

APPENDIX 1

STRATEGIC POLICY ALIGNMENT



This Section provides a summary of the relevant national, regional and local policy commitments and strategies have informed the Redevelopment Programme's proposition.

<p>NATIONAL UK</p>	<ul style="list-style-type: none"> • UK Industrial Strategy (2017) • National Planning Policy Framework (2019) • NHS Long Term Plan (2019)
<p>REGIONAL Greater Manchester</p>	<ul style="list-style-type: none"> • Our People, Our Place – The Greater Manchester Strategy (2016) • The Greater Manchester Independent Prosperity Review (2019) • The Greater Manchester Local Industrial Strategy (2019) • The Greater Manchester Population Health Plan 2017-2021 • The Greater Manchester Housing Strategy 2019 - 2024 • The Greater Manchester Model of Unified Public Services (2019) • The Greater Manchester 2040 Transport Strategy (2017) • Change a region to change a nation – Greater Manchester's walking and cycling investment plan (2020) • Made to Move, a report to the Mayor by Greater Manchester's Cycling and Walking Commissioner (2017) • Bee Network – Greater Manchester's cycling and walking infrastructure proposal (2018) • 5-Year Environment Plan for Greater Manchester (2019)
<p>LOCAL City of Manchester</p>	<ul style="list-style-type: none"> • Our Manchester The Manchester Strategy (2016) • Our Manchester Industrial Strategy: Developing a more inclusive economy (2019) • Manchester Work and Skills Strategy (2016) • Manchester Core Strategy (2012) • Manchester Residential Quality Guidance (2017) • North Manchester Strategic Regeneration Framework (2003) • Playing Our Full Part on Climate Change (2018) • Manchester's Great Outdoors: a Green and Blue Infrastructure Strategy (2015) • Our Healthier Manchester – Manchester's Locality Plan (2016) • Manchester Climate Change Framework 2020-25 (2020)

The key policy objectives for the are:



Delivering a more inclusive North Manchester economy



Transforming health outcomes by integrating healthcare outcomes



Investing in education, skills and employment for all



Creating neighbourhoods of choice



Promoting sustainable and healthy transport options



Contributing to a net zero carbon city and a thriving environment

1. CONTRIBUTE TO A MORE INCLUSIVE NORTH MANCHESTER ECONOMY

UK Industrial Strategy seeks to boost the productivity and earning power of the population. It targets under-representation in the labour market and support employees to stay in work by keeping people, healthy, both mentally and physically¹²¹.

Greater Manchester has experienced a significant economic and physical transformation for more than 15 years, but the distribution of growth and prosperity across the city-region has been uneven.

Our People, Our Place – The Greater Manchester Strategy seeks to address this imbalance. It prioritises a thriving and productive economy for all parts of Greater Manchester and seeks to tackle the underlying barriers to investment and enterprise in areas like North Manchester (Priority 4, Pages 30-37)

“To create a thriving, inclusive economy we need to focus on raising productivity by harnessing the strengths of Greater Manchester’s people, assets and places. Only then will we be able to mobilise the resources to tackle the underlying barriers to investment and enterprise in parts of the conurbation and ensure that all parts of the city-region and all our people can contribute to, and benefit from, economic growth” **Our People, Our Place – The Greater Manchester Strategy**, paragraph 6.1

The Manchester Core Strategy supports significant further improvement of the City’s economic performance and it seeks to spread the benefits of growth across the City to reduce economic, environmental and social disparities, and to help create sustainable communities (Spatial Objective SO2, Page 29).

“Our aim is for everyone in the city to have the same opportunities, life chances and potential to lead safe, healthy, happy and fulfilled lives, no matter where they are born or live. This means reducing the disparities between different areas of the city” **Our Manchester – The Manchester Strategy**, Page 38

Successive policy documents, such as the North Manchester Strategic Regeneration Framework and the Manchester Core Strategy recognise the deprivation and poor health outcomes in North Manchester and both promote employment-led regeneration strategies.

2. TRANSFORM HEALTH OUTCOMES BY INTEGRATING HEALTHCARE SERVICES

The **NHS Long Term Plan** makes a firm commitment to address health inequalities and improve co-ordination between local services, and advocates an increasing focus on preventing people becoming ill.

Alongside this, the **National Planning Policy Framework** seeks to achieve healthy, inclusive and safe places, providing the facilities required within communities and supporting the delivery of local strategies to improve health, social and cultural well-being (paragraph 91).

Greater Manchester has set a clear ambition to invest in a range of new facilities and services, and to use devolved health and social care powers to bring together expertise and experience and ensure everyone in the city-region can benefit equally from the same high standards of care .

“In our view, poor health in some Greater Manchester communities, creating a barrier to work and to progression in work, provides an important explanation for why overall growth has been slow in the last decade. It explains why some communities have been unable to contribute or benefit more.” **Greater Manchester Independent Prosperity Review**, Page 17

This is reflected in the **Greater Manchester Population Health Plan** that encourages a radical upgrade of the population’s health by focusing on prevention and early intervention to get ‘upstream’ of the impact of illness and disease.

“Greater Manchester’s future success depends upon the health of our population. For too long our city-region has lagged behind national and international comparators when it comes to key health outcomes. Deeply embedded health inequalities, often between communities little more than a stone’s throw apart, have blighted individual lives and acted as a drag on our economy.” **Our People, Our Place – The Greater Manchester Strategy**, Page 60

Our Manchester – The Manchester Strategy emphasises the interrelationship between health outcomes, disadvantage and poverty, and commits the city to radically transform health services and focus them on people and communities rather than organisational silos (page 39).

The **Our Manchester Industrial Strategy** identifies that opportunities to improve health through regeneration should be capitalised on to drive economic and community renewal, alongside the transformation and integration of health services.

“The redevelopment of North Manchester General Hospital – a significant community asset in North Manchester – presents potential to stimulate economic regeneration whilst breaking the cycle of ill health to offer a better future for residents. Working in partnership on a health-led investment programme, alongside integrating local services tailored to the needs of the local community, has the potential to transform the surrounding community and lead to wider economic and social renewal in the north of the city.” **Our Manchester Industrial Strategy**, Page 20

3. INVEST IN EDUCATION, SKILLS AND EMPLOYMENT FOR ALL

The **UK Industrial Strategy** recognises that in the past the UK has given insufficient attention to technical education and that there is a need to narrow disparities between communities in skills and education and remove barriers faced by workers from under-represented groups in realising their potential (page 94).

The **Greater Manchester Independent Prosperity Review** highlights that ‘Human capital factors’, largely comprising education and skills alongside health, are among the most powerful explanations of lower productivity in Greater Manchester (page 46).

“An individual’s skills are the single most important factor in determining their employment status and whether they have a good and rewarding job. A skilled workforce is essential for all our businesses to become more productive, for our public services to improve, and to deliver the key infrastructure projects on which prosperity depends.” **Our People, Our Place - The Greater Manchester Strategy**, Paragraph 5.2

The **GM Local Industry Strategy** commits Greater Manchester to invest in a highly skilled and health city-region and highlights the need to align skills and work activity with health and care and other public services. In line with the recommendations of the prosperity review, it recognises the links between good physical and mental health, employment and productivity (page 66).

Our Manchester - The Manchester Strategy highlights that the city needs to ensure that all Mancunians are connected to these opportunities, equipped with the right skills, qualifications and resilience, so that Manchester is a city where everyone can develop and flourish throughout their lives (page 34).

This is reflected in the Manchester Work and Skills Strategy which aims to develop a work and skills system that meets the growth needs of all businesses, and enables residents from all backgrounds to obtain the skills and attributes employers require.

The **Our Manchester Industrial Strategy** promotes economic and social justice in Manchester to ensure that all residents can participate in and benefit from the city’s economic growth. A key pillar of this is equipping residents and workers with the qualifications and softer skills that will enable them to access more opportunities (page 13).

4. CREATE NEIGHBOURHOODS OF CHOICE

The **National Planning Policy Framework** makes it clear that good design is a key aspect of sustainable development. It creates better places in which to live and work, and helps make development acceptable to communities (paragraph 124).

The Framework also promotes healthy, inclusive and safe places that promote social interaction, including opportunities for meetings between people who might not otherwise come into contact with each other (paragraph 91).

Our People, Our Place - The Greater Manchester Strategy highlights that Greater Manchester needs to focus on raising the quality of life in all neighbourhoods.

“We need more of our neighbourhoods to be neighbourhoods of choice, where residents are connected to opportunity and are able to enjoy an excellent quality of life. To achieve this we need to see housing policy as just one part of a wider place-making approach along with education and skills, employment, transport, health, commercial development and public service reforms” **Our People, Our Place - The Greater Manchester Strategy**, Page 45

The **Greater Manchester Housing Strategy** set out a vision that homes in the city-region will be part of neighbourhoods of choice, connected to economic opportunities and strategic infrastructure, and offering excellent natural environment and quality of life for all parts of the community (paragraph 3.2).

A key aspect of the **Our Manchester - The Manchester Strategy** is for Manchester to become a destination of choice to live, visit and work.

“The future of cities like Manchester is inextricably tied to whether they are a great place to live - a liveable city. Focusing on creating a city with a high quality of life benefits the people who already live here and will attract greater numbers of talented people to be part of Manchester’s future, attracting more investment and jobs. This virtuous circle will make us truly sustainable in the long term.” **Our Manchester - The Manchester Strategy**, Page 47

Manchester’s Core Strategy is consistent with this vision and it supports the creation of a network of ‘neighbourhoods of choice’ that can ensure Manchester attracts and retains skilled workers. To create these areas, there is policy support for a diverse housing offer, which is driven by and supports local needs.

All new development in Manchester must positively contribute to neighbourhoods of choice. The Manchester Residential Quality Guidance provides clear direction on what is required to deliver sustainable neighbourhoods of choice where people will want to live and also raise the quality of life across Manchester.

5. PROMOTE SUSTAINABLE AND GREEN TRANSPORT OPTIONS

The **National Planning Policy Framework** is clear that transport issues should be considered at the outset of development proposals to ensure potential impacts are addressed, but also to identify opportunities to promote walking, cycling and public transport use, as well as the adoption of new technology (paragraph 102).

