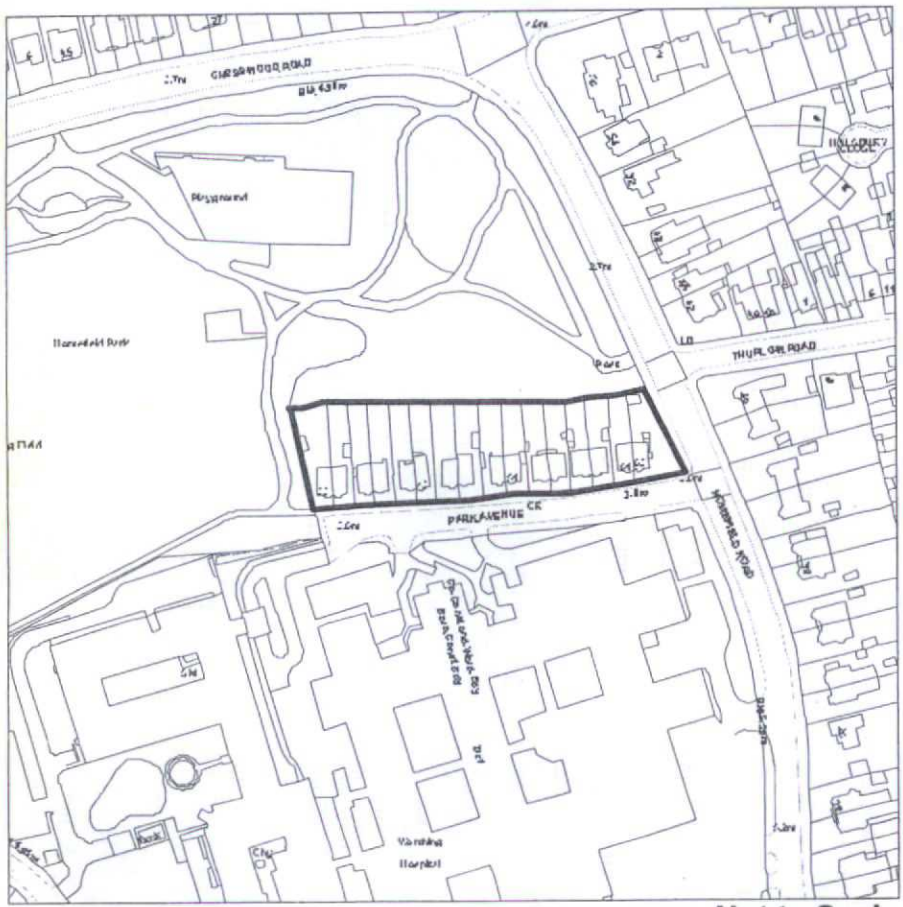
Mr Harry Smith
Mr Nick Fox

WB/10/0618/FULL
CEN
PLP

Location : Worthing Hospital Lyndhurst Road

Proposal: Demolition of existing hospital staff overnight accommodation residential buildings in Park Avenue and proposed development to provide a new Breast Clinic with associated dedicated car parking spaces and temporary car park for the hospital site.



Not to Scale

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1. THE PROPOSAL AND THE SITE

Planning permission is sought to develop a new breast screening clinic and car park on the site of 16 two storey traditional semi-detached suburban houses which are located on the north side of Park Avenue facing the service areas to the main hospital. Homefield Park surrounds the site to the north and west with two storey housing to the east on the other side of Homefield

Road. The proposal is to erect a two storey contemporary building with an L shaped footprint some 30 metres wide across the Park Avenue frontage with a maximum depth of 25 metres. It would be 9.2 metres high and would be sited 1.5 metres from the footway in Park Avenue and 4 metres from the footway in Homefield Road.

The building would be designed along contemporary lines with the main mono pitched roofs being of a proprietary standing seam zinc incorporating solar collectors in the south facing planes. The first floor would be predominantly render with curtain glazing in the south facing elevation. The ground floor would be brick with cedar cladding used for the flat roofed box like element on the south west corner.

The building would be accessed by pedestrians and vehicles to its west. The ground floor would accommodate the reception and waiting area with two mammography rooms, two clinics, two report rooms and a film store plus ancillary accommodation for staff and cleaners. On the first floor there would be a large waiting area with three consultation/examination rooms, a clinical office, a support area, a treatment room, three counselling rooms and four offices.

As part of this proposal there would be a permanent block paved car park for ten cars plus six disabled vehicles. To the west, separated by a hedge and fence and linked only by a pedestrian path, there would be a separately accessed parking area for 79 cars on a reinforced grass base.

There are a number of protected trees around the application site. A number of trees would be removed particularly for the larger temporary car park. In total 11 individual trees, one group of trees and part of a hedge. Only three trees appear to be lost as a result of the proposed building itself which is designed to allow the north east corner of the site to remain open and lawned which helps to avoid some of the main trees in this corner.

There are proposals for tree and shrub planting around the site. Furthermore, it is proposed to block up the existing openings in the flint boundary wall in Homefield Road and to create a new flint boundary wall along the frontage of the building in Park Avenue.

2. BACKGROUND

The applicant sets out the background to the application:-

"Worthing & Southlands and Royal West Sussex NHS Trusts merged in 2009 to form Western Sussex Hospitals NHS Trust. The new Trust now provides hospital based healthcare services to a population of about 450,000 in the southern section of the county. The services are provided from the Trust's three hospitals – St. Richard's in Chichester, Worthing Hospital and Southlands Hospital in Shoreham.

The Trust's first task has been to formulate a long term strategy for the delivery of its services that ensures that the people of western Sussex have ready access to the highest quality acute care. The strategy will need to be delivered against a background of reducing spending including capital funding for new buildings.

With this in mind the Trust's plans for its future include:-

- *The provision of a full range of emergency services (A&E, medicine, surgery, obstetrics and paediatrics) at St. Richard's and Worthing Hospitals*
- *The development of Southlands Hospital as a base for out-patient, diagnostics and day care services (subject to consultation in the autumn)*
- *Working with its partners in the Local Health Economy – GP's, the Primary Care Trust, Social services and Voluntary sector – to ensure that patients can be treated in the most appropriate setting whether that is at home, in community hospitals or in an acute service hospital.*

Worthing Hospital is seen as the centre for acute care for the eastern end of the Trust's catchment area, serving primarily the districts of Adur, Worthing and parts of Chanctonbury and Arun. The hospital needs to be upgraded to ensure that it can continue to provide the best possible care in an appropriate environment.

There has been little investment in the Worthing Hospital buildings in recent years. In 2010 the Trust started a new programme of investment with the refurbishment of the South block (the kitchen and restaurant).

The planning applications to which this document relates to is the next phase of development at Worthing Hospital which will address a number of current critical issues. These are:-

a) *Worthing Hospital's west wing was built in the 1970s. The engineering services need urgent upgrading and the layout of the wards falls short of today's requirements to ensure the control of infection and to provide accommodation that affords privacy and dignity to patients. The Trust has therefore started a 3-4 year programme of work to this block to upgrade the engineering services and to refurbish the wards to meet today's standards and to provide a higher overall ratio of single rooms for in-patients.*

   The Trust is proposing to construct an additional 40 beds to facilitate this process and to support other future service developments.

b) *Patients requiring emergency admission and treatment at Worthing are currently admitted to any one of a number of wards in the hospital. This means that they are often in a bed that is at a distance from the team of Emergency Admission doctors and nurses and can result in delays that extend the patient's stay in hospital unnecessarily.*

The Trust is proposing to relocate the existing outpatients department into a new block and thus create space for a single admissions area in the heart of the hospital, adjacent to A & E, imaging and other diagnostic services.

c) *The Trust currently provides the West Sussex wide Breast Screening Programme from its base at Worthing Hospital. The Department of Health have recently extended the age range for screening women for breast cancer and this will mean a 36% increase in throughput for the service. The existing Breast Clinic at Worthing is too small to cope with the increased workload and there is no adjacent space into which it can expand.*

The Trust is proposing to build a new specialist centre with the most up to date equipment on the edge of the site to provide easy access for clinical staff and other clinical services but in a patient friendly environment."

3. APPLICANT'S SUPPORTING DOCUMENTS

The applicant has submitted supporting Statements which are summarised below:-

i) DESIGN AND ACCESS STATEMENT

Introduction

The review of the options available for rationalisation of the Worthing site has highlighted a number of key objectives and sequences which are inherent in the logistics of any reconfiguration process many of which will combine to consolidate the status of Worthing as the main Acute and Emergency Services centre serving the local community.

