APPENDIX A

FORMER STONE HOUSE HOSPITAL SITE

DEVELOPMENT FRAMEWORK
STATEMENT OF PUBLICITY

This Development Framework has been the subject of formal public consultation carried out between 12 November and 24 December 2007, including a Public Exhibition held at the Brent Primary School on 29 November 2007 between 3pm and 5pm and between 7pm and 9pm and between 11am and 3pm on 1 December 2007 at The Market Place). The representations made during the consultation have been taken into account in its preparation. A copy of the Cabinet report (20 March 2008) which considered the consultation responses received is available for inspection during office hours at the Civic Centre, Dartford and on the Council’s website www.dartford.gov.uk.

This Framework was adopted for development control purposes by the Council on 25 March 2008.

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1. INTRODUCTION

1.1 English Partnerships and Dartford Borough Council have jointly prepared a Development Framework to guide the redevelopment of the redundant Stone House Hospital site in the heart of the Thames Gateway growth area. The site has been identified as a future housing site by Dartford Borough Council and this Development Framework establishes the key principles that should guide the sustainable regeneration and reuse of this strategic development site.

1.2 The Stone House Hospital site is no longer suitable or required for modern healthcare. The hospital has been closing down with facilities transferred to other sites in a phased manner, and all hospital uses ceased in 2007. The vacant buildings and their surrounding parkland setting have subsequently been transferred to English Partnerships (EP), the Government's regeneration agency as part of its Hospital Sites Programme, which involves a portfolio of nearly 100 redundant hospital sites throughout England.

1.3 The purpose of the Hospital Sites Programme is to assist the Government in meeting its objectives for high quality sustainable development through the effective reuse of surplus public sector land.

1.4 EP is committed to bringing forward the development of its sites in a collaborative manner, with stakeholders influencing emerging principles. This provides a platform of certainty that can be shared by a wide range of interests, including prospective developers, local residents, regulatory and statutory agencies and local interests. This is calculated to shorten the approval process and therefore reduce the overall development timetable. This helps to achieve early wins from the site, including the delivery of community, design and sustainability benefits.

The Development Framework Area

1.5 The Development Framework covers an area of approximately 7.9 hectares of land, and is located on the eastern boundary of the Dartford urban area. The hospital site is no longer operational and all buildings are vacant apart from a chapel which is still in service. The existing buildings are set within an established landscape setting. There is a perimeter brick wall that runs along the east, west and southern boundaries, and to the immediate north of the site is an NHS Inpatient Addiction Unit. The site is surrounded to the west and south by residential communities and open land to the north and east. The site boundary, ownerships and surrounding land uses are shown on Figure 1.

1.6 The Development Framework area is currently within two ownerships; English Partnerships and Quintain Estates and Development Plc (QED). EP’s land holding covers an area of 6.2 hectares, and extends northwards from the parkland area in the south of the site. The QED land covers an area of 1.7 hectares in the south of the site. The guidance within this Development Framework includes both land ownerships and it is the express wish of Dartford Borough Council that any proposals for these sites are brought forward in an integrated manner.
1.7 A more detailed description and analysis of the site is included within Section 2.

**Scope and Purpose**

1.8 The Stone House Hospital site provides an exciting opportunity to bring forward new residential development within a distinctive setting of Grade II Listed buildings and parkland. This Development Framework has been produced to ensure that any redevelopment or conversion of retained buildings preserves and enhances the heritage assets on site, whilst maximising the site’s opportunity to assist with delivering sustainable housing growth within the Thames Gateway growth area.

1.9 The Development Framework is not a detailed masterplan and is not intended to be unduly prescriptive about matters such as the exact appearance of any new buildings, other aspects of design detail, or even the precise mix of new uses. These will ultimately be the judgment of the developer who will be guided by the market and development economics, and suitably informed by other relevant local, regional and national planning policies and associated guidance and by the architectural qualities of the buildings.

1.10 It is expected that prospective developers of the site will bring their own expertise and best practice to the design and development of proposals. Indeed, with this in mind developers with a potential interest in developing the site have been involved through the stakeholder engagement process and are being consulted on the emerging Framework.

1.11 At the same time, there needs to be reasonable certainty that the form of development that is outlined in this document is matched by what is actually achieved on the ground. By following the principles of the Development Framework, development interests will not be certain to secure any guarantee of planning consent but they will be able to greatly enhance their prospects of securing it.