Greater Manchester has made huge investments in developing the city-region's transport infrastructure, operating the largest capital transport programme in the UK outside London.

The **Greater Manchester 2040 Transport Strategy** sets out the ambition to develop a high quality, fully integrated transport system for Greater Manchester, with travelling customers at its heart (page 14).

"Integration with spatial planning is critical in influencing people's travel choices. Fundamentally, the transport network needs to connect the places people live with the places where they work, study, play, shop, visit, and access public services like healthcare. The location of housing close to facilities and public transport tends to reduce the levels of car use." **Greater Manchester 2040 Transport Strategy**, (page 18)

A key ambition of the city-region is also to reduce congestion and the environmental impact of road travel. Supporting carbon targets and to improvements to air quality. As part of this, there is support for putting in the infrastructure that will enable more people to take active lives and to walk or cycle.

This is reflected in Change a region to change a nation (2020) and Greater Manchester's Cycling and Walking Commissioner's **Made to Move** report and the subsequent **Bee Network - Greater Manchester's Cycling and Walking Infrastructure Proposal**.

Our Manchester - The Manchester Strategy aims to create a liveable and low carbon city. At the heart of this ambition is encouraging walking, cycling and public transport use, and continuing to invest in the infrastructure this requires (page 53).

This is reiterated in the **Manchester Core Strategy** which seeks to improve the physical connectivity of the City through sustainable transport networks and improved access to jobs, education, services, retail, leisure and recreation. In doing so, the pattern of development in the city should ensure good access to the City's economic drivers and be easily accessible by modes of sustainable transport (policies T1 and T2).

6. CONTRIBUTE A NET ZERO CARBON CITY AND A THRIVING ENVIRONMENT

The **National Planning Policy Framework** supports the transition to a low carbon future in a changing climate. In particular the planning system should help to shape places in ways that contribute to radical reductions in greenhouse gas emissions (paragraph 149).

Our People, Our Place - The Greater Manchester Strategy emphasises the need to strengthen the natural environment across Greater Manchester and to tackle climate change (paragraph 9.2)

This has informed 5-Year Environment Plan for Greater Manchester which sets a clear vision for Greater Manchester to be *"a clean, carbon neutral, climate resilient city-region, with a thriving natural environmental and circular, zero-waste economy..."*. (page 16)

There is a clear ambition for Greater Manchester to be carbon neutral by 2038 and to meet carbon budgets that comply with international commitments. Alongside, this there is an drive to improve air quality, meeting guidelines on air quality by 2030 and supporting the UK Government in meeting and maintaining all thresholds for air pollutants.

Our Manchester - The Manchester Strategy sets out Manchester ambition to create a low carbon city and it encourages the growth of a low carbon culture (pages 47-53). It has also declared a climate emergency (July 2019) and set itself the aim of making Manchester a zero carbon by 2038 or before.

This strategy will build-on the climate changes policies in the **Manchester Core Strategy** (policies EN4, EN6 and EN8), but there is a recognition that more needs to be done. The City Council has now adopted the **Manchester Climate Change Framework 2020-25** as the city's high-level strategy for tackling climate change. It sets out how Manchester will 'play its full part in limiting the impacts of climate change'. A key objective of the framework is ensuring new developments in the city are built and operated to zero carbon standard as soon as possible (page 24).

A key aspect of this will be green and blue infrastructure. **Manchester's Great Outdoors: a Green and Blue Infrastructure Strategy** seeks to ensure that by 2025 high quality, well maintained green and blue spaces will be an integral part of all neighbourhoods across Manchester.

APPENDIX 2

UNDERSTANDING PLACE



UNDERSTANDING PLACE

This Section sets out a description of NMGH, including its current land uses and its existing built and natural environment.

LAND USES

The Site covers approximately 27 hectares (ha) and includes a general hospital (NMGH), an intermediate care facility (Crumpsall Vale), and a mental health hospital (Park House).

These provide the following healthcare facilities:

- A full accident and emergency department, including a separate paediatric A&E unit;
- General and acute surgical services;
- Specialist infection disease unit;
- Maternity services;
- A intermediate care facility providing short term rehabilitation;
- A mental health hospital providing inpatient wards specialising in caring for adults of working age;
- Café and shopping facilities;
- Car parking.

The Site has suffered decades of underinvestment. Surveys have confirmed that a large proportion of the buildings are in a poor condition and require significant expenditure to bring them up to modern standards.



TOPOGRAPHY AND LANDSCAPE

The Site is on the edge of the Irk Valley. The hospital buildings sit on the crown of the Site, which falls away by approximately 10m to the north, towards the Delaunays Road entrance.

To the east, the Site falls away sharply through the woodland area down into the Irk Valley.

There are long ranging views across to the hills surrounding Manchester.

The Site has a patchwork of small landscaped areas and collections of trees interspersed between built structures, access roads and surface car parks.

The primary landscape feature on the Site is an area of woodland which runs along the eastern boundary.

North Manchester benefits from a network of green spaces, which provide recreational and leisure opportunities for residents and a source of biodiversity for wildlife.

Crumpsall Park is one of Manchester's oldest municipal parks, having been established as a recreational asset in 1890. The park includes a park keeper's lodge and obelisk monument, as well as a children's play area, 5-a-side football pitch, multi-use games area, tennis court and visitors centre.

The Irk Valley is situated to the east of the Site and it forms another key component of North Manchester's green infrastructure. It provides an important resource for recreation, exercise and as a green transport route (walking/cycling) often used by workers.

The Manchester Green and Blue Strategy recognises the Irk Valley as an important natural asset and one that provides a sense of place. The strategy identifies the opportunity to create linkages between the valley and the wider area. This will help to create neighbourhoods of choice and enhance connectivity to and from the City Centre.



HERITAGE

There are three historic building groups which remain within the Site and, whilst not listed buildings, are of some local interest. They include the Manchester Workhouse, Crumpsall Infirmary and the Limbert Nurses' Home and are illustrated at 5.1

They include:

- the Manchester Workhouse
- Crumpsall Infirmary, and
- the Limbert Nurses' Home.

These buildings are highlighted on the Heritage Plan.

Research and assessment of the buildings has been undertaken and is summarised over:



MANCHESTER WORKHOUSE

The workhouse was constructed in 1855 according to designs by architects Mills & Murgatroyd and is a common building typology with many constructed across the country in the mid to late 19th century. Research indicates that it is not an early or innovative example of a workhouse and there are better examples elsewhere in the country. It has also been vastly reduced in size through later demolition and alteration, including the removal of ranges to the rear, the front entrance block, a large central chimney and decorative water tower. The surviving rear ranges of the workhouse are now in a poor state of repair.



CRUMPSALL INFIRMARY

Crumpsall Infirmary was designed by Mills and Murgatroyd in 1876 and as such comprises a typical example of its period. The original plan form remains (with pavilion wards and central administration building) but was a commonly adopted pavilion design for infirmaries. The central administrative block and associated pavilions of the Infirmary building are of some aesthetic merit, retaining architectural detailing including stone banding, the inscribed pediment stone, and stone finials. However, a number of original features have been lost, including the loss of the original entrance building and the replacement of the majority of windows. Modern additions to the building have a negative effect upon its overall aesthetic merit and currently disrupt the ability to understand the intended symmetrical appearance of buildings around the courtyard to the front of the central administrative block.



LIMBERT NURSES' HOME

The Limbert Nurses' Home was designed by A. J. Murgatroyd and was constructed in c.1930 under the Manchester Board of Guardians. It is a late example of a Nurses' Home but is unusual in its large scale for this building typology. The building employs a Neo-Georgian architectural design which was common for this period. It holds some aesthetic merit retaining its original albeit limited architectural detailing which includes stone banding detailing to all wings of the building. Outer wings of the building appear to be out of use and in a poorer state of repair than the central part of the building.



SUMMARY

Paragraph 197 of the NPPF provides a policy framework for non-designated heritage assets and states that:

“The effect of an application on the significance of a non-designated heritage asset should be taken into account in determining the application. In weighing applications that directly or indirectly affect non-designated heritage assets, a balanced judgement will be required having regard to the scale of any harm or loss and the significance of the heritage asset.”

Based upon a proportionate assessment of the buildings at the Site, they are considered to hold some local architectural and historic interest but this has been altered by later demolition and alteration.

The masterplan has tested the potential for reuse of these buildings and found it not to be feasible. Appendix 3 provides further detail on the option testing process.

There are a number of ancillary buildings and structures across the wider hospital complex; each of varying age and quality. These are largely fragmentary remains and are of no interest.