As part of this process a new two storey building is proposed at the south east corner of the site adjacent to the Main Entrance and facing the Children's Centre. This building provides 3800m2 of flexible accommodation in a new building for the Trust's requirements to relocate outpatient clinics and inpatient beds.

The designated site for the new building is an area of surface car parking for staff and this will principally require relocation on a temporary car park. Land for this car park will be made available on Park Avenue on a site due for future clinical redevelopment following the demolition of hospital owned houses. These houses are considered no longer fit for purpose for the clinical function of the hospital. The New Ward Block is subject to a separate planning application and which is co-dependant with the car park component of this application. On the corner of Park Avenue with Homefield Road the available

site following the demolition of the houses will be made available for a new Breast Clinic.

Location

Park Avenue has been clearly identified as the optimum site for the proposed developments. For the breast clinic the site provides a place which is connected to the main hospital building but is in a more discreet location and more suitable for the types of users. It also provides an environment which is next to Homefield Park and which provides immediate respite space. The function of the building means that the scale of the building can be smaller than the usual hospital environment and this smaller scale is more suited to this space which sits between the main hospital buildings and the park and the residential neighbours.

Access by patients to the facility is directly from Park Avenue and does not require patients to enter the main hospital site. This clear and dedicated parking and access is suited to helping relieve one level of potential anxiety for the users on arrival at the building.

Function and Design

The form of the building is designed to contrast with the existing hospital aesthetically for legibility and refers to the design of the proposed New Ward Block. The design responds to its clinical function and the requirements of a modern health facility and acts as a new place maker in the landscape of the site.

The new facilities are located on the ground floor providing a series of clinical spaces which are orientated to the Park side of the site providing visual respite away from the service entrances of the main hospital. This approach creates a welcoming and reassuring outpatient facility in a manner which simplifies the pathways for patients and their families in an environment which maximises patient privacy, dignity, comfort and amenity at all stages. The elevational treatment responds to issues of the patient privacy and dignity by the use of vertical 'slit' windows and the use of vertical fins which perform a dual function of privacy screen and solar shading for low sun.

The windows create a rhythm on the façade at this level. A planted 'barrier' and garden externally increases the discretion of space on the outside of the building. The building will be grounded by the use of an engineering brick base course with a ground floor 'solid base' in brickwork to compliment the area of the hospital.

At first floor white render panels are used to create a distinction between the floors. Vertical supports for brise soleil and shading 'fins' tie the roof to the base level on the south facing side with glazed curtain walling to this elevation. On all elevations the massing is broken down suitable for the location. Roofs are used to articulate the gable ends. The staff area on the corner entrance to the site is clad in timber to soften the approach and

distinguish the location of the main building entrance. The entrance leads into a double height space with views out over the park in the west.

Environmental Design

With respect to the conservation of energy the aim has been the development of sustainable design solutions that provide high quality internal environments, appropriate to the building use, whilst minimizing operational energy consumption and carbon emissions.

The approach will be to ensure that energy is consumed efficiently. This may be achieved on site through the adoption of a number of energy efficiency measures, notably the use of daylight-led design, natural ventilation, solar passive techniques, use of existing site-wide heating and intelligent heating and lighting controls, where viable.

The pitched roofs to the building will be a proprietary standing seam zinc roof system intended to be fully recyclable in the future,. Internally a flat green roof is proposed which will help contribute towards the target 'Excellent' BREEAM rating for the building alongside solar collectors on the south facing pitched roof. The building will be modelled to achieve energy efficient targets to reduce the consumption of fuel and power within the hospital services framework. This will include proposals for natural ventilation where possible within the parameters of the clinical function of the departments. The staff area is clad in cedar boarding – recycled if possible. The parking area for the building will have a porous surface responding to the issues of flood risk in this location.

A key objective of the proposed development will be to meet the highest standards of sustainable design and construction and in order to meet these requirements the development will give consideration to the following measures:

- *The re-use of land*
- *The conservation of energy, materials, water and other resources*
- *The use of natural systems both within and around the building*
- *The reduction in the impact of noise, pollution, flooding and micro-climatic effects*
- *The provision of a comfortable and secure environment for the building users*
- *The conservation and enhancement of the natural environment*
- *The promotion of sustainable waste behaviour including support for local integrated recycling to mitigate the use of water, the depletion of natural resources and the use of hazardous substances will be avoided as far as possible or minimised when necessary.*

Landscape

The new Breast Clinic and Temporary Car park are to be situated to the north of the site along the boundary with Homefield Park. The site is currently occupied by residential properties and associated gardens which are to be demolished. There are a number of mature trees along the boundary with the park. A tree survey has been carried out. Those trees recommended to removal along the site boundary will be felled. A number of trees associated with the gardens of the houses to be demolished will also be removed. Those which remain, primarily the healthy trees along the boundary, will be protected in accordance with B 5837:2005. New native trees will be planted at the Breast Clinic and where gaps have been created by the removal of existing trees.

The Breast Clinic will be located in the northeast corner of the site. The existing stone wall along Homefield Road will be made good with existing gateways removed and closed with stone walling to match existing. A new stone wall will be constructed along the southern boundary of the site between the Breast Clinic and the access road.

Access to the Breast Clinic will be from the existing access road. A hard landscaped area of concrete block paving will be created in front of the Breast Clinic to define the entrance with 3 no. disabled parking bays to either side (6 no. in total). A further 10 no. standard parking bays will be provided for use by the Breast Clinic. The car parking will be constructed with a porous surface with pedestrian footpaths constructed in macadam with a resin bound aggregate finish. All street furniture will be constructed from timber.

A temporary car park will be created immediately to the west of the Breast Clinic and separated from it by an ornamental hedge/timber fence. The temporary car park will be constructed in reinforced grass paving, reducing the visual impact and providing a permeable surface for storm water infiltration.

A planted buffer zone will be created between the temporary car park/Breast clinic and the boundary with the park including a native hedgerow to reinforce the visual screening of the hospital development in views from the park.

Access

The building has been located and designed to provide clear visual orientation on the site as well as providing a clear spatial setting for the public realm. The principle is that the way-finding on site and routes to the building should be by design and not by signage.

On arrival at the site public access to the new facility from Park Avenue within the defined perimeter of the Breast Clinic site. The temporary car park will be lit for security and safety purposes. Access for staff to the main hospital from the car park will be through an existing staff entrance in the stair tower opposite to the site."

ii) TRANSPORT STATEMENT

This has been prepared in respect of both applications for the new ward block with outpatients, and, the proposed breast screening clinic and car park. The report examines the existing and proposed situations and reaches the following conclusions:-

"Summary and Conclusions

Summary

WSP has been commissioned to provide transportation and highways advice in support of a planning application relating to two sites at the hospital in Worthing.

Section 2 of this Transport Statement sets out the national, regional and local planning and transport policies against which the development proposals will be considered. The dominant theme throughout is one of sustainability and developing sites with the objective of creating a development which is accessible and reduces the need to travel, especially by car.

Section 3 outlined the existing situation surrounding the proposed development site in terms of transportation. A review of the pedestrian and cycle network has been undertaken and determined that existing facilities are of a good standard and encourage the use of non-car modes of travel. The existing bus and rail network has also been reviewed and shows that there is a good frequency of both bus and rail services in the area. These excellent opportunities for sustainable travel to and from the site are promoted through the site-wide Travel Plan.

Section 4 highlighted the specific characteristics of the proposed development sites. Currently site 1 is occupied by 16 semi detached family homes whilst the development proposals include the provision of a 70 space temporary staff car park and the provision of a new breast screening clinic with associated parking.

Site 2 is currently an 82 space car park which will be replaced by a new ward with up to 40 beds. Although this site will require staff it is expected that initially, two wards from the west wing will relocate into the new ward and then as the west wing is renovated and reused staff from other areas of the hospital will be relocated to other sites meaning there will be no overall increase in staff on site.

Section 5 demonstrated that the removal of the housing will result in a reduction in vehicle trips on the local highway network whilst the provision of the breast screening clinic will result in a small number of additional trips. Overall there will be a small increase in the number of car trips on the surrounding highway network.

Conclusion

This report has concluded that existing transport facilities surrounding the hospital are good and provide a choice of travel mode other than the car.

The planned demolition of housing and construction of a new breast screening clinic, as well as the provision of the new ward and the temporary car park, will result in a maximum of 2% change in traffic flows in 2015 which is less than the daily variation in traffic flows on the local highway network.

The changes in traffic volumes are within acceptable limits, and as such, these developments do not require specific mitigation packages. However, at a time of change for the Trust, and a time where short term pressure on parking will be evident, the measures within the Travel Plan will provide additional choice for staff and encourage travel by sustainable modes to reduce the demand for the available parking as much as possible.