1.12 The Development Framework establishes key design and development principles that if incorporated into the design of any emerging schemes, will help to ensure the delivery of high quality proposals that meet the policy and regeneration aspirations of the Council and wider stakeholders.

1.13 The Framework will be a significant material consideration in the determination of any planning application(s) for the site. The Council encourages the submission of a single, comprehensive application for the entire site. However, given the site is in multiple ownership, two applications that are complimentary to each other and recognise the principles in this document may also be appropriate. Given the involvement of listed buildings, it also seeks a detailed rather than outline application(s) to be submitted.

**Preparation and consultation process**

1.14 The preparation of the Development Framework has been informed by detailed technical research on a wide variety of themes including heritage, ecology, sustainability, nature conservation, community infrastructure, transportation, build costs and urban design.
1.15 This research has been supplemented and validated by key stakeholders through a comprehensive programme of consultation.

1.16 The consultation programme has enabled a wide range of stakeholders to influence the content of the Framework, including landowners, local residents, interest groups and key statutory organisations such as Kent County Council and English Heritage. Importantly, developers with a potential interest in developing the site have also been involved in the process, providing a more commercial perspective to process and ensuring that the resultant Framework represents a viable form of development.

1.17 A detailed overview of the consultation undertaken is set out in the appended Statement of Community Involvement. However, a brief overview of the engagement is set out below:

- A collaborative design workshop with key stakeholders on 22 and 23 January 2007 to identify the opportunities and constraints and test emerging proposals;
- A public exhibition to gain the views of local residents on 22 January 2007;
- A guided walking tour of the site with local residents and community representatives to identify issues and priorities on 31 March 2007
- Technical meetings with statutory organisations and consultees; and
- A formal six week period of public consultation on a draft document including an exhibition on 29 November 2007 at the Brent Primary School (3pm-5pm and 7pm – 9pm) and 1 December 2007 at The Market Place (11am-3pm).

1.18 English Partnerships and Dartford Borough Council recognise the valued contribution made by stakeholders in the preparation of this Framework. It is intended that the proposals contained within this Framework makes a very clear statement to local stakeholders including the local community as to what can be anticipated to be developed on the site, well in advance of proposals being brought forward.
2. SITE DESCRIPTION

Site location

2.1 The Stone House Hospital site is located approximately 3 kilometres to the east of Dartford town centre, in a largely residential area. To the south and west of the site are the communities of St John’s Road and Invicta Road respectively, comprising largely semi-detached and terraced housing dating from the 1930s onwards. To the north, beyond Bow Arrow Lane, is the vacant former Fantaseas site, and to the east, across Cotton Lane, is the Dartford Judo Centre. Adjacent to this building is a bowls centre under construction while planning permission also exists for a number of outdoor sports pitches on land surrounding these two indoor facilities.

2.2 In terms of services and facilities, the Bluewater out-of-town shopping complex is located 1 mile to the south-east of the site. A small parade of convenience shops fulfils some local everyday needs and is situated 250 metres from the site, westwards along London Road.

2.3 The Brent Primary School and The Gateway Community Primary School are situated to the south and west respectively, both within 100 metres of the site boundary. The nearest secondary school is the Leigh City Technology College 1.5 kilometres to the south west. The nearest acute (A&E) hospital is Darent Valley Hospital while Stone House Hospital directly to the north of the site provides more community healthcare including a drug rehabilitation unit currently under construction.

2.4 The main employment areas of the town are the town centre and Crossways Business Park, the latter of which is situated less than one mile to the north of the site, next to Junction 1A of the M25 and the Queen Elizabeth II bridge.

Built form

2.5 The listed main former Hospital building in the middle of the site sits on an east-west axis, and extends from the western boundary to close to the eastern boundary. This building acts as a physical and visual barrier through the middle of the site, and creates two distinctive areas to the north and south.

2.6 The southern area is predominantly parkland with pavilion-style buildings to the west close to the site boundary. Small residential units (former nurses accommodation, which are not listed) are found close to the southern boundary, next to London Road.