ENVIRONMENT

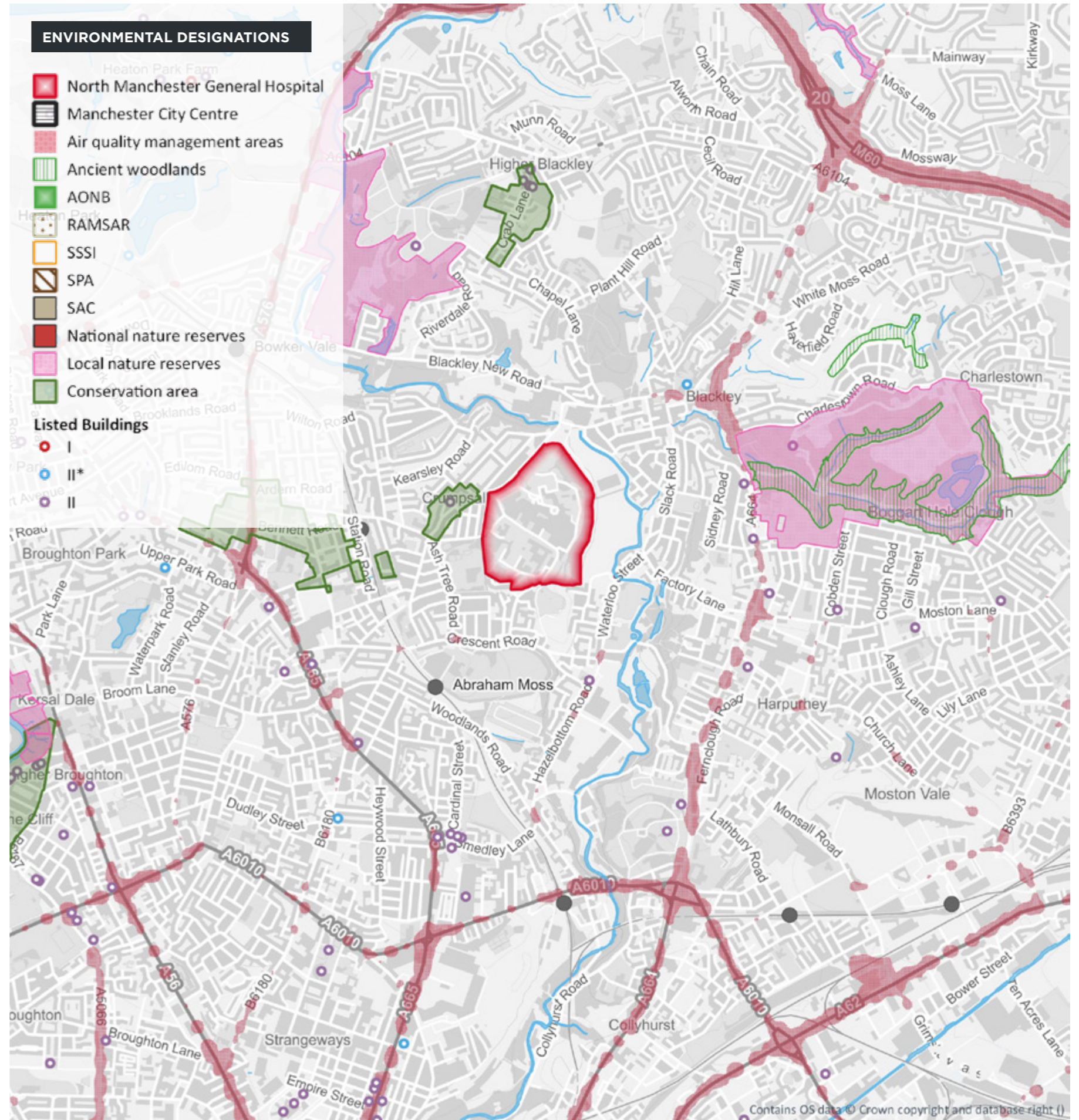
The habitats on site are considered to be typical of urban areas and are widespread and common throughout the UK and Manchester.

There are no European Protected Sites, Local Nature Reserves or Local Wildlife Site designated within 1 km of the site.

Boggart Hole Clough, a local nature reserve and ancient woodland is 1.1 km to the east and Blackley Forest, which is also a local nature reserve, is 1.4 km to the north. The Site is also located within the outer zone of the Rochdale Canal Special Area of Conservation Impact Risk Zone.

The Site is within the Environment Agency's Flood Zone 1, which means the Site has a low risk of flooding.

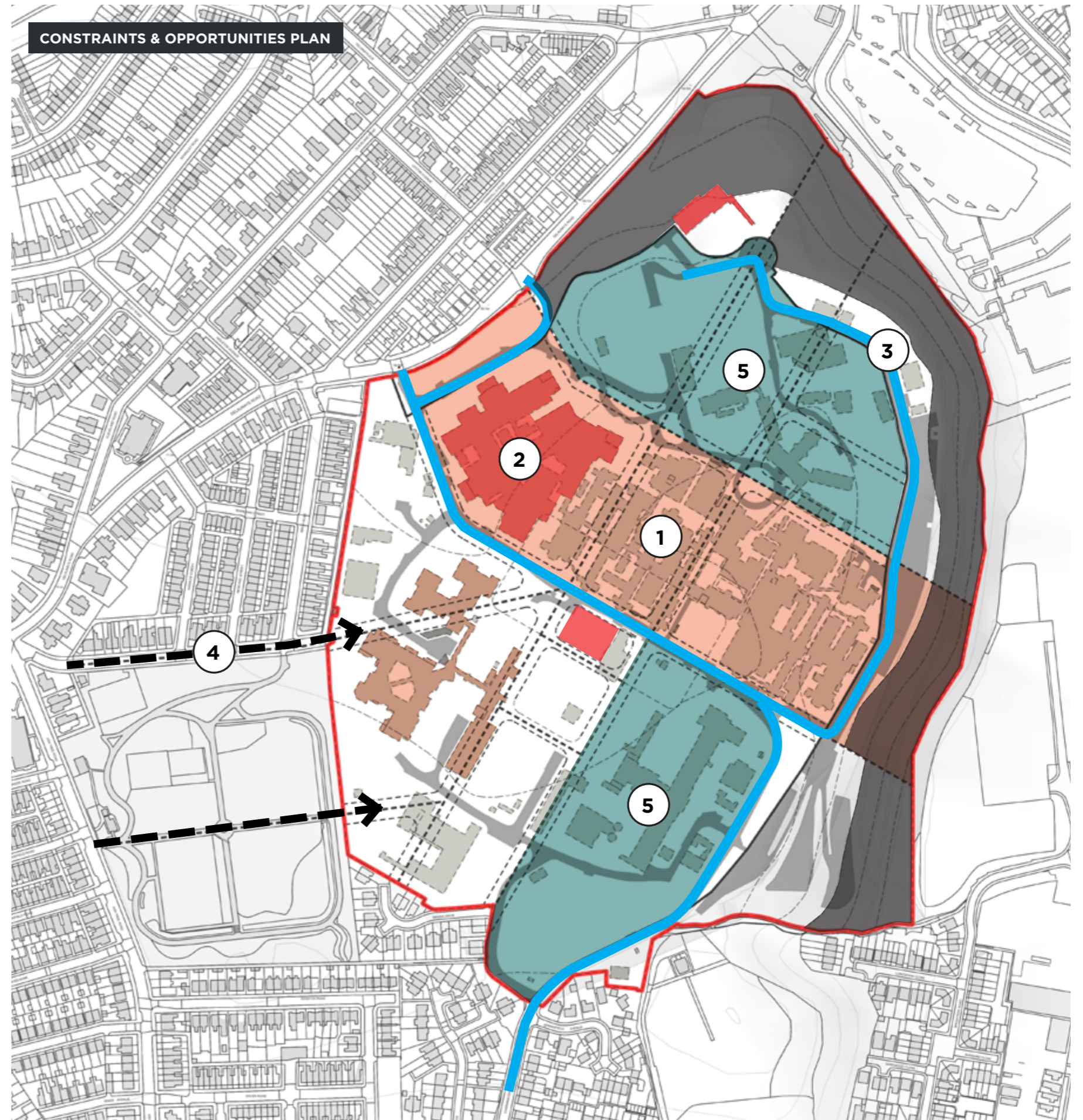
The Site is not located within an Air Quality Management Area (AQMA), as defined by the 'Great Air Manchester' interactive map (which shows the AQMA's for Greater Manchester).



SUMMARY: CONSTRAINTS AND OPPORTUNITIES

The Site has several key constraints and opportunities that will shape the location and form of any redevelopment:

1. The existing general hospital must remain fully operational during the redevelopment.
2. There is an opportunity to refurbish the modern additions to the existing estate, such as the current Emergency department and Womens services building.
3. Maintaining the existing site entrances and primary service routes around the site will assist with the operation of the estate throughout the phased development of the site.
4. Providing direct pedestrian and cycle links via Crumpsall Park will improve connectivity with the community and potentially improve accessibility to Metrolink.
5. There are a number of development plots that will offer the best opportunities for early phases, subject to the temporary decant of existing uses.
6. The steeply sided river valley will present a challenge in terms of full permeability and the redevelopment proposals will need to take this constraint into account.





APPENDIX 3

MASTERPLAN OPTION TESTING



INTRODUCTION

The purpose of the report is to identify and review alternative development options for the site, including the potential retention of the existing historic buildings. These include:

- Crumpsall Infirmary;
- Limbert Nurses Home; and
- Manchester Workhouse

The options consider the full or partial retention of these buildings and are weighed against key Development brief principles which are deemed essential by MFT to deliver a new high quality and 21st century hospital facility. Each option is appraised against these key requirements and the report culminates with identification of a preferred way forward.



DEVELOPMENT BRIEF PRINCIPLES

In December 2019, MFT prepared a document titled 'The Proposition' which outlined their aspirations and vision for the development of NMGH. This document represents our initial development brief for the project and items 1-3 outlined below are taken from this document. Items 4-6 are a response to the site and are important constraints / opportunities which impact the way in which the NMGH site can be developed.

[1] A MODERN HEALTH AND CARE OFFER

Rebuilding all existing hospital facilities would be excessively expensive, and would simply perpetuate an outdated 'sickness treatment' service model. Instead, the objective is to radically redesign healthcare services in North Manchester to minimise the investment requirement, and become a leading example of integration.

The redesign process will consider people, processes, culture, tools and technology. Services will meet the highest standards of quality, delivering all constitutional and other performance standards. They will generate financial sustainability of the local system. Importantly, health services will work in tandem with an extensive range of services, and will offer opportunities for citizens to improve their health and well-being more broadly, ensuring that citizens are able to get well and stay well.

[2] IMPROVING HEALTH & WELL-BEING

Site redevelopment will allow various healthcare providers to be brought together in one place through the co-location of hospital, mental health, intermediate and community services and primary care. This environment can foster collaboration and ensure continuity of care as patients transfer from one part of the system to another.

Green space will be a feature of the site, and this will be tailored to physical activity, including a path around the site perimeter that can be used for walking and running. Other space will be available for therapeutic and regenerative purposes, such as growing fresh vegetables and fruit, promoting neighbourhood engagement, and inclusive activities and education.