Given that there is likely to be an overall reduction in staff on site due to the relocation of employees from the ophthalmic and finance departments, as well as the introduction of the site wide Travel Plan, with its Car Park management Strategy, the number of staff parking spaces that will be provided throughout the hospital, following construction of the proposed developments, is considered appropriate.

The use of these car parking spaces will be managed through the Car parking Management Strategy so that overall, spaces are not lost, but at the same time, spaces will not be over provided. The Trust are also currently in discussions with NCP regarding the option of renting further off-site car parking spaces, if these are required following completion of the new ward to maintain current levels of parking. This will ensure that there is no additional pressure from parking on local streets in the vicinity of the hospital.

Given the benefits of the proposed facilities and only a minor increase in car trips the development should be approved on transport grounds."

iii) STAFF AND VISITOR TRAVEL PLAN

This report informs that there are currently 545 beds for both emergency and non-emergency treatment, the hospital employs 2,930 staff and has 804 parking spaces available for staff and visitors. The report considers current policy guidance. It scrutinises the existing highways network, car parking, cycle parking, public transport services and accessibility on foot. It suggests ways of improving these and arrives at the following conclusions:-

The Worthing Hospital Staff and Visitor Travel Plan

Worthing Hospital is committed to promoting and encouraging employees and visitors to travel sustainably to and from the Hospital Site.

With respect to both national and local policy guidance and best practice, the headline aim for the Travel Plan is to:-

To provide a tool for the provision of appropriate sustainable travel measures for both staff and visitors of Worthing Hospital

- *To promote and encourage the use of alternative, more sustainable modes of transport and working practices amongst employees and visitors to reduce CO^2 emissions caused by the operation of the hospital*

The measures for encouraging sustainable travel that will be implemented are detailed below:-

- *Appointment of a Travel Plan Steering Group and Travel Plan Coordinator to oversee the implementation and ongoing management and monitoring of travel behaviour to and from the hospital;*

- *Provision of information – All employees will be given Welcome Packs and information sustainable travel information including pedestrian and cycle route maps and bus and rail timetables will be disseminated via sustainable travel notice boards, monthly emails and on the company intranet.*

- *Visitors will be made aware of sustainable travel opportunities through information displayed on the Sustainable Travel notice board in the reception to the building and through leaflets provided to patients through their confirmation letters;*

- *Car Parking Management Strategy – The strategy will ensure that the optimum use of the available resources is achieved. Measures to be implemented as part of the Management Strategy will be decided by the Steering Group and TPC but the overriding aim of these will be to ensure that those who genuinely need to drive are able while ensuring suitable alternatives are found for those who do not.*

- *Promoting walking and cycling by providing facilities on site to support travel to work by these modes. Including shower and changing facilities and 20 covered Sheffield style cycle stands close to the main entrance. Furthermore, Worthing Hospital will offer a tax efficient cycle purchase scheme.*

- *Car sharing – informal car sharing among employees will be promoted in association with the West Sussex PCT 'Lifeshare' Scheme; and*

- *Promoting sustainable working practices including videoconferencing and centralising business travel booking.*

These measures are in addition to existing opportunities for sustainable travel which are detailed in Chapter 4 of this Travel Plan and include:-

- *Up to 34 rail services per hour throughout the day to various locations and settlements from which many staff, patients and visitors may commute;*

- *An excellent network of advisory cycle routes connecting the Hospital site with Worthing town centre and bus and rail stations; and*

- *A range of bus services operating in the vicinity of the Hospital providing access between Worthing bus and rail stations and the wider area.*

Implementation and Management

Chapter 7 details the importance of an Action Plan for implementation of the Travel Plan in addition to a clear management structure. Without a clearly defined management process it is unlikely that benefits will be derived from the Travel Plan.

A Travel Plan Steering Group comprising senior management and representatives from WBC and/or SWCC and a Travel Plan Coordinator (TPC) will be identified to oversee the implementation and ongoing management of the plan. The TPC is responsible for the daily management of the plan and will work closely with WBC and WSCC to ensure the effective implementation of the plan.

Monitoring and Targets

Chapter 8 sets out initial Action Targets and monitoring process for the Travel Plan. SMART targets will be set in consultation wit WSCC following the initial employee travel surveys which will be undertaken six months from the date of implementation of the plan.

Monitoring will enable the measurement of travel patterns over time and will illustrate positive trends away from the private car for journeys to and from the Hospital site.

The Travel Plan Coordinator is responsible for undertaking the monitoring process with support provided by WSCC.

iv) PHASE 1 ENVIRONMENTAL ASSESSMENT

This report reaches the following conclusions:-

Proposed Redevelopment

Two areas of the wider site are proposed for redevelopment, namely a new Breast Clinic with associated temporary car park located on the site of the Park Avenue houses and a new Ward Block located to the south of the Children's Centre. A proposed development layout is presented in Appendix A.

Summary of Redevelopment Site Areas

Breast Clinic and Temporary Parking

The proposed breast clinic and car park is located in the north of the site within an area currently occupied by residential housing. Demolition of these buildings will be required as part of the redevelopment proposals. The site was partially occupied by a nursery from pre-1898 until pre-1932 when the current houses were developed in their current configuration. An electrical substation is located immediately to the north of the site. The site is underlain by alluvium and brickearth over the Lambert Group. Made Ground may also be present.

The site is located within an EA indicative floodplain and a risk of damage to properties is considered to exist (further information is contained in the Flood Risk Assessment document).

Limited potential contamination sources have been identified in this area, principally comprising the adjacent substation and the former use of the site as a nursery. The underlying Minor and Major aquifers may facilitate the migration of potential contaminants from the site. A risk of direct exposure to potential contaminants may exist where hardstanding is not present and in the event of excavation.

Ward Block

The proposed ward block is located in the east of the site, in an area of hardstanding between hospital buildings. The site historically comprised residential housing and a physiotherapy/rehabilitation centre (later becoming a post graduate centre). As part of the extensive redevelopment of the hospital in the late 1980s/1990s, this area became an area of hardstanding (car parking) between existing hospital buildings. The site is underlain by brickearth over the Lambert Group. Made Ground may also be present.

No significant contamination sources have been identified in the area although historical contamination from earlier hospital development cannot be ruled out. The underlying Minor and Major aquifers may facilitate the migration of

potential contaminants from the site although the presence of hardstanding is likely to act as a barrier against contaminants in the subsurface. A risk of direct exposure may exist in the event of excavation.

Recommendations

It is recommended that in the absence of any site-specific ground condition information, an intrusive investigation is undertaken in both site areas with respect to a geotechnical assessment in order to inform on the preliminary engineering design and to undertake limited contamination testing to confirm the absence of any significant contamination with respect to the proposed redevelopment end use.

Specific recommendations relating to the Breast Clinic and temporary car park are for the completion of an appropriate asbestos survey, in advance of any demolition works."

v) FLOOD RISK ASSESSMENT AND DRAINAGE STRATEGY

"Conclusions and Recommendations

The development proposals are for the demolition of the 16 existing semi-detached houses located on Park Avenue to provide a temporary staff car park and a Breast Screening Clinic with associated parking. No sleeping accommodation has been proposed within the development.

The Environment Agency has confirmed that the site lies within an area classified as Flood Zone 3, where the annual probability of tidal flooding is 1 in 200 years or greater (>0.5%). However, according to the Strategic Flood Risk Assessment, the site is protected by the existing coastal and sea flood defences, which have been confirmed by the Environment Agency to be sufficient to protect the area up to the year 2106.

In Table D.2 of the PPS25 hospital units are classified as 'more vulnerable'. The sequential test outline in Table D.1 of PPS25 identifies the 'more vulnerable' development must pass the Sequential and Exception Tests.

The Strategic Flood Risk Assessment has indicated that the proposed development site has been highlighted for potential development to enhance the current facilities in the area. The SFRA also indicates that the existing Flood Risk Management Policy is 'No Active Intervention'. This involves continuing monitor and advice.

The existing site is considered to be the only site suitable for expansion of the hospital and it is therefore considered to have passed the Sequential Test. The site is Brownfield and the proposals will result in a reduction of impermeable area, thus easing the existing surface water flooding issues and therefore considered to have passed the principle of the Exceptions Test.

The SFRA also indicates that there is a medium to high potential for groundwater flooding to the site; however, there are no recorded historic incidents of groundwater flooding.

Strategic improvements to the existing surface water drainage are currently being discussed with Southern Water to reduce flood risk from surface water flooding. The proposed levels of the clinic are to be set at 300mm above the levels of Park Avenue at approximately 3.30mAOD to protect against any surface water flooding on Park Avenue and from overland flows from the west.

