of hospital and potential to link to district heating networks should be referenced.

Further, it was noted there is a need to explain what is meant by 'sustainable' and ensure a holistic approach to this. An additional consideration is ensuring buildings are durable in the long-term and designed in a way which is adaptable and can achieve 'loose fit – long life.' Panel members cautioned that any very tall building may be hard to make sustainable - it was noted that in terms of height, at around 12 storeys a building is adaptable but a very tall building with large floor plates is harder to adapt.

In addition, the panel also suggested climate resilience should be referenced, including potential impact of taller buildings on the street environment and microclimate. Greening opportunities should be identified, linked to wider public health and well-being as principles which must influence the public realm design.

### **Uses**

It was noted that a very wide range of potential uses have been identified across the site. While a range of uses is appropriate, the panel felt it could be beneficial to be a little more focused. A large number of uses could add to confusion in terms of movement and trip generation etc. and land use decisions should also consider what will enhance this as a place, and the possibility for uses to create calmer and more inviting environment for all and contribute to public realm. The panel agreed uses in the area should be health-led but suggested the range of other uses is refined. In terms of enabling development, it was noted that residential quality of any housing

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will be an important consideration in this location and needs very careful thought. For any kind of social housing, it would be hard to provide the amenity and infrastructure required in this area - in particular putting families in buildings of significant scale with no green space would be problematic. The panel considered there could be greater potential for key worker housing to be included as part of the affordable housing offer, given the site's proximity to the hospital and later living or residential care uses might also be appropriate given the supporting network of care structure. The panel also noted 'life sciences' uses can be problematic in design terms at ground floor – they generally do not create publicly accessible active frontages at ground floor level, which it was felt should be a key design parameter for the site.

### **Other**

The panel noted that there are significant logistical issues which would need to be addressed in any redevelopment of the site - phasing of development will require careful consideration and construction logistics and impacts should be considered early.

### **Next Steps**

The panel thanked the policy team for their presentation and contribution to discussion and is available to review the site allocation policy again and would also welcome the opportunity to discuss the site and the above comments with the applicants/ architects working on the masterplan at an appropriate time, and if requested by WCC.