[3] BUILDING A STRONGER AND SAFER COMMUNITY

The local community currently view the North Manchester site as separate and just a place to receive hospital services. The redevelopment provides an opportunity to change this. Hospital provision will only require half the capacity of the site and restructuring it will release land in the heart of the community that can be used to stimulate regeneration and provide a new centre for civic life in the area. Providing direct pedestrian and cycle links to Crumpsall will improve connectivity with the community and is an important strategy to meet the aspirations of the 'The Proposition'

[4] CONTINUOUS OPERATION OF THE HOSPITAL

The existing hospital must remain fully operational while the new hospital is built with minimal disruption to services.

[5] SITE AVAILABILITY & EFFICIENCY

Certain parts of the site are more scarcely developed than others with buildings utilised to varying levels. Some building functions are more critical than others in maintaining clinical delivery and some can be decanted more easily and made available quicker to meet the demands of the design & construction programme.

With this in mind, the plots highlighted are considered to offer the best opportunities for initial development plots.

[6] RETENTION OF EXISTING BUILDINGS

Existing buildings, The Infirmary / Limbert House & Trust HQ are considered to have some heritage value. Although they are not listed, it is important that their potential for re-use is considered.

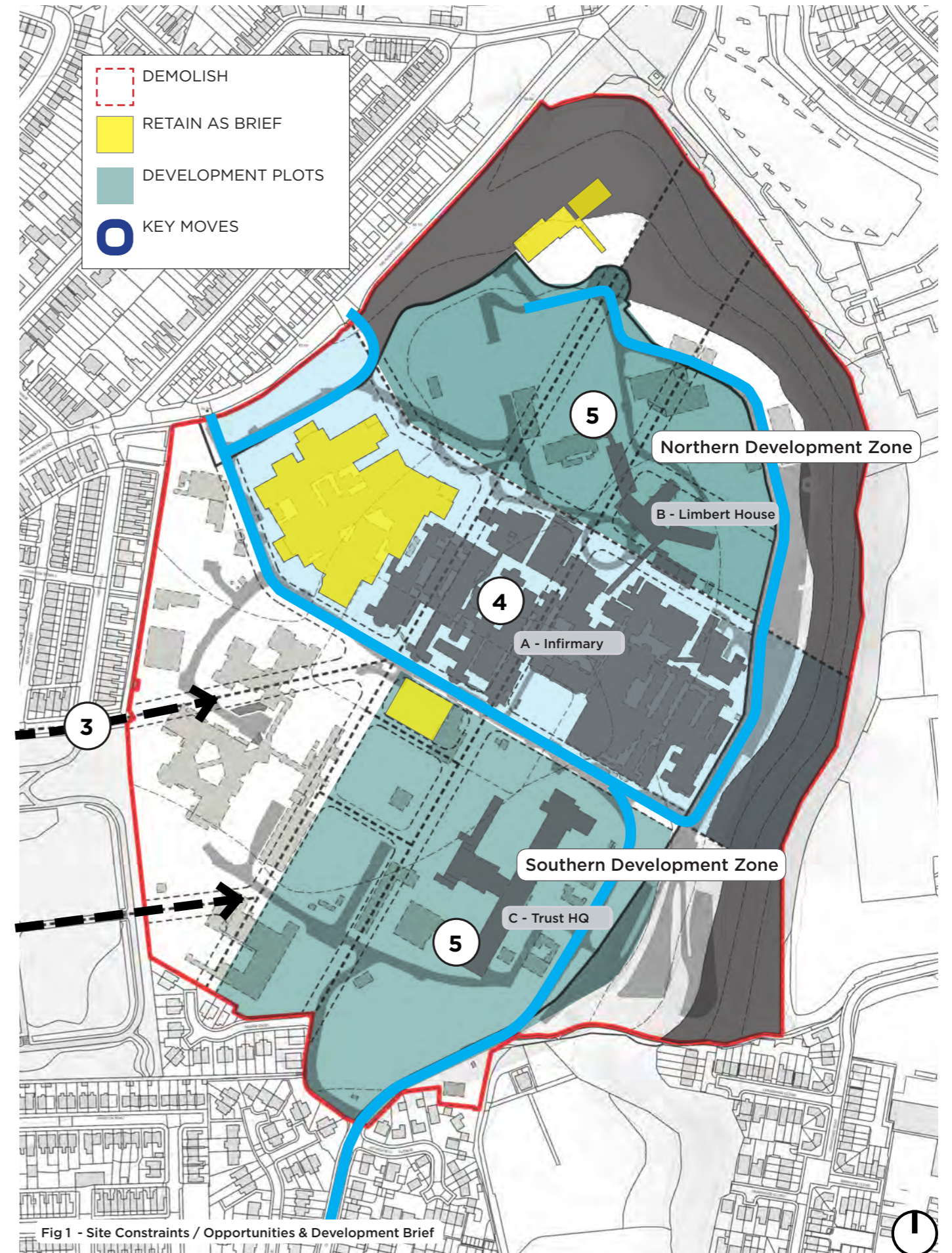


Fig 1 - Site Constraints / Opportunities & Development Brief

THE EXISTING ESTATE

The condition and suitability of the existing estate are important considerations when reviewing the opportunities for refurbishment vs demolition of buildings. There are several factors which have been considered to help inform these decisions as outlined below.

CONDITION OF THE EXISTING ESTATE

Much of the current estate has a condition rating of B/C meaning that within the next five years it will be considered operational but in need of major repair or replacement to bring it up to a sound and operationally safe condition. The cost associated with this repair is significant.

The existing historic buildings; Crumpsall Infirmary, Limbert Nurses Home and Manchester Workhouse all fall under or below this condition rating.

SPATIAL QUALITIES OF THE EXISTING BUILDING & ADAPTABILITY FOR RE-USE.

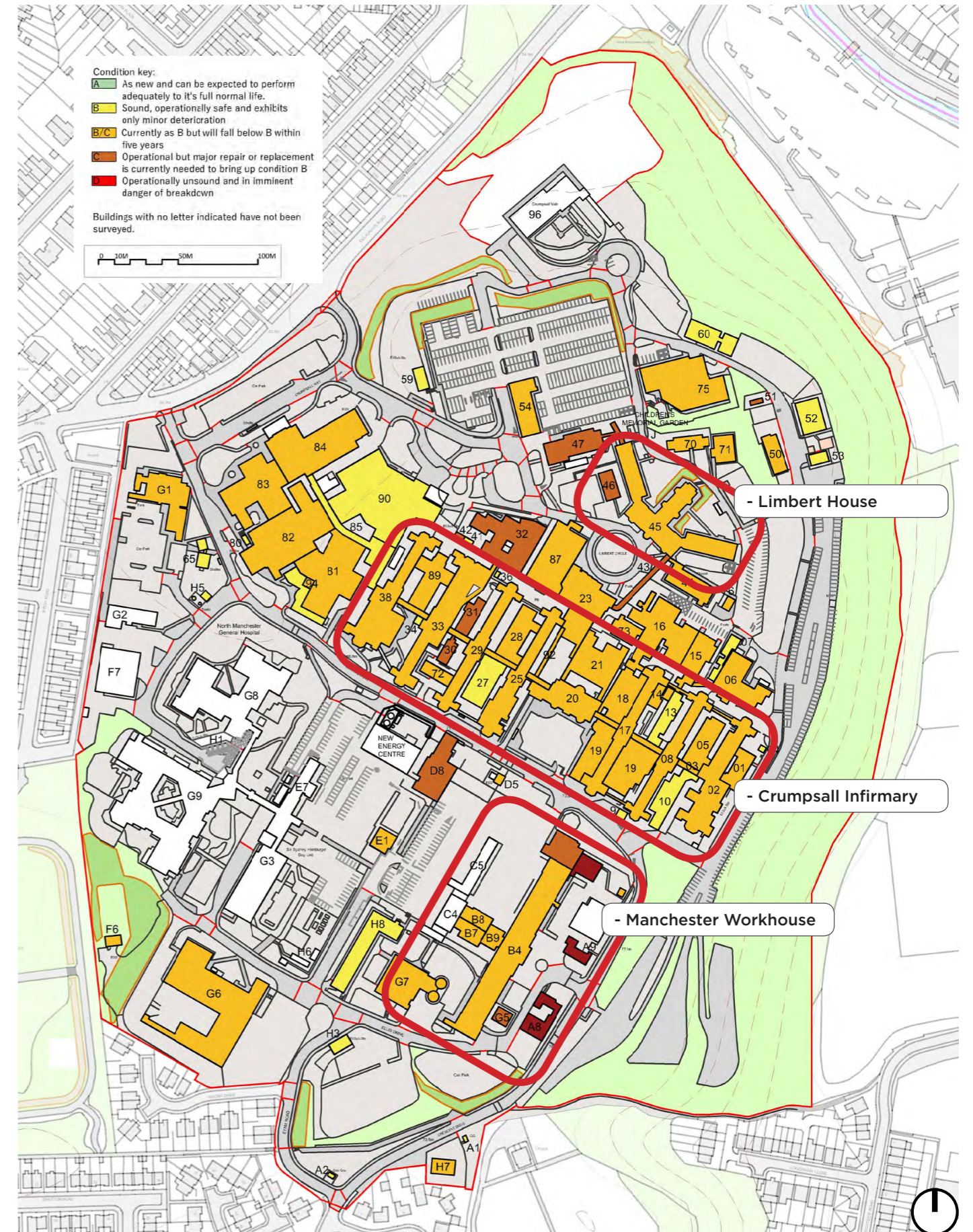
There are many areas of the antiquated estate which impede the ability to deliver 21st-century healthcare services. The dimensions of spaces, orientation, floor to floor height, performance of fabric are no longer suitable for modern healthcare design and refurbishment cannot resolve some of these fundamental issues. However there are possibilities to explore the use of the buildings for specific clinical activities or other typologies such as offices.

LOCATION OF EXISTING BUILDINGS ON SITE

The new hospital comes with a brand new brief and set of clinical adjacencies for co-locating both departments and buildings. Re-use of buildings needs to be assessed against this brief to ensure that these critical adjacencies can be maintained.

PROGRAMME AND COST

Refurbishment vs New build proposals each have their own pros and cons in this setting and will impact on cost, programme and the



SCORING MATRIX

Using the key Development Brief items and site responses outlined on the previous page, we have created a scoring matrix to apply to the development options for the site to compare strengths and weaknesses in options and help determine the best way forward.