A Breach Analysis has been undertaken for Worthing as part of the SFRA completed in January 2008. Two potential locations were identified along the coastal flood defences. The nearest breach location is approximately 1km south-east of the application site.

As part of the development, the use of a geo-grid to reinforce the grass surfacing has been proposed in the temporary car park. Geo-grid systems will allow surface water runoff to infiltrate naturally into the ground. By proposing this surfacing in the temporary car park, the amount of impermeable area is reduced. Furthermore, pervious paving will be incorporated around the clinic which will mean the amount of runoff generated is reduced by 87%.

Therefore, the proposal does not increase flood risk to the site and off-site areas.

The proposals are robust in terms of flood risk and comply with PPS25."

vi) ECOLOGICAL ASSESSMENT REPORT

This report has been submitted to cover the two applications for the new ward and outpatients building as well as the proposed breast screening clinic and car park. It reaches the following conclusions:-

Conclusions

The Worthing Hospital Site comprises hardstanding (car parking) and a variety of buildings including hospital wards, offices and residential housing. There are no statutory or non-statutory designated sites for nature conservation that fall within the potential influence of the scheme proposals.

The extent of ecologically valuable habitat within the hospital grounds is limited in size and geographical location and comprises:-

- *Individual mature trees (protected by a Tree Preservation Order) and small areas of plantation woodland along hospital boundaries; and*
- *Ponds.*

In addition, the hospital contains suitable habitat to support the following protected or notable species: nesting birds, hedgehog, stag beetle, slow worm and roosting bats.

The two schemes considered within this report involve a low level of habitat loss, relating to felling of mature and immature trees, which can be readily compensated for through new planting with native species. No ponds will be impacted by the schemes.

It is recommended that mature trees with the potential to support roosting bats are subjected to pre-felling inspections to ensure that there are no adverse impacts to roosting bats, and that all vegetation removal takes place outside of the nesting bird season (which generally runs from March – July inclusive).

Retained trees that are close to construction activities should be safeguarded with protective fencing in accordance with SB5837:2005 'Trees in relation to Construction'.

In order to compensate for tree loss, new native species planting is proposed within soft-landscaping areas, including on the boundary with Homefield Park and adjacent to Homefield Road adjacent to the new ward block. In addition, it is recommended that a small number of bat boxes are erected within retained trees along the northern and western boundaries of the new Breast Clinic site, to ensure continuity of available tree roosting resource whilst new planting becomes established.

The proposed landscape buffer zones around the perimeter of the new Breast Clinic site, as well as adjacent to Homefield Road adjacent to the new ward block, present opportunities for ecological enhancement through wildlife habitat creation and recommendations within this report include creation of wildflower areas, log piles and even wildlife ponds, to deliver biodiversity enhancement and create a 'wild space' resource for use by the thrust in line with the Faculty of Public Health's recent report on the use of green space to improve wellbeing (Faculty of Public Health, 2010). The need to obtain BREEAM Excellent ratings is likely to identify such enhancement opportunities in order to secure the necessary credits.

Some of the mature trees which will (or may) be felled are listed under a TPO for the hospital site. This does not infer any particular ecological value and, although the presence of the TPO will be taken into account when determining the applications, there is no specific ecological reason for the trees to be retained provided the recommendations in this report relating to pre-felling inspections and compensatory tree planting are adopted.

vii) ARBORICULTURAL DEVELOPMENT STATEMENT

Summary

The proposal is in two sections, a new Breast Clinic with a permanent car park, and the provision of a temporary car park for the period of hospital

reconfiguration works. The second section is for the proposed construction of a new hospital ward block at Worthing Hospital. This Arboricultural Development Statement (ADS) will demonstrate the protection measures for the retained trees.

This ADS should be read in association with the Tree Protection Plans (CBA7245.02 and 03). These plans identify the individual trees and groups of trees to be removed, and those to be retained. It follows the initial tree survey, implications assessment and on-going discussions to minimise the impact upon the existing tree stock.

The emphasis of the report is predominantly that of preservation and tree protection. It identifies methodologies to provide protection for trees, to ensure their healthy and safe retention during and post development, as guided by BS5837:2005 and current best practice. Of the trees protected by TPO 1992 No. 12 the proposed Breast Clinic only affects T22 (CBA 136) of the trees listed in schedule 1, this tree is however recommended for removal on grounds of sound arboricultural management. The New Ward Block proposal will involve the loss of T26 (CBA 56) from the above schedule, it is believed this tree is a replacement planting due to its size, age and species. Two trees from TPO 1992 No. 12 G5 (CBA 29 and 30) will require light pruning on the western side of the canopy which will not detrimentally affect the trees and CBA 31 is listed as lost to the development but it is hoped that this tree can be retained subject to further investigations.

The Breast Clinic and car parking areas will involve the loss of 11 (eleven) individual trees, one group of trees and the partial loss of Hedge 3. the new Ward Block will involve the loss of 3 (three) trees, albeit that one of these, T31, will be lost subject to site investigations which may prove the tree can be retained. Ten individual trees will be removed for sound arboricultural management regardless of any development proposals. A comprehensive landscaping scheme will be submitted as part of the planning proposals which will detail replacement tree planting. CBA trees believes that the trees highlighted for retention within this report can be retained without undue stress on their long-term health.

<u>Conclusions</u>

i) *The proposal is in two sections, a new Breast Clinic with a permanent car park, and the provision of a temporary car park for the period of hospital reconfiguration works. The second section is for the proposed construction of a new hospital ward block at Worthing Hospital. These proposals have been assess broadly in accordance with British Standard 5837:2005 – 'Trees in Relation to Construction – Recommendations'.*

ii) *The Breast Clinic and car parking areas will involve the loss of 11 individual trees, one group of trees and the partial loss of Hedge 3 of which no trees are covered by the Tree Preservation Order 1992 No. 12. The new Ward Block will involve the loss of 3 trees albeit that one*

of these, T31 will be lost subject to site investigations which may prove the tree can be retained. Trees 31 and 56 are protected by the Tree Preservation Order 1992 No. 12.

iii) *Tree 31 (new Ward Block) is shown to be removed as part of the planning application due to potential root loss. However, due to the Tree Preservation Order and the existing area of hard standing, the tree will be protected and retained until the excavation and inspection under supervision is carried out along the building footprint within the Root Protection Area. This should be carried out during the initial construction phase to fully assess the impact on this tree. After inspection, if the works appear to imminently render the tree unsafe it will be removed and a significant replacement replanted (species and location to be approved by Worthing Borough Council).*

iv) *Tree 56 appears on the map to be covered by the Tree Preservation Order 1992, No. 12 by Worthing Borough Council (T26). However, there is a discrepancy between the species listed in the amended first schedule (listed as Sycamore) whereas CBA Trees has identified this as a London Plane, this may be a replacement planting for a previously removed tree.*

v) *Trees 29, 30 and 31 are protected by the Order, detailed As G5. the light pruning required will not have a detrimental affect on the amenity of Trees 29 and 30, and the development will not affect their long-term retention. Yew, as a species can respond and cope well with some root loss. It is the intention of CBA Trees to retain tree 31, subject to the further investigations detailed in paragraph 22.4.*

vi) *It is our opinion that the trees identified for retention can be afforded due respect and provided adequate protection, ensuring their safe and healthy retention during the development process.*

vii) *It is our opinion that the loss of the trees, groups and hedges will not have a detrimental effect on the local visual amenity or significantly alter the visual treed character of the local area. As a comprehensive landscaping scheme will be submitted as part of the planning proposals, this will detail replacement tree planting which will provide new tree planting that will provide long term tree cover on the site.*

viii) *Provided the recommendations included within this report are strictly adhered to, CBA Trees believes the trees highlighted for retention within this report can be retained without undue stress on their long-term health.*

viii) LIGHTING STATEMENT

Both applications WB/10/0617/FULL and WB/10/0618/FULL are considered in this one report but the comments relate predominantly to the clinic site where the impact of lighting would be greater.