2.7 The northern part of the site is formed by a series of complex structures including covered walkways, workshops, a boiler house and a mortuary. The built form in this location creates a series of internal courtyards and private spaces. Sitting centrally in this northern area is St Luke’s Chapel, beyond which is a redundant cricket pitch that has not been used for over 10 years and is now overgrown.
Height

2.8 The original main hospital building is predominantly two storey in height; however, its floor-to-ceiling heights are considerably in excess of current standards. The majority of ancillary buildings to the north of the main hospital wing are single storey buildings, such as the boiler house, mortuary and workshops. The buildings to the south are largely two storey buildings.

2.9 The central space of the main hospital wing comprises the original ‘community core’, which features a series of double height spaces, reaching four residential storeys by today’s standards. The principal landmark feature of this main building is the octagonal tower, adjacent to the main core, which is the tallest structure on site, and which is visible from beyond the site boundaries. Along with several chimney stacks and spires, the roofline is visible above the mature trees that occur on the skyline from long distance vantage points.

Landscape

2.10 The existing landscape setting, particularly in the south, contributes to the character of the site. Elements of the historic landscape and gardens still survive, with the informal parkland in the south side of the site planted when the first phase of the asylum was built. This area consists of a large open amenity grassland of approximately 1.5 ha, with a number of specimen trees creating a parkland setting for the hospital’s rear facade.

2.11 The lawn area is open and almost park-like with no restricted access, well overlooked and edged by various soft and hard boundaries. The facade of the main hospital building adds to the setting and amenity value of the space. There are a number of mature trees within the area, some of which are located along the boundary wall, which create a sense of enclosure in the site.

2.12 The northern part of the site and the boundaries are lined with a mixture of native and introduced mature trees and hedgerows of limited quality. The principal landscape feature in this part of the site is a green circular planting area that sits at the entrance to the main hospital building, to the south of the chapel. The planting is of no particular significance other than for its amenity value. To the north east of the chapel is the former cricket pitch, which has been unused for many years and is now overgrown.

2.13 The built form to the north of the main hospital building has created a series of courtyard spaces. Many of these spaces are hard surfaced and have been used for servicing and car parking.

Trees

2.14 The entire site is the subject of a blanket Tree Preservation Order. A total of 146 individual trees, 20 groups of trees and 3 hedges were surveyed in late 2006. A summary of the survey results is shown in the table below.
<table>
<thead>
<tr>
<th>GRADE</th>
<th>DESCRIPTION</th>
<th>NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>High quality and value and in such a condition as to make a substantial contribution for 40 years or more</td>
<td>16 individuals</td>
</tr>
<tr>
<td>B</td>
<td>Moderate quality and value, capable of making a significant contribution for in excess of 20 years</td>
<td>61 individuals and 4 groups</td>
</tr>
<tr>
<td>C</td>
<td>Low quality, low landscape or cultural value or are young trees with stems of less that 150mm diameter</td>
<td>55 individuals, 16 groups and 3 hedges</td>
</tr>
<tr>
<td>R</td>
<td>Any value they have may be lost within 10 years, or they should be removed for reasons of sound arboriculture management</td>
<td>14 individuals</td>
</tr>
</tbody>
</table>

Source: Stone House Hospital Arboricultural Report (Entec, November 2006)

2.15 Many large mature trees have amenity, landscape and high biodiversity value and some necessitate careful protection. The species of the trees on site varies from Red Oaks to Horse Chestnut to Poplars and Sycamores as well as Maples and Cherry amongst others.

**Transportation**

2.16 The existing transport conditions are shown on Figure 2 but outlined in greater depth below.

**Walking and cycling**

2.17 Pedestrian and cycle access to the site is provided via the two vehicular entrances off Cotton Lane. There are also potential accesses via currently locked gates on London Road (to the south) and Invicta Road (to the west). The main hospital building currently creates a major barrier to north-south movement within the site.

2.18 The main pedestrian route in the area is along London Road and there are a number of facilities that are currently provided including pedestrian refuges, zebra crossings and a signalised crossing at the junction of London Road with Cotton Lane. London Road has footways on both sides of the road whereas Cotton Lane and Bow Arrow Lane have footways on one side only.

2.19 There are three designated footpaths within the vicinity of the site. One footpath runs across the open space to the east of Cotton Lane, although this path is currently overgrown. The others are located to the south of the site and form links to Watling Street to the south. Pedestrian circulation within the site is inhibited by the main hospital building that presents a barrier to north-south movement.
2.20 An existing local cycle route runs from the Cotton Lane / Bow Arrow Lane junction, north to M25 Junction 1a and across the A282 to North Dartford. It is proposed to extend this cycle route west into Dartford town centre and east along London Road towards Bluewater.