Criteria	1	2	3	4	5
[1] CREATING A MODERN HEALTH AND CARE OFFER					
[2] IMPROVING HEALTH & WELL-BEING					
[3] BUILDING A STRONGER AND SAFER COMMUNITY					
[4] CONTINUOUS OPERATION OF THE HOSPITAL					
[5] SITE AVAILABILITY & EFFICIENCY					
[6] RETENTION OF EXISTING BUILDINGS					

ASSUMPTIONS

The pages which follow illustrate 5no, development options for the site dealing predominantly with the siting of the buildings within Healthcare Hubs 1 & 2 as outlined in the table below, and the re-use or demolition of buildings within the existing estate.

Zone		
Z1 - Healthcare Hub 1	Acute Hospital: Education Hub: Health and Well-being Hub: Admin / FM Building: Car Park:	c.45,000m2 c.3,000m2 c.6,000m2 c.8,000m2 c.1,000-1,250 spaces
Z2 - Village Green		c.1.8 hectares
Z3 - Healthcare Hub 2	New GMMH Building Future Carpark	c.12,500m2 c.450 spaces
Z4 - Neighbourhood Hub	Mixed Uses	c.7 hectares

The current Emergency department and Women's services building is part of the Business Case for the development and offers the best opportunity for refurbishment in terms of clinical delivery. It is therefore retained in all options that follow. Maintaining the existing site entrances and primary service routes around the site is also essential to assist with the operation of the estate throughout the phased development of the site. Finally, it is assumed that GMMH existing Park House facilities will be demolished following the construction of new facilities within either the Northern or Southern development plots.

OPTION 1A: PARTIAL RETENTION (INFIRMARY & TRUST HQ)

KEY MOVES

Infirmary to be retained and refurbished with full demolition of the Northern Zone to support new GMMH facilities and demolitions to the southern zone to support extensive decant facilities / MSCP and space for future expansion.

Office accommodation from Limbert house to relocate to refurbished acute facilities.

PROS

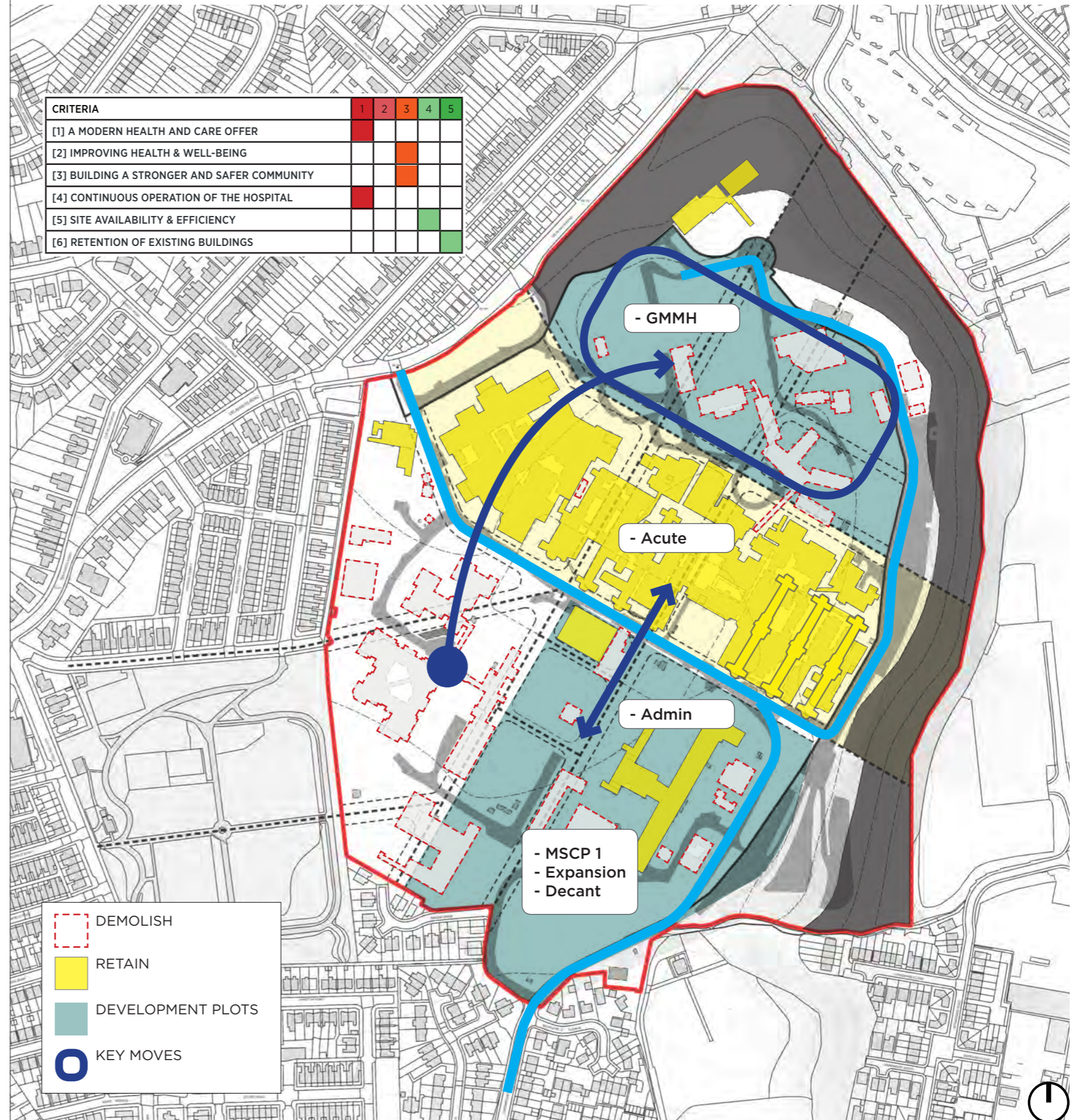
- Heritage value in retaining existing buildings.
- Sustainable re-use of buildings.
- The Northern development plot is a feasible location for new GMMH facilities.
- Trust HQ can retain its current typology and is considered suitable for re-use on this basis.

CONS

- The historic existing facilities are unsuitable for modern healthcare delivery, particularly given the aspirations for this development as outlined earlier in the document. The types, shapes and location of existing spaces do not align well with the proposed schedule of accommodation for acute facilities.
- The Southern development plot is detached from the acute hospital by the access road making future expansion more problematic.
- The position of the existing Trust HQ makes the Southern development plot less efficient than re-developing a cleared site.
- The site wide masterplan and development strategy is constrained by the location of existing buildings.
- Full retention of the Infirmary will be very disruptive to clinical delivery as it will rely on multiple decants to enable refurbishment.
- The ability to create a focussed entrance and draw the community to the site is impeded by the layout of the current estate.

SUMMARY

SUSTAINABLE RE-USE OF THE EXISTING ESTATE IS ACHIEVED WITH GOOD SITE AVAILABILITY THOUGH THE ABILITY TO DELIVER MODERN HEALTHCARE SERVICES AND FACILITIES IS SEVERELY COMPROMISED WITHIN THE ACUTE BUILDING..



OPTION 1B: PARTIAL RETENTION (INFIRMARY & LIMBERT HOUSE)

KEY MOVES

Infirmary to be retained and refurbished with minor demolitions in the Northern Zone to support extensive decant facilities / MSCP / Expansion and part office facilities and demolition of Trust HQ to the southern zone to support New GMMH facilities.

Office accommodation from HQ to relocate to vacant Limbert House

PROS

- Heritage value in retaining existing buildings.
- Sustainable re-use of buildings.
- The southern development plot is well suited for new GMMH facilities.
- Limbert House can be retained to house office facilities and is considered suitable for re-use on this basis.