Mitigation

General Principles

The lighting designs will take into account the current baseline conditions on and in the immediate vicinity of the site and the surrounding receptors. Such principles will include the following:

- *The level of lighting will be retained to a minimum level to ensure on-site safety and security during the night-time period, whilst ensuring that the potential effects of light spill, glare and sky glow are mitigated in line with best available technology;*
- *Curfews or dimmer functions should be used, to avoid unnecessary light during quieter periods e.g. midnight to 5 am; and*
- *Lighting should be directed to where it is needed with minimal light spillage onto adjacent areas. This can be achieved by limiting the height of lighting columns or the height of wall-mounted lamps and by using as steep a downward angle as possible and/or a shield or hood that directs the light below the horizontal plane.*

Breast Clinic and Temporary Car Park

The indicative lighting design produced for the breast clinic and temporary car park will ensure minimal light pollution but could be improved as follows:

- *The luminaires could be of full horizontal cut-off design (rather than shallow bowl design) and could be subject to a 0 degree rather than a 5 degree tilt. This may result in additional lamps being needed to achieve the average surface illuminance requirement but will provide greater control of light spill.*
- *Shields or hoods could be fitted to the luminaires to avoid light outside of the car park area. The current design cannot preclude some light spill into Homefield Park, which is also a reflection of the columns being located adjacent to the site boundary;*
- *An automatic or manual curfew could be installed such that the lights are switched off/dimmed during quieter periods.*

Landscaping

Secondary mitigation will be provided through the retention and enhancement of the boundary vegetation screening. Vegetative planting along the northern boundary will reduce the visual impact of lighting into Homefield Park. Landscape planting adjacent to the east of the new ward block will enhance existing landscaping along Homefield Road and provide an element of screening.

Orientation of Buildings

In certain circumstances, proposed buildings (e.g. Breast Clinic) will provide screening (e.g. from Homefield Road), which will minimise any localised, residual light spill.

Summary

Overall, based on the above outline principles, new lighting which is carefully designed and installed as part of the 2 proposed developments, supplemented by boundary treatment (landscaping enhancements) will provide a safe and secure environment for staff, visitors and residents, whilst taking into account the need to avoid obtrusive light impact on patients and residents, as well as the townscape and ecological sensitivities."

4. CONSULTATIONS

The **Highway Authority** comments as follows:-

"This element of the proposal seeks permission for the demolition of the existing residential properties fronting Park Avenue and the construction of a new clinic together with a new vehicular access to 16 permanent spaces. A further 70 temporary car parking spaces are proposed again to be accessed separately.

The formation of the new accesses onto Park Avenue would result in the loss of several on-street parking bays. These bays form part of the Worthing Controlled Parking Zone. It is appreciated that the closure of existing accesses serving the dwellings would enable replacement CPZ bays to be formed. There is very limited consideration given to the presence or requirement to amend the existing Traffic Regulation Order controlling the CPZ bays. The process would need to be funded by the Applicant. No consideration is given also to the retention of the existing bays on either side of the accesses and the consequences this may have on visibility. Whilst it is appreciated that a temporary car parking area is proposed, there still seems scope for the temporary and permanent car parking arrangements if altered to be served by way of a single access point, thereby further limiting the number of accesses and impact upon the CPZ bays on Park Avenue. Given the relative uncertainty in respects of the temporary car park (i.e. how long this will be provided for), it perhaps seems more appropriate to consider this more as a permanent area and in the event of any future proposals coming forward to then remodel the proposed car park accordingly. There are consequently a number of issues in respects of the layout that should be considered.

A pedestrian dropped crossing point is also shown. The formation of this would result in the loss of CPZ spaces and could result in pedestrians crossing between parked cars. It is suggested that this crossing is provided nearer to the proposed access to minimise the impact on the CPZ. Details

should be sought via condition or as part of a revised plan along with the other items as detailed in the paragraph above.

With regards to the proposed trip generation arising from the clinic, it's noted that an allowance is being made for the existing residential dwellings. The application form however details that these dwellings are not family properties but are used as over night accommodation for hospital staff. It is accepted that these have a permitted residential use but treating these as large family dwellings is perhaps incorrect and it is perhaps expected that these units would generate very few movements rather than the 5.7 movements indicated by the submitted information (the TRICS selection used does include quite large developments (most include 40+ units) compared with the 16 existing dwellings and a Greater London site is also included). However that is on the understanding that all of these units are operating as over night accommodation. There is also an existing breast clinic on site and as such whilst the new facility is larger than the existing, in terms of patient numbers it is accepted that there are a number of patients visiting the facility at the hospital at present and that the new facility will therefore give rise to an increased patient numbers. Based on the current and proposed patient numbers, it may be possible to give some indication of the increase, which in turn may influence traffic generation. Similarly the site will result in the transfer of staff from the hospital to the new building, so there may be no net movements associated with staff arising from this. Account could also be given to potential trip reduction associated with the travel plan. Based on the information provided, however, it is generally accepted that no capacity impacts will arise as a consequence of this proposal but it would be beneficial for some detail to be provided in regards of the existing facility accommodated within the site in terms of the number of staff and daily patient numbers, and how this will differ from that proposed as part of this proposal, again in terms of staff numbers and patient visits.

In conclusion, there a number of recommendations made regarding the possibility for a single point of access to be provided for the permanent and temporary car parking areas. The Applicant would also need to consider the implications of this proposal upon the existing CPZ. Some further information regard the nature of the existing and proposed uses would also be beneficial. In principle, however there would be no significant concerns raised with this element of the proposal.

Joint Matters

It is appreciated that neither application is guaranteed to receive planning consent. The impact of each proposal therefore needs to be considered accordingly. There would be potential concerns if the ward block were to be permitted and the breast clinic refused due to the potential for car parking to be displaced on-street. The package of mitigating measures would need to be robustly justified and agreed prior to any works commencing. No over riding consequences would be anticipated should only the breast clinic be permitted, although I'd welcome confirmation that this would still include the temporary parking area. If both schemes are implemented, phasing should be

agreed to ensure that the temporary car park along with any other appropriate measures are in place prior to commencement of construction on the new ward block. The phasing is considered a key point.

In terms of impact upon the controlled parking zone, the proposals jointly may have a nil detriment upon this and if anything further spaces may be freed up through the closure of accesses. There may consequently be some benefit. There may also be potential detriment if the temporary car park cannot be provided and only the ward block permitted. The Applicant would be required to fund any associated amendments to existing traffic regulation orders. However, with knowing whether the applications will be permitted it is difficult to conclude what impact will result to the CPZ or on-street car parking in the local vicinity. However, it would appear that this proposal would offer the ability for additional spaces to be provided to the CPZ, but of course with there being potential impact if the car park is lost and not suitably mitigated.

A Travel Plan has been provided and this should be secured as part of any approved application. The Travel Plan has been reviewed and the following comments offered.

The Draft Travel Plan (DTP) is very well constructed and contains a number of firm commitments to promoting sustainable travel. The DTP also demonstrates close links between car park management measures and sustainable travel incentives, and emphasises the importance of such links. However, before the DTP can be approved the following points should be addressed:-

Travel Plan Measures

1. *Consideration should be given to installing at least one electric vehicle charging point for public use. This would complement the countywide charging network that is currently being developed.*
2. *Similarly, consideration should be given to installing at least one charging point (preferably solar-powered) for electric bicycles).*
3. *The Hospital should, in partnership with NHS South East, fund a Worthing Cycle Challenge for local employers/employees. Such initiatives, which are extremely effective in generating modal shift, encourage employees to ride a bike for just 10 minutes over one month. A recent challenge in Chichester has been very successful.*
4. *The Travel Plan should also highlight any opportunities there might be to reduce the carbon footprint of any fleet vehicles operated by the hospital.*
5. *As an alternative, or indeed addition, to the proposed pool bicycle scheme the hospital should consider introducing a private mileage rate for employees using their own bicycle on business journeys. Currently, 20p per mile can be paid before employees are liable to pay tax.*
6. *The Travel Plan should contain details of existing public and staff car park charges, and any proposed amendments to these.*
7. *The Travel Plan should clarify when the temporary lease of 85 spaces in the Gas Board car park is due to expire.*

8. *Pindar has produced a series of map leaflets and notice boards that are specifically designed to support Travel Plans. The County Council is currently considering funding a West Sussex base map, which would enable employers to order site-specific products at a greatly reduced price (i.e. only print costs would be incurred). The Hospital should contact this office with regard to this option when such leaflets are being considered as part of the Travel Plan.*
9. *Section 6.3.2 states that staff doing the school run could perhaps qualify for parking permits. Given that the County Council is working very closely with schools to ensure that they all have effective Travel Plans, the Hospital should ensure that this proposal would not undermine the potential for employees' children to walk, cycle or use public transport for their journeys to school.*
10. *Section 6.3.2 also states that a monthly prize draw could be introduced to incentivise car sharing. Prize draws can be extremely effective tools to bring about modal shift; however, it is strongly recommended that all sustainable commuters are eligible to participate. The County Council operates a 10% Commuter Challenge, whereby WSCC employees make an on-line pledge to use sustainable modes on at least 2 days each month. WSCC would be happy to facilitate this initiative for the Hospital (contact this office for further information).*