Public transport

2.21 Three bus stops are situated adjacent to the site; one on Cotton Lane serving Route 456 and two on London Road serving Routes 455, 456, 480 and 492. These provide connections into Dartford town centre / railway station, Bluewater, Greenhithe and Gravesend.

2.22 The site is located roughly halfway between Dartford and Stone Crossing railway stations, both on the London to North Kent line. Dartford has a higher frequency of service with up to 10 trains per hour to London. Dartford Station is within the town centre about 3 kilometres to the west of the site. However, it can be reached in around 10 minutes by cycle and four bus services from the site currently connect to the station. Stone Crossing Station is approximately 3 kilometres to the north east of the site. In addition, the new station at Ebbsfleet, 5 kilometres to the east, will provide a service to St Pancras with a journey time of 17 minutes once opened in November 2007.

Road

2.23 The site is located adjacent to London Road (A226) to the south and Cotton Lane (B2228) to the east. Cotton Lane links the site with Crossways and Junction 1a of the M25 and congestion has been observed to be an issue during peak hours on these roads. The main vehicular access to the site is from a priority junction on Cotton Lane, halfway between Bow Arrow Lane and London Road. A secondary vehicular access is located further south on Cotton Lane which provides an access to the housing on Martin Drive.

2.24 The junction of London Road with Cotton Lane is signalised and is subject to peak hour congestion. The junction of Cotton Lane with Bow Arrow Lane is a priority junction. The speed limit on Cotton Lane is currently 40mph and on London Road is 30mph.

2.25 There are 46 designated parking bays located across the whole site including 5 allocated for disabled users. However, there are not any restrictions on parking outside of these bays so the overall capacity is much higher.

Environmental

Nature conservation

2.26 There are large areas of formally created and managed green space, dominated by the amenity grassland lawn, shrubs and trees at the back of the building. The front of the building adjoins areas of planted mature shrubs and trees with some scrub encroachment, generally dominated by non-native species.
2.27 There are historic records of bats occurring on the site and roosting bats have been found in places within the roof spaces of the main hospital building. A small amount of suitable reptile habitat is found with the best area being the northeast boundary where dense scrub occurs. However, it is considered that even if reptiles do occur on site, they are likely to only be in very small numbers due to the patchy distribution and small size of suitable habitats. A number of common bird species are known to nest in and around the buildings given the improved grassland, scrub, shrub and tree habitats that occur in the local area. Overall, the habitats on the site are considered to be of parish or lower value to nature conservation.

Contamination

2.28 A detailed site investigation was undertaken in 2006. This revealed that the site may contain elevated concentrations of hydrocarbons from boiler house fuel storage, petrol pump and associated infrastructure known to have existed on site. Neighbouring sites to the north which form part of the main hospital site are known to have elevated concentrations of metals and Polyaromatic Hydrocarbons (PAHs). Nearby landfill sites may also give rise to elevated concentrations of ground gas and migration of contaminants such as PAHs, metals, phenols, sulphate, acidity and ammonia. The existing buildings contain hazardous materials such as asbestos.

Air Quality

2.29 A strip of the southern part of the site falls within the London Road Air Quality Management Area (AQMA).

Flooding

2.30 The site itself is predominantly flat with excess surface water from hard standing areas directed to ‘soft’ surfaces and drains. The nearest watercourses are the River Darent, 1 mile to the west, and the River Thames, 2.5 kilometres to the north. There is no significant risk of flooding at the site.

Archaeology

2.31 Finds from the surrounding area suggest the general potential for sub-surface archaeology but since the majority of land is occupied by hospital buildings, any archaeological remains which may have been present are likely to have been destroyed. Land to the north of the hospital is currently being used as a construction compound. This has involved the removal of topsoil and tracking over by machines and is likely to have significantly affected any archaeology which was previously present.