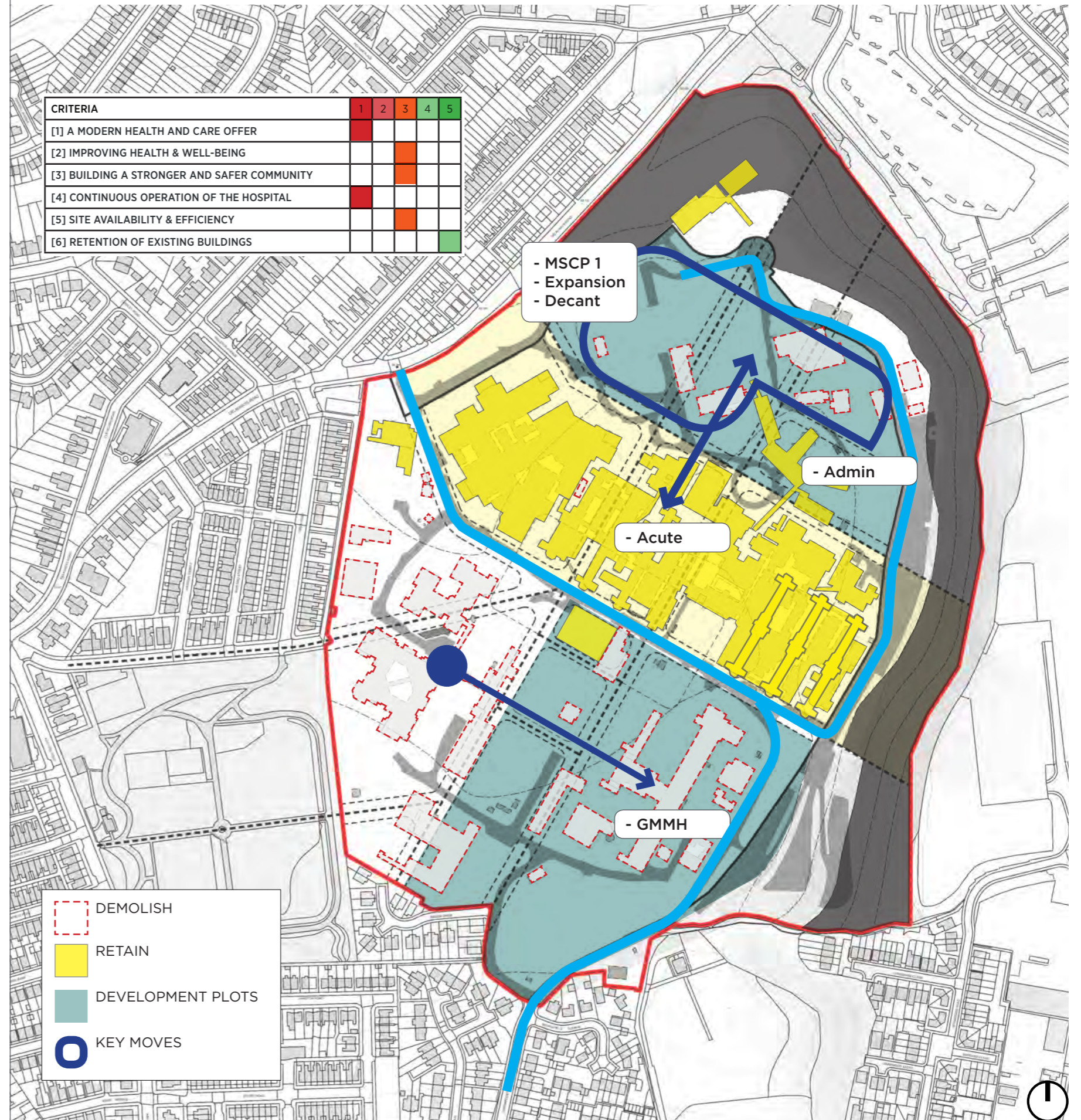
CONS

- The site wide masterplan and development strategy is constrained by the location of existing buildings.
- Full retention of the Infirmary will be very disruptive to clinical delivery as it will rely on multiple decants to enable refurbishment.
- The historic existing facilities are unsuitable for modern healthcare delivery, particularly given the aspirations for this development as outlined earlier in the document. The types, shapes and location of existing spaces do not align well with the proposed schedule of accommodation for acute facilities.
- The position and orientation of the existing Limbert House building makes the Northern development plot less efficient than re-developing a cleared site.
- The ability to create a focussed entrance and draw the community to the site is impeded by the layout of the current estate.

SUMMARY

SUSTAINABLE RE-USE OF THE EXISTING ESTATE IS ACHIEVED THROUGH THE ABILITY TO DELIVER MODERN HEALTHCARE SERVICES AND FACILITIES IS SEVERELY COMPROMISED WITHIN THE ACUTE BUILDING.

THE EFFICIENCY OF THE NORTHERN BLOCK IS COMPROMISED BY LIMBERT HOUSE



OPTION 2: PARTIAL RETENTION (PLOT ANALYSIS)

Retaining the existing Infirmary offers a significant challenge to meeting the aspirations of the brief and also maintaining the operation of the hospital. Option 2 therefore explores development options which demolish the existing infirmary while retaining the Trust HQ and Limbert House buildings.

This page outlines the pros and cons of siting the Acute and GMMH facilities in either the Northern or Southern development plots.

A - MOVE GMMH TO NORTHERN PLOT

- **PRO - [IF LIMBERT HOUSE IS ALSO DEMOLISHED]** This would be a suitable location for GMMH
- **CON - [IF LIMBERT HOUSE IS RETAINED]** Retaining Limbert House puts pressure on available space within this development plot due to the inefficient position / orientation and utilisation of this building. The SoA for GMMH contains little accommodation considered suitable for this building. The optimum design for GMMH proposes predominantly single level ground floor accommodation which adds further pressure on the available plot size.

B - MOVE GMMH TO SOUTHERN PLOT

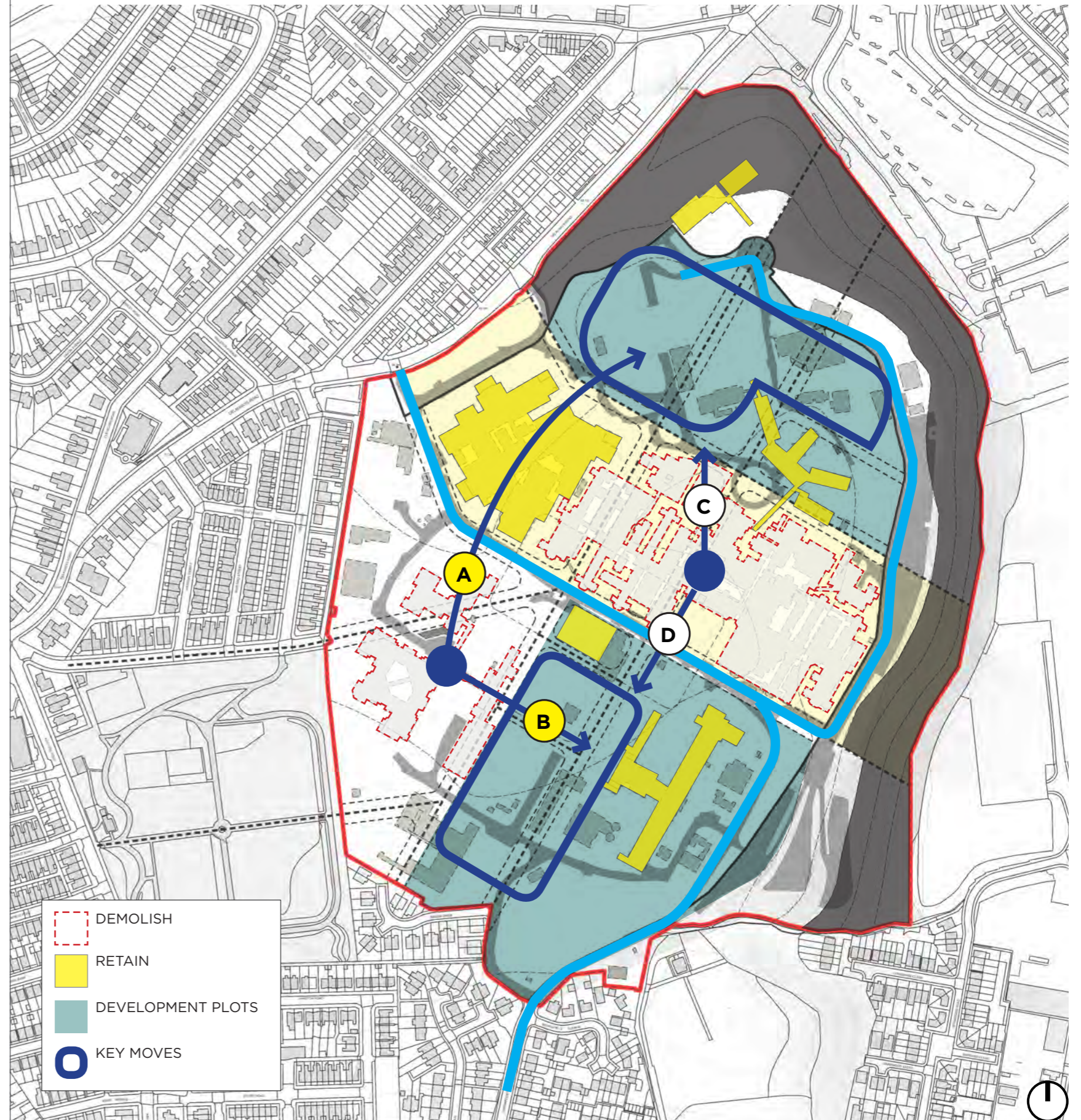
- **PRO - [IF TRUST HQ IS ALSO DEMOLISHED]** This would be a suitable location for GMMH
- **CON - [IF TRUST HQ IS RETAINED]** Retaining Trust HQ puts pressure on available space within this development plot due to the inefficient position / orientation and utilisation of this building. The SoA for GMMH contains little accommodation considered suitable for this building. The optimum design for GMMH proposes predominantly single level ground floor accommodation which adds further pressure on the available plot size.

C - MOVE ACUTE TO NORTHERN PLOT

- **PRO** - Strong adjacency to the retained Emergency building allowing a positive linkage between existing and new build facilities.
- **CON** - Retaining Limbert House puts pressure on available space within this development plot due to the inefficient position / orientation and utilisation of this building.

D - MOVE ACUTE TO SOUTHERN PLOT

- **PRO** - Trust HQ could be retained as an Office building and link directly to new Acute facilities
- **CON** - Existing and new acute buildings are divorced if Central Drive is retained. This poor linkage will impact heavily on clinical delivery. Re-locating Central Drive would have a significant cost impact and would be disruptive to the ongoing operation of the site



OPTION 2A: PARTIAL RETENTION (LIMBERT HOUSE & TRUST HQ)

KEY MOVES

Infirmery to be demolished and new facilities to be built in either the Northern or Southern development zones. [See Plot Analysis opposite].

GMMH to be located in either the Northern or Southern development zones

Trust HQ and Limbert House to be refurbished to accommodate areas from either the Acute or GMMH developments.

PROS

- Heritage value in retaining existing buildings.
- Sustainable re-use of buildings.
- Trust HQ can retain its current typology and is considered suitable for re-use on this basis.
- Strong opportunity to create a focussed entrance the site and buildings and link to the community.