Targets and Monitoring

The County Council's emerging Development Travel Plans Policy requires that:

1. *Development Travel Plans in urban areas (e.g. Worthing) should include a target to achieve a 12-hour weekday vehicle trip rate that is 15% lower than that predicted in the Transport Assessment (i.e. if a Travel Plan was not introduced). The predicted 12-hour vehicle trip rate should therefore be stated in the Travel Plan document, as should the target trip rate.*
2. *Development Travel Plans should be monitored in accordance with the TRICS Standard Assessment Methodology for Travel Plans (TRICS SAM). SAM surveys should be commissioned by the developer (and ideally secured through a Section 106 agreement) and carried out at years 1, 3, and 5.*
3. *Development Travel Plans should be enforceable. If the 12-hour vehicle trip rate target is not achieved at year 5 then a penalty should apply. In this case (a hospital site where there will be no increase in parking), a financial penalty may not be appropriate. The Travel Plan should therefore include a commitment to implementing further behavioural change measures, to be agreed with the County Council, if the target is not met. Furthermore, the Travel Plan should be monitored for a further 5 years in accordance with the TRICS Standard Assessment Methodology.*
   N.B. TRICS SAM surveys should be conducted in addition to the staff and visitor surveys referred to in the DTP.

Given that the Hospital site has been occupied for a number of years, staff and visitor travel surveys should be conducted now and included in the revised Travel Plan document. The results should be used to assess the potential for modal shift away from lone driving and towards more sustainable modes (e.g. proportions of staff and visitors that live within walking and cycling distance/along a bus route, analysis of staff home postcodes to establish the potential for car sharing etc. A prize draw is likely to help boost the response rate."

The ***County Archaeologist*** *comments as follows:-*

"The application site is presently occupied by staff accommodation.

Worthing Hospital is not known to overlie any previous archaeological discoveries. Archaeological fieldwork carried out during major redevelopment on the Hospital site in the early 1990s did not identify any significant buried ancient remains.

In view of the apparent absence of such ancient features during previous fieldwork on the Hospital site, and of the expected previous ground disturbance from foundation excavations for the existing staff accommodation, it is not considered that the proposals are likely to have significant archaeological impact.

No objection on archaeological grounds. No anticipated significant archaeological implications.

CONCLUSION

Whilst there is no archaeological objection and no concerns in principle to the highway aspects of the proposal, further information and consideration is required in regards of these proposals."

The **Executive Head of Health, Housing and Community Safety** comments as follows:-

"*Dust*
During the construction of the development there is the potential for dust to affect the amenity of nearby residential occupiers, unless properly controlled. I therefore recommend that a condition be attached to any permission granted requesting the submission of a scheme for the control of dust.

Transport and Air Quality
I welcome the sustainable transport provision detailed within the 'Final Framework Travel Plan' and the positive impacts this could have on local air quality. However, I am disappointed that the provision of electric vehicle charging points has not been discussed. The use of electric vehicles is likely to increase in the future and the County Council are in the process of trying to implement a network of charging points. The provision of such points at the

hospital could promote the use of electric vehicles and bring about improvements to local air quality.

Lighting
There is no indication of the level of light spillage associated with the temporary car park. The levels at the boundaries of the car park itself are relatively high and I need to be satisfied that spillage onto adjacent residential windows will not cause a loss of amenity. I recommend that the light at residential boundaries does not exceed 10 Lux between 07:00 and 23:00 and 2 Lux between 23:00 and 07:00.

Contamination
The Environmental assessment has identified a number of on-site sources of potential contamination, however, it is stated that the current use of the site is not considered to act as a significant source of contamination. However, the assessment advises that historical contamination from earlier hospital development can not be ruled out, particularly in the area of the proposed Ward Block.

The assessment recommends intrusive investigations of both site areas with limited contamination testing. I would advise that soil sample analysis should include PCB's, speciated PAHs and TPH analysis which should be separated into its different fractions.

I would recommend the addition of the amended C13K and the precautionary condition relating to contamination."

The **Environment Agency** comments as follows:-

"We consider that planning permission should only be granted to the proposed development as submitted if the following five planning conditions are imposed as set out below. Without these planning conditions, the proposed development on this site poses an unacceptable risk to the environment and we would wish to object to the application.

Planning Condition 1 of 5

The development permitted by this planning permission shall only be carried out in accordance with the approved Flood Risk Assessment (FRA) dated July 2010 and the following mitigation measures detailed within the FRA:

- *Finished floor levels are set no lower than 300mm above existing ground levels.*

Reason: To reduce the risk of flooding to the proposed development and future occupants.

This planning condition is necessary to ensure that the development complies with the principles of Planning Policy Statement 25 – "Development and Flood Risk" (PPS25)

Planning Condition 2 of 5

Prior to the commencement of development approved by this planning permission (or such other date or stage in development as may be agreed in writing with the Local Planning Authority (LPA)), the following components of a scheme to deal with the risks associated with LPA:

1) *A preliminary risk assessment which has identified:*

   - *all previous uses*
   - *potential contaminants associated with those uses*
   - *a conceptual model of the site indicating sources, pathways and receptors*
   - *potentially unacceptable risks arising from contamination at the site.*

2) *A site investigation scheme, based on (1) to provide information for a detailed assessment of the risk to all receptors that may be affected, including those off site.*

3) *The site investigation results and the detailed risk assessment (2) and, based on these, an options appraisal and remediation strategy giving full details of the remediation measures required and how they are to be undertaken.*

4) *A verification plan providing details of the data that will be collected in order to demonstrate that the works set out in (3) are complete and identifying any requirements for longer-term monitoring of pollutant linkages, maintenance and arrangements for contingency action.*

   Any changes to these components require the express consent of the LPA. The scheme shall be implemented as approved.

Reason: To ensure that controlled waters are protected from potential sources of contamination associated with the current and historic site activities.

This planning Condition is necessary to ensure that the development complies with the principles of Planning Policy Statement 23 – "Planning and Pollution Control" (PPS23)

Advice to the Applicant

We have reviewed the Phase 1 Environmental Assessment, dated July 2010, as completed by WSP Environmental Ltd. The information provided is considered satisfactory and fulfils the requirements of the Preliminary Risk Assessment as set out in the planning condition requested above. We agree with the recommendations as stated in section 7.3 of the report, that an intrusive investigation is necessary to confirm that ground conditions at the development area.

Planning Condition 3 of 5

Prior to occupation of any part of the permitted development , a verification report demonstrating completion of the works set out in the approved remediation strategy and the effectiveness of the remediation shall be submitted to and approved, in writing, by the LPA. The report shall include results of sampling and monitoring carried out in accordance with the approved verification plan to demonstrate that the site remediation criteria have been met. It shall also include any plan (a long-term monitoring and maintenance plan) for longer-term monitoring of pollutant linkages, maintenance and arrangements for contingency action, as identified in the verification plan, and for the reporting of this to the LPA.

Reason: To ensure that any remediation, if deemed necessary, is satisfactorily completed.

This planning Condition is necessary to ensure that the development complies with the principles of PPS23.

Planning Condition 4 of 5

If, during development, contamination not previously identified is found to be present at the site then no further development (unless otherwise agreed in writing with the LPA) shall be carried out until the developer has submitted, and obtained written approval from the LPA for, an amendment to the remediation strategy detailing how this unsuspected contamination shall be dealt with.

Reason: To ensure that any contamination identified during the demolition or construction works are fully characterised and assessed.

This planning Condition is necessary to ensure that the development complies with the principles of PPS23.

Planning Condition 5 of 5

No infiltration of surface water drainage into the ground is permitted other than with the express written consent of the LPA, which may be given for those parts of the site where it has been demonstrated that there is no resultant unacceptable risk to controlled waters. The development shall be carried out

in accordance with the approval details.

Reasons: To ensure the protection of controlled waters from potentially contaminated surface waters or mobilisation of existing contamination.

The proposal includes the use of soakaways for the discharge of surface water. Soakaways are for the disposal of clean uncontaminated surface water only. Please note that the infiltration of surface water through areas of contamination will not be permitted.

Planning Advice

Demolition/Sustainability

Due consideration should be given to the possibility of reusing and/or recycling materials produced as a consequence of demolition. All waste must be disposed of by an appropriately licenced carrier and taken to an appropriately licenced disposal site under the relevant Duty of Care Waste Regulations.

Parking areas

Prior to being discharged into any watercourse, surface water sewer or soakaway system, all surface water drainage from parking areas and hardstandings should be passed through an oil interceptor with an overall capacity compatible with the site being drained.