2.32 Palaeolithic archaeological remains have been recovered from Quaternary gravel deposits that probably extend beneath the Hospital site. However the limited ground intrusion that might be necessary during redevelopment of the site is highly unlikely to affect these remains.
3. HISTORY

3.1 Most of the buildings within Stone House Hospital are Grade II listed, and are set within their original historic context, therefore a clear understanding of the historical development of the site is necessary before redevelopment and re-use proposals are considered. The main building and Chapel were separately listed in 1982 and revised list descriptions were issued in 2006. The recent description includes all historic hospital buildings with the exception of the mortuary and 1909 nurses’ accommodation. It provides a comprehensive schedule of the interior and exterior of the buildings as well as their history and summary of importance. The mortuary and nurses’ accommodation are in the cartilage of the listed buildings and so should be treated as if they were listed.

3.2 Figure 3 sets out the chronology of development on the site and indicates the names of each of the parts of the former hospital.

1866-1890

3.3 The 1845 Lunacy Act made it obligatory for local authorities to provide asylums for their poor, and this prompted a massive boom in their construction. The City of London selected the Stone House Hospital site as a suitable location for a new lunatic asylum since at that time it was open fields, isolated from Dartford and the smaller villages of Stone and Greenhithe. Stone House was originally the City of London Asylum.

3.4 The original building was constructed in 1866 and designed by James Bunstone Bunning, the City of London Surveyor. The architectural style of Stone House is ‘Tudorbethan’. The buildings are constructed from yellow brick with stone dressings. The original building was an unusual hybrid of the standard south-facing corridor plan and an early example of the pavilion plan form. The sexes were segregated: men were housed in the eastern wing and women in the western wing. These wings contained wards, dormitories and single room cells. The central administration block contained a grand dining room, the Great Hall, with kitchens adjacent, a chapel above, and offices to the north.

3.5 Two pavilion blocks flanked the front entrance, connected to the central core by two curved covered walkways. The west pavilion block contained the laundry and mortuary, and the east pavilion the bakery and workshops, with dormitories on the first floor of both. Beyond the eastern pavilion was a stable block and coach house, arranged to create a service yard. Bunning also constructed a detached house for the Medical Superintendent (now the Hollies). The hospital site contained four ‘airing grounds’ divided into male and female areas with outside lavatories (one lavatory survives).

3.6 In 1885 a detached isolation hospital was erected on Bow Arrow Lane north of the site (now demolished). In 1887 Stone Lodge Farm and 107 acres immediately to the east of Stone House Hospital were acquired. In 1887-9 some extensions were made to the north side of the main building and at the end of the female wing for new wards.
1890-1902

3.7 Andrew Murray, Surveyor to the City of London, designed the alterations and additions to the hospital in this period. The internal walls were removed in the corridors in the male and female wings. A clock turret and belfry were erected over the north entrance to the main building. New toilet blocks and two large bath blocks were built as ‘spurs’ off the northern side of the wings. Three new laundry blocks were added to the north of the main entrance, one for general laundry, another for staff laundry and the last for foul laundry. Improvements were made to the heating system, and as a result a new boiler and engine house was constructed to the west of the laundry blocks. Other major additions included a large female infirmary at the end of the existing female wing, and a smaller male infirmary at the end of the male wing. A detached mortuary was constructed north east of the main building.

3.8 In 1887 the Commissioners of Lunacy stated that chapels in asylums should be detached from the main hospital buildings. St Luke’s Chapel was designed by Murray and consecrated by the Bishop of Rochester in May 1901. The former chapel within the main building was converted into a recreation hall with a stage.

1902-1924

3.9 In 1909 a new accommodation block for nurses was constructed in the south west of the site. In 1911 a cricket pavilion was constructed north of the Chapel (since demolished). In 1912 the superintendent’s house east of the main site was extended.

3.10 Sydney Perks, Surveyor to the City of London, designed some relatively minor additions to the hospital in 1923-4. He added a staff dining room to the north of the laundry blocks. He added another small ward attached to the fuel store to the south of the boiler house. He enclosed the western covered walkway with a number of rooms, including an operating theatre. Some rooms were added on the western side of the curved corridor leading to the female infirmary.

Post 1924

3.11 There have been very few additions to the hospital since 1924, which is unusual for such a NHS site. The only post-war addition is the nurses’ accommodation in the southern portion of the site, which was likely to have been constructed in the 1980s or 1990s. The Chapel and the Hospital buildings were listed in 1982.