CONS

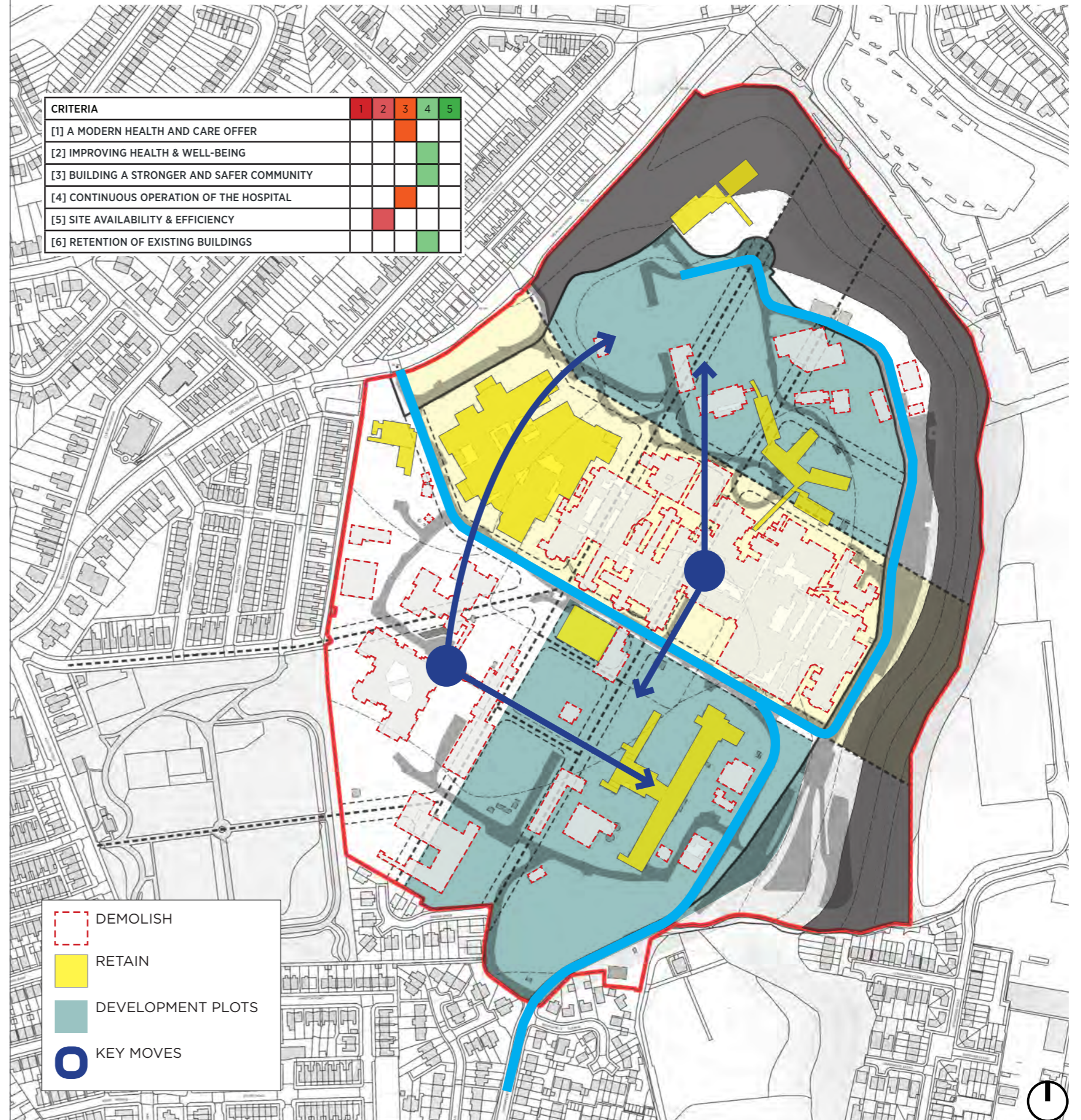
- Both the Trust HQ building and Limbert house are in a poor condition and spatially unsuitable for modern healthcare delivery. They would need to house office / residential type facilities only.
- The location of these buildings on the development plots makes planning either Acute or GMMH facilities much more constrained and less efficient than re-developing a cleared site.
- The orientation of Limbert House makes Master-planning difficult and compromises the efficient use of the remaining plot.
- The plot analysis on the following page highlights further constraints with this proposal.

SUMMARY

SOME SUSTAINABLE RE-USE OF THE EXISTING ESTATE IS ACHIEVED WITH GOOD OPPORTUNITIES TO DELIVER MODERN HEALTHCARE SERVICES WITH STRONG CONNECTIONS TO THE COMMUNITY.

THE SUITABILITY AND EFFICIENCY OF THE NORTHERN & SOUTHERN PLOTS ARE LIKELY TO BE IMPEDED BY THE RETAINED BUILDINGS DEPENDING ON HOW WELL THEY CAN BE UTILISED. COMPROMISES WOULD BE EXPECTED.

FUTURE EXPANSION OPPORTUNITIES WILL LIMITED BY THE INEFFICIENT USE OF DEVELOPMENT PLOTS.



OPTION 3A: INDIVIDUAL RETENTION (TRUST HQ)

KEY MOVES

Infirmery to be demolished and new acute facilities to be built in the Northern development zone.

GMMH to be located in the Southern development zone.

Trust HQ to be refurbished to accommodate Acute and GMMH Admin facilities

PROS

- Heritage value in retaining existing building.
- Sustainable re-use of Trust HQ.
- Trust HQ can retain its current typology and is considered suitable for re-use on this basis.
- Northern plot is clear for the optimum development of new and modern acute healthcare facilities with space for future expansion

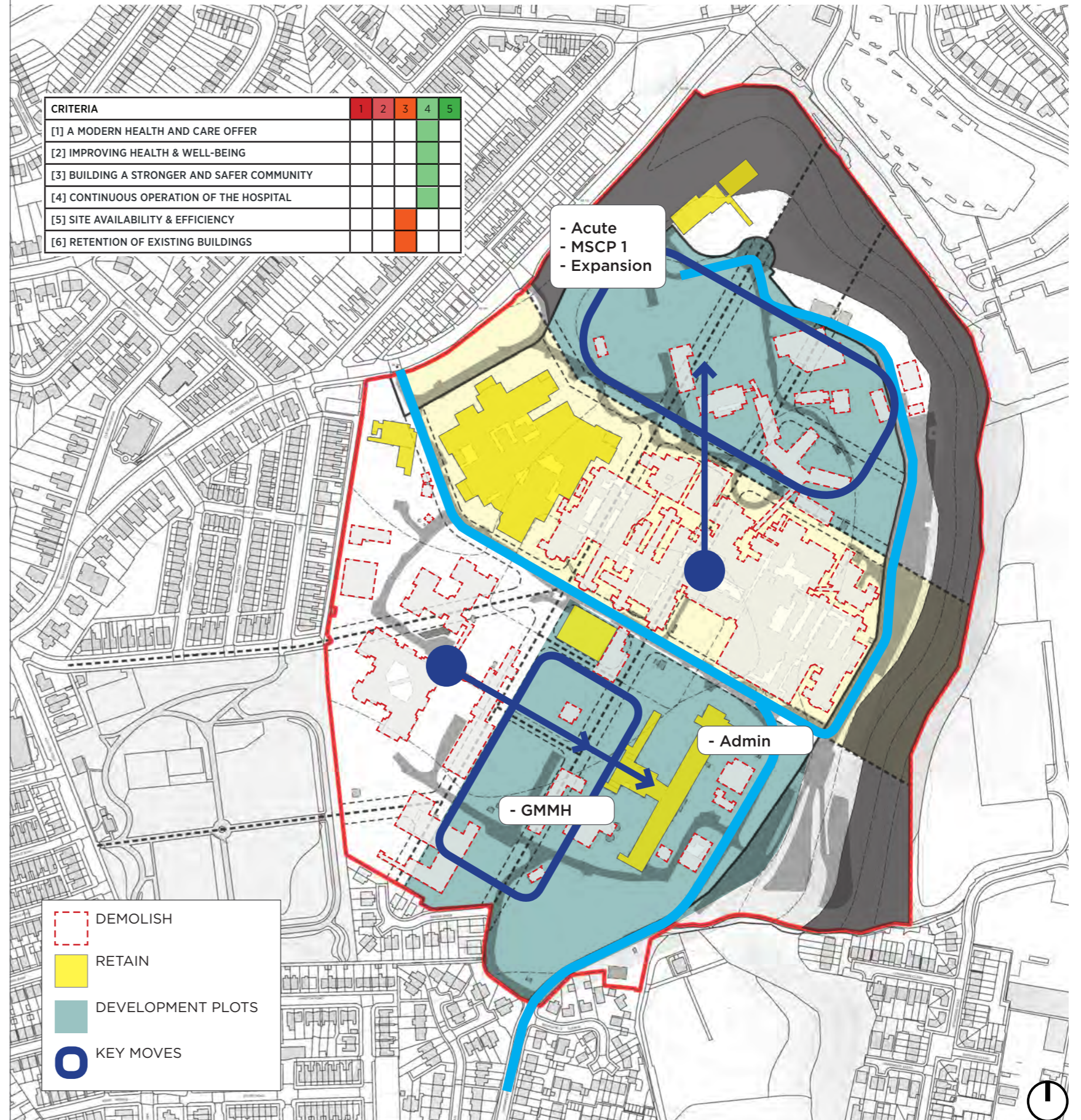
CONS

- The optimum design for GMMH proposes predominantly single level ground floor accommodation in a secluded part of the site with limited or no overlooking into courtyards. Retention of Trust HQ pushes GMMH to a more central location on the site with overlooking into courtyards from the East and a restriction to development heights to future phases to the West.
- The location of Trust HQ on the development plots makes planning GMMH facilities much more constrained and less efficient than re-developing a cleared site resulting in compromises in design and leaving less space available for future development phases.

SUMMARY

LIMITED RE-USE OF THE EXISTING ESTATE WITH GREAT OPPORTUNITIES TO DELIVER MODERN HEALTHCARE SERVICES WITH STRONG CONNECTIONS TO THE COMMUNITY.

THE SUITABILITY AND EFFICIENCY OF THE SOUTHERN PLOT IS LIKELY TO BE IMPEDED BY THE RETAINED BUILDING FOR GMMH AND FUTURE DEVELOPMENT ZONES WILL HAVE LIMITED SPACE BY THE INEFFICIENT USE OF DEVELOPMENT PLOTS.



OPTION 3B: INDIVIDUAL RETENTION (LIMBERT HOUSE)

KEY MOVES

Infirmery to be demolished and new acute facilities to be built in the Northern development zone.

GMMH to be located in the Southern development zone.