Information for identifying what size and type of separator is appropriate can be found on our Pollution Prevention Guidance (PPG) note 3 through the link below.

Foul sewage disposal

Where it is intended that disposal be made to public sewer, the Water Company or its agents should confirm that there is adequate spare capacity in the existing system taking future development requirements into account.

Pollution Prevention

When carrying out construction and demolition activities, potential sources of pollution from site activities will need to be identified so that appropriate pollution prevention measures are taken to avoid any contamination of controlled waters. Controlled waters include surface waters (bodies of water that are above ground, such as rivers, lakes, and streams) coastal waters and groundwater.

It is necessary to prevent pollution of surface and/or groundwaters especially during site works. There should be no discharge of foul or contaminated drainage from the site into either groundwater or any surface waters whether direct or via soakaways.during and after the proposed works.

The risk of pollution at construction and demolition sites can be significantly reduced by providing secondary containment measures for storage tanks. Oil tanks must comply with the requirements of the Control of Pollution (England) (Oil Storage) Regulations 2001."

The **Crime Prevention Design Adviser for Sussex Police** comments as follows:-

"The Safer Places document from the ODPM, (2004) offers a good practice guide for the creation of well designed and safe places through the planning system. The Crime & Disorder Act 1998 heightens the importance of taking crime prevention into account when planning decisions are made. Section 17 of the Act places a clear duty on both police and local authorities to exercise their various functions with due regard to the likely effect on the prevention of crime and disorder. You are asked to accord due weight to the advice offered in this letter which would demonstrate your authority's commitment to work in partnership and comply with the spirit of The Crime & Disorder Act.

I have the opportunity to examine the detail within the application and in an endeavour to reduce the opportunity for crime and the fear of crime, I offer the following comments.

The focal point of the breast clinic is the reception area and this will be the key to controlling access to the department. The reception is sited with very good open surveillance of the waiting areas. The reception area should have wide and high desks to protect staff, have a personal attack alarm fitted, linked to the security office. The staff support room to have access control fitted for authorised person only.

The external doors should conform to minimum standard of LPS 1175 SR2 and any glazing to be laminated to a minimum thickness of 7.5mm.

Ground floor and easy accessible windows to conform to BS 7950 be laminated and if openers have restrictors fitted.

It is recommended that the breast clinic has a monitored intruder alarm system installed with elements being zoned accordingly.

Drug stores, pharmacy and patient record stores should be further security strengthened.

Lighting has been considered for the car parking areas and I note the lighting requirements for the external areas of the building are to be addressed at a later stage."

The views of the **Council's Arboriculturist** are awaited.

5. REPRESENTATIONS

Only one letter has been received and that is from the occupier of No. 2 Homefield Road who objects to the two applications because they include the demolition of a substantial number of houses which were, until recently, accommodation for essential workers such and doctors and medical staff. He understands that the Council's policy is to discourage the loss of residential accommodation. He suggests that the Council should ask the applicant to reconsider this part of the application and questions the provision of car parking instead of encouraging the promotion of public transport for its staff.

6. RELEVANT PLANNING HISTORY

The hospital has undergone an enormous number of changes since the early 1900s with new developments and redevelopments. The applicant has set out this historical background and has explained the organisational changes and long term strategy for future service delivery in Western Sussex which needs to be taken into account when considering the importance of these applications in this strategic context. There are no previous applications which directly relate to or should directly influence the outcome of these proposals.

7. PLANNING ASSESSMENT

The main considerations are the community benefit of the proposals, the loss of residential units, the scale and impact upon the residential amenities of the area, design, transport, flooding, contamination, ecology, sustainability, noise, dust and air quality, crime, loss of trees and lighting. As such the application should be considered against saved Local Plan Policies RES7, RES9, RES12, BE1, TR9, H10, H18 and SC1, Submission Core Strategy Policies 11, 12, 13, 15, 16, 17, 18 and 19 and Policy guidance in the form of PPS1 : Delivering Sustainable Development, PPS9 : Bio-Diversity and Geological Conservation, PPG13 : Transport, PPS22 : Renewable Energy, PPS23 : Planning and Pollution Control, PPG24 : Planning and Noise and PPS25 : Development and Flood Risks.

Community benefit

The importance of good quality health provision services cannot be understated. Saved Local Plan Policy SC1 supports the provision of community facilities. Policy 11 of the Core Strategy identifies the role of the Local Development Framework in contributing towards the improved healthcare provision for the town as part of a broader strategy to help deal with the pressures on existing healthcare and related services.

The Hospital has explained how the two current major proposals fit in to the long term strategy and the need to commence development in the near future. The proposals would provide considerable benefits in meeting the needs of

the 450,000 population in the southern section of the County along with St. Richard's Hospital in Chichester and Southlands Hospital in Shoreham. The plan is to provide a full range of emergency services at both St. Richard's and Worthing Hospitals. Worthing Hospital is seen as the centre for acute care at the eastern end of the Trust's catchment area.

Investment has been made in the hospital buildings in recent years but in 2010 the Trust started a new programme of investment with the refurbishment of the south block. These proposals are the next phase of development. The west wing of Worthing Hospital was built in the 1970s and needs urgent upgrading to improve the control of infection and provide improved privacy and dignity to patients with the creation of a greater number of single rooms. At present, patients are admitted to a number of different wards where doctors and nurses sometimes travel great distances across the hospital to see patients. The proposal to provide a 40 bed facility would improve the efficiency and quality of healthcare. Furthermore, the breast screening clinic proposal would extend the level of service to meet the increased demand since the Department of Health has recently extended the age range for screening women for breast cancer which would result in a 36% increase in the number of patients.

The loss of residential units

Although saved Worthing Local Plan Policy H10 states that development, including demolition and change of use, which will result in the loss of existing dwellings will not be permitted it does allow exceptions, inter alia, where the development would provide a demonstrable benefit to the community which outweighs the loss of the dwellings.

Policy 9 of the Submission Core Strategy also accepts the loss of existing housing where it would facilitate the delivery of a needed community use.

In this case, there is a clear and overriding community benefit to the town but also Western Sussex. There are no other obvious and alternative sites to meet the Hospital's need to provide a more expansive breast screening facility to meet the 36% anticipated increase in demand for the service.

Furthermore, these residential properties are not private market houses. They are under hospital control and have, in the past, been used to accommodate medical staff who have needed to live close to the hospital. Recent changes to working arrangements for junior doctors, together with other social changes have resulted in a reduced requirement for staff accommodation from 180 to 80 units overall. This accommodation is now provided in the Trust's newest units at Horton Court in Farncombe Road.

Scale and impact on residential amenity

The scale of buildings within the hospital campus varies considerably from five storeys to single storey. This proposal is for a two storey building 9.2 metres high which would not be so out of scale or sympathy with its neighbours on this island site. It would bring development closer to the residential properties on the opposite side of Homefield Road but due to its scale, design and orientation it is not considered that the block would cause loss of amenity for neighbouring residents. It is interesting to note that only one letter of representation has been received and that is from a resident at No. 2 Homefield Road who has expressed concern at the loss of residential properties in relation to the breast screening clinic proposal but has not objected to the proposed clinic development itself.

Design

The applicant's Design and Access Statement explains the reasoning behind the form of the proposal. It is contemporary but fairly constrained. It will be a more distinctive and characterful building than the 1990s hospital block to the south which is fairly traditional by comparison. The proposed design does have elements of interest with a distinctive roof in zinc and cedar cladding on the corner but the distinctive contemporary appearance is softened by the more harmonious and recognisable brick and rendered elevations which are seen on many of the hospital buildings. Subject to carefully selecting materials and colours the proposal is seen as a complementary and attractive addition to the streetscene which would improve the image of the hospital and give it a greater sense of place.

The design of the car park is very much a temporary solution until a more permanent long term parking scheme is developed on the main hospital site. Therefore, the green treatment of the parking surface with improved soft boundary planting will help to integrate the site into its Homefield Park setting to the north.

Transport

One of the most contentious elements of the overall proposals is the loss of some 80 staff car parking spaces although exact numbers have not been confirmed. There appear to be 106 spaces on the submitted survey plans but only 15 spaces would remain after the development of the ward and out-patients building. This application would provide 79 spaces to compensate for the number of spaces displaced in Homefield Road. In addition, the clinic would have its own separate and dedicated car park for 16 vehicles. The County Council as Highway Authority raises no objection to the application on this basis but emphasises the need to ensure that the replacement car parking is provided before the existing parking in Homefield Road is removed. This would need to be the subject of a planning condition.

The County Council also accepts that within the proposals, and as part of the refurbishment of the hospital, there is a suggestion that the number of staff would not increase. Even so, the Highway Authority does require the hospital to implement a Travel Plan (which has been submitted by the applicant) to ensure the reduction of private vehicular movements to the hospital in the future. The Travel Plan does outline measures to encourage staff to use other means of transport or to share cars. This draft Travel Plan has been considered by the County Council which acknowledges that it is very well constructed and confirms that it contains firm commitments to promoting sustainable travel. However, the County Council recommends a number of additional measures including incentives and penalties as well as targets and monitoring to be incorporated before the Travel Plan can be agreed. On this basis, and subject to its agreement and implementation, there is no objection to the proposal provided that replacement staff car parking is made available before the current staff spaces are removed.

In addition, the Executive Head for Health and Housing and the Highway Authority suggest that electric vehicle charging points should have been included as a way of improving air quality and the applicant has been asked to consider this.

Flooding

This site lies within an area classified as Flood Zone 3 where the annual probability of tidal flooding is 1 in 200 years or greater. The applicant's Flood Risk Assessment states that the site is protected by existing coastal and sea flood defences up to the year 2016.

As hospital units are classified as 'more vulnerable' the Sequential and Exception Tests apply. The existing site is considered the only one suitable and therefore is considered to have passed the sequential test. The site is also brownfield and will result in a reduction in impermeable area to ease the surface water flooding and will, therefore, have passed the Exceptions Test.

There is no recorded history of flooding on the site but there are strategic improvements to the existing surface water drainage being discussed by the Hospital and Southern Water to reduce flood risk from surface water flooding. The clinic building would be set 300mm above ordnance datum and on this basis the Environment Agency raises no objection subject to a safeguarding condition that the development is carried out in accordance with the Flood Risk Assessment.

Contamination

A Phase 1 Environmental Assessment Report has been submitted and its conclusions are that the application was once a nursery until being developed with the existing 16 houses in 1932. It notes that there is a substation immediately to the north. The report concludes that limited potential contamination sources have been identified in the area, principally the nursery and substation, but recognises that there are underlying minor and major

aquifers which may facilitate the migration of potential contaminants and the risk may be exposed in the event of excavation. The report recommends that, in the absence of any site specific ground condition information, an intrusive investigation is undertaken of the site and a geo-technical assessment made to establish the level of any contamination present. The Executive Head of Health, Housing and Community Safety takes a similar view and recommends the imposition of standard conditions to investigate the site. This is also the view of the Environment Agency which recommends similar conditions.

Ecology

The Ecological Assessment Report finds nothing of significance within the application site. It acknowledges the loss of trees but does not consider that these have any particular ecological value and considers that these can be compensated for with replanting native species. All mature trees proposed to be removed but with potential to support roosting bats will be subject to pre-felling inspections and any removal will be done outside of the nesting season. Bat boxes are recommended to be erected within the retained trees. The report also recognises that the hospital does have the potential to support not only species of nesting birds but also hedgehogs, stag beetles and slow worms. The proposed landscaped buffer zones around the boundaries provide an opportunity for ecological enhancement through wildlife creation as set out in the report. The landscaping proposals and habitat creations will be the subject of planning conditions.

Sustainability

The applicant has submitted a Design and Access Statement which advises that the development would be constructed towards the 'Excellent' target of the BREEAM rating. The report refers to various elements of the building including solar collectors, recyclable materials and energy efficient targets to reduce the consumption of fuel and power within the hospital. The applicant has listed a number of measures to achieve them and it is recommended that a condition be imposed to ensure that these targets are met.

In terms of sustainable access, this would be improved with the implementation of a Travel Plan for the whole of the Hospital buildings and activities particularly for staff even though the clinic would be well served with its own dedicated parking area next to the staff car park. No additional parking is proposed overall despite there being a potentially more intensive use of the hospital in the future but a Travel Plan would see the use of private transport reduced. The location is highly sustainable close to the town centre and well served by public transport and public footpaths. Hospitals often have a reputation for the use of more sustainable means of transport and access by bus, cycle and on foot, although it is acknowledged that there will still be a strong demand for patients to be delivered by private motor vehicles but these could include taxis. It is therefore recommended that a Travel Plan condition be imposed and this should lead to a thorough examination of hospital travel patterns and result in a comprehensive rationalisation and control over transport and access to the hospital for the first time.

Noise, dust and air quality

Whilst it is acknowledged that the hospital has an urgent need to provide the accommodation and to implement any permission as soon as possible, there is still a need to control the type and associated level of activity and the hours of construction for the development, which are recommended to be the traditional times of 8 am to 6 pm on Mondays to Fridays. These working times should be encapsulated in a methodology statement setting out the timetable, stages of construction, delivery times, storage of plant, materials and vehicles and measures for reducing the inconvenience to local residents.

The Executive Head of Health, Housing and Community Safety has also confirmed that a dust suppression condition should be imposed to avoid pollution and loss of residential amenity. He also refers to the air quality of the area but is generally supportive of the proposal on the basis that a Travel Plan would reduce the use of motorised vehicles and improve local air quality.

Crime and disorder

The Crime Prevention Design Adviser for Sussex Police raises no objection in principle to the proposal but recommends a series of detailed measures in respect of added security at the main entrance and in relation to external doors and window openings and lighting.

Loss of trees

This application would result in the loss of 11 individual trees, one group and a partial hedge. A number of these trees fall into the central areas of the rear gardens of the existing houses and will need to be removed to form the core area of the car park. Along the northern and western boundaries of the site shared with Homefield Park the more significant species will be retained. The layout of the parking spaces has been carefully planned to protect the most important trees. Only the Hawthorn, on the north eastern boundary, and a small group comprising two Sycamores and one Leyland Cypress on the northern boundary will be lost from the trees identified in the Tree Preservation Order. A comprehensive tree survey shows that only low category trees would be removed and, on this basis, the proposal is supportable subject to some replanting, as agreed under a landscaping condition, and, subject to the agreement of the Council's Arboriculturist whose comments are awaited.

Lighting

A total of 14 lighting columns are proposed, 5 will serve the clinic car park and the remainder would serve the temporary car park. They would be 6 metres high with a shallow tilted bowl design giving an average surface illuminance of between 11.1 lux and 6.80 lux. The angle of the lights with the incorporation of a dimmer system to reduce the brightness during quieter night time periods and the fitting of shields or hoods should reduce light spillage, but these details will be the subject of a planning condition.

8. CONCLUSION

The proposal would create an important upgraded breast screening clinic for the hospital to meet its changing role to enable it to fulfil its strategic position in meeting the demand for healthcare provision in Western Sussex. The development would not adversely impact upon the amenities of the area subject to the implementation of a travel plan, a comprehensive landscaping scheme and subject to controls over construction and lighting. The application is, consequently, recommended for approval subject to conditions.

9. RECOMMENDATION

Planning permission be granted subject to the following conditions:-

1.	C1AREV	Revised Standard Full Condition
2.	-	Car parking surfacing to be agreed.
3.	-	Cycle parking.
4.	-	Travel Plan to be agreed.
5.	C6I	Existing pedestrian and vehicular access(es) to be stopped up.
6.	C4C	Boundary walls and fences
7.	C6K	Park/unloading area during construction.
8.	C6L	Materials/plant area during construction
9.	C7E	Provide scheme for dust suppression.
10.	C12G	Foul and surface water drainage.
11.	C7G	Limitation on hours of construction 08:00 – 18:00 hours Mondays to Fridays.
12.	C7I	Restriction on external lighting and lighting scheme to be agreed.
13.	C8A	Agree/provide landscaping scheme.
14.	-	Construction Methodology Statement.
15.	-	Development to be carried out in accordance with the Flood Risk Assessment.
16.	C8F	Protect planting during construction.
17.	C8G	Replacement tree(s) to be planted.
18.	C8H	Protect habitats during construction.
19.	-	Bat boxes and other wildlife habitats to be provided.
20.	C9B	Agree samples of materials.
21.	C11F	Noise levels to be agreed.
22.	C12G	Agree foul/surface water drainage.
23.	C13KREV	Investigation of potential contamination
24.	-	Precautionary contamination.
25.	C13LRV	Sustainable development
26.	-	Electric charging points.

10. BACKGROUND PAPERS

Observations of the Executive Head of Health Housing and Community Safety
Observations of the Highways Agency
Observations of the Highway Authority
Observations of the Environment Agency
Observations of the County Archaeologist
Observations of the Sussex Police Crime Prevention Design Advisor
Letters of Representation from Members of the Public

5th October 2010