Limbert House to be refurbished to accommodate Acute and GMMH Admin facilities

PROS

- Heritage value in retaining existing building for office use
- Sustainable re-use of Trust HQ.
- Southern plot is clear for the optimum development of new and modern GMMH healthcare facilities in a secluded part of the site.
- Efficient use of Southern plot allows more area for future development phases

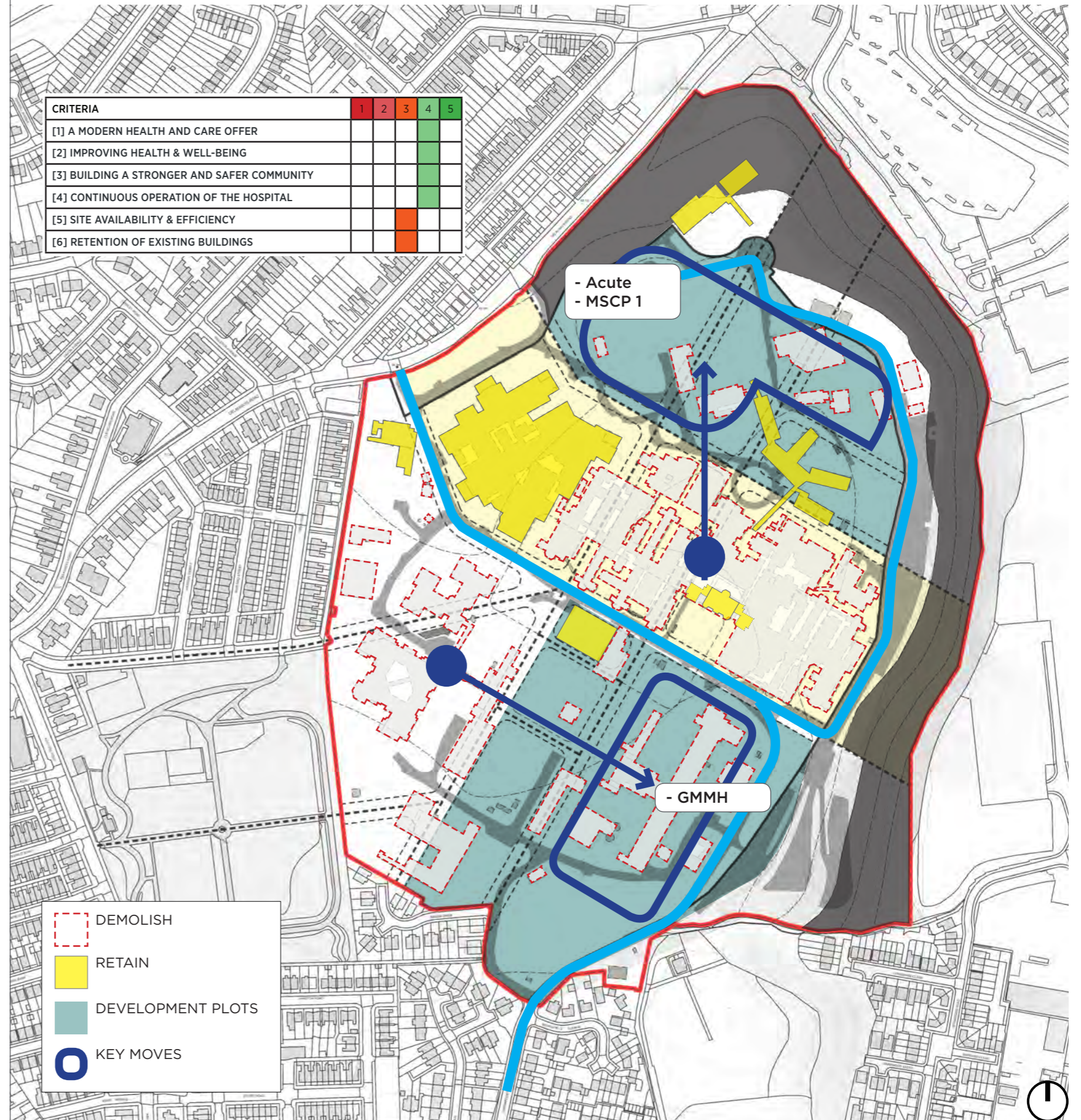
CONS

- The position and orientation of the existing Limbert House building makes the Northern development plot less efficient than re-developing a cleared site with less opportunities for future expansion of the hospital.
- The orientation of Limbert House is at odds with the existing building grain and proposed master-planning grids making development around this building difficult.

SUMMARY

LIMITED RE-USE OF THE EXISTING ESTATE WITH GREAT OPPORTUNITIES TO DELIVER MODERN HEALTHCARE SERVICES WITH STRONG CONNECTIONS TO THE COMMUNITY.

THE SUITABILITY AND EFFICIENCY OF THE NORTHERN PLOT IS LIKELY TO BE IMPEDED BY THE RETAINED BUILDING FOR AND FUTURE EXPANSION WILL BE LIMITED BY THE INEFFICIENT USE OF DEVELOPMENT PLOTS.



SUMMARY

(PREFERRED OPTION & PROPOSED ZONING)

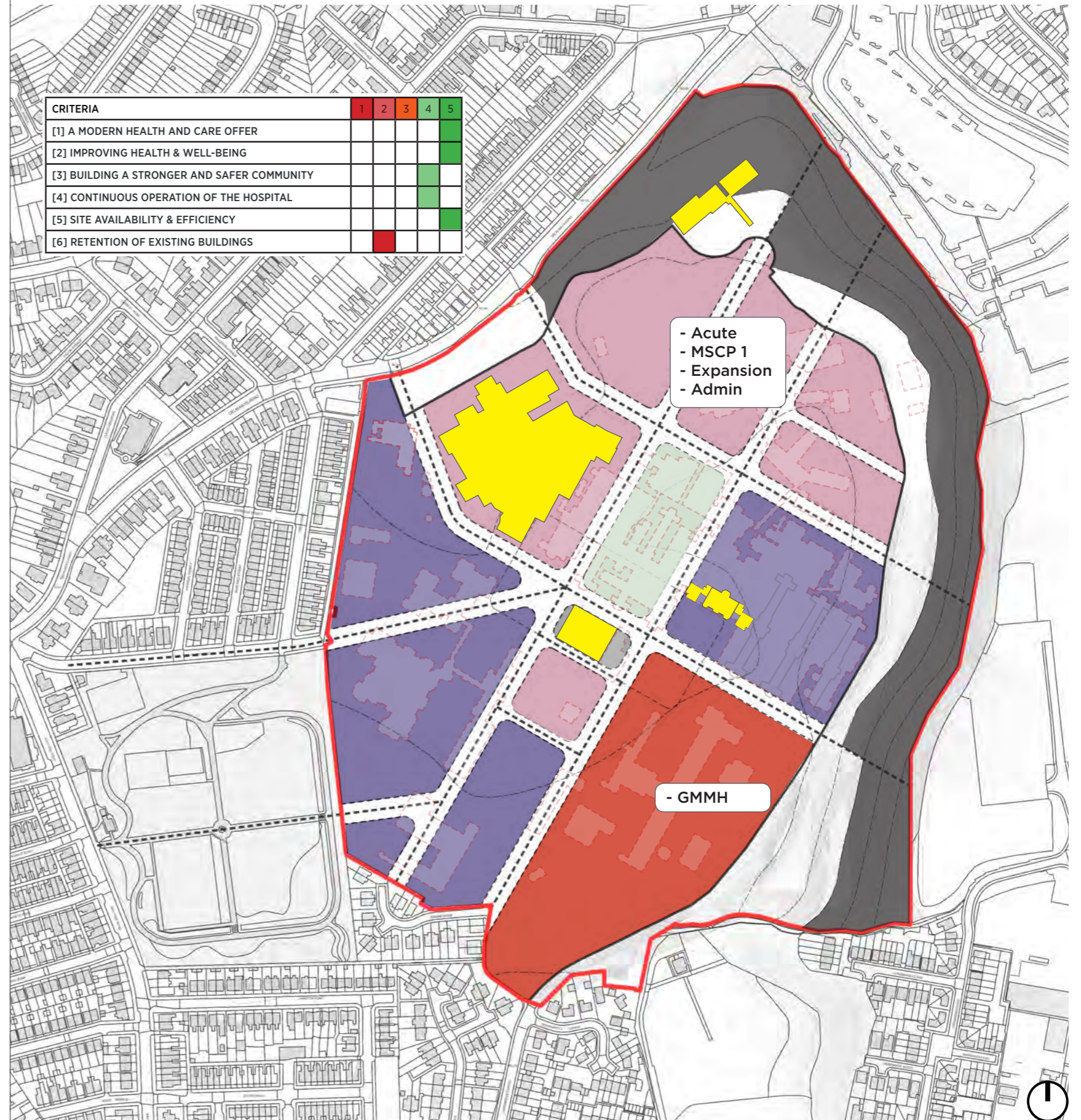
Reflecting on the options summarised in this document, it is clear that the retention of much of the existing estate poses significant problems in the successful redevelopment of the site.

The condition, location and spatial parameters of these buildings are at odds with the development brief and are problematic in maintaining the continual operation of the site and minimising disruptions while new facilities are constructed.

We must also look ahead at the potential for future expansion of the site. While the retention strategies outlined in option 3 may provide an option to retain buildings for re-use, they come at a price. The re-use of these buildings stifle the efficient development of the Northern and Southern plots making limiting the potential for future development to the North and significantly reducing the area for the future Neighbourhood development to the South.

On reflection, we surmise that the best opportunity to meet the development brief and the high aspirations and vision for the site is to demolish the Infirmary, Trust HQ and Limbert House while retaining the current AE and Woman's & Children's block for refurbishment. This strategy allows news facilities to be built alongside the existing ones to ensure continual operation of the estate with minimal disruption during construction. New facilities enable the design teams to offer a truly modern and innovative approach making a bigger impact on well-being and improving health outcomes through design.

The diagram opposite illustrates the proposed zoning of the site and location of Acute and GMMH facilities. Through efficient development of the site, large areas are available for public realm and community amenity as well as future expansion and the proposed Neighbourhood Hub providing strong and lasting links with the local community to stimulate regeneration and provide a new centre for civic life in the area.



- Z1 - HEALTHCARE HUB 1
- Z2 - VILLAGE GREEN
- Z3 - HEALTHCARE HUB 2
- Z4 - NEIGHBOURHOOD HUB