3.12 The Chapel and the main hospital building was Grade II listed in 1982. The list description was updated in December 2006. Now all of the hospital buildings with the exception of the postwar nurses’ accommodation, the 1909 nurses’ accommodation and the mortuary are Grade II listed. The 1909 nurses’ accommodation and mortuary are in the curtilage of the listed structures and date from before 1948 so should be treated as if they were listed.
4. **POLICY CONTEXT**

**National policy**

4.1 The national planning policy guidance notes (PPG) and statements (PPS) that are particularly relevant to the site are:

- PPS1 – Creating sustainable communities;
- PPS3 – Housing;
- PPS8 – Biodiversity and Geological Conservation;
- PPG13 – Transport; and
- PPG15 – Planning and the Historic Environment.

**Strategic planning policy**

4.2 Regional Planning Guidance for the South East: RPG9 (2001) and the Thames Gateway Planning Framework: RPG9a (1995) identify the Thames Gateway as a main opportunity for growth in the South East. Kent Thameside, which encompasses Dartford and Gravesham north of the A2, is planned to be a growth area of regional significance and is seen as an important element in securing the vision of Thames Gateway. Although the former Stone House Hospital site is not of sufficient scale at the regional level to be identified as a strategic site, it can still help to contribute to the Thames Gateway by providing high quality, sustainable residential development that will improve the image and perception of the area. It will also help to reduce development pressure in more sensitive and undeveloped parts of the South East as well as recycle previously-developed land and conserve historic assets.

4.3 The Kent and Medway Structure Plan (2006) recognises the role Dartford has to play in relation to the Thames Gateway. Whilst the former Stone House Hospital site is not specifically identified, it can help the Borough meet the 8,500 unit housing requirement for the period 2006–16 set out in Policy HP1. It will also contribute to the draft South East Plan (2006) proposed annual average housing provision for Dartford of 785, a total of 15,700 over the period 2006-2026, and the objectives of the Kent Thames Gateway sub-region.

**Local Plan policy**

4.4 The site was not designated in the adopted 1995 Local Plan since at that time it remained operational for healthcare purposes. In the subsequent Local Plan Review Second Deposit Draft (2002), it was however included as it was known that the site would be available for re-use and redevelopment when the Hospital closed. Policy H2b states:
‘Stone House Hospital and associated grounds are allocated for residential and associated uses. Development proposals must:

- Retain the hospital complex, the chapel and their setting;
- Retain the parkland area to the south of the main hospital range;
- Accord with a development brief for the site; and
- Be accessed off Cotton Lane

The conversion of the hospital buildings to residential and other uses must conserve their character and features as far as possible.’

4.5 Other directly applicable policies include Policy H16 regarding affordable housing provision and the policies regarding listed buildings, particularly BE5, BE6 and BE7. Other more general policies of relevance are listed in Appendix 2.

Local Development Framework

4.6 In the July 2006 ‘Site Allocations DPD – Preferred Policy Approaches’, the site was allocated as a housing site. Dartford’s Core Strategy Preferred Options, January 2008, also identified Stone House Hospital as a site for housing development.

Surrounding sites

4.7 There are two allocated development sites within close proximity to the Stone House Hospital site:

- Fantaseas Site (land north of Bow Arrow Lane); and
- Stone Lodge, Cotton Lane (land east of Cotton Lane).

Former Fantaseas site

4.8 The Fantaseas site is directly to the north of the PCT site on Bow Arrow Lane, and was previously the site of an indoor leisure swimming pool facility. The site has been identified for housing in the Local Plan Review Amended Second Deposit Draft (2004), LDF Site Specific Allocations Preferred Options (July 2006) and LDF Core Strategy Preferred Options (Jan 2008). The Borough Council submitted an outline planning application (DA/06/1058/OUT) in February 2007 for the site for the development of 175 residential units. This has now been approved subject to removal of a holding objection by the Highways Agency.

Stone Lodge

4.9 The Stone Lodge site is identified in the adopted Local Plan (1995) for major recreational, leisure and associated development. The Local Plan Review Amended Second Deposit Draft (2004) identifies the site for a new urban park, encompassing primarily outdoor sporting facilities, recreation and community
facilities and open spaces contributing to the Green Grid network. The Site Allocations DPD – Preferred Policy Approaches’, also allocates the site as a new urban park, to provide both formal and informal facilities for a variety of sports, recreation and leisure interests that cater for local community needs. The Core Strategy Preferred Options, January 2008, identifies Stone Lodge as a potential site of a centre of excellence for sport, cultural and recreational facilities. At the eastern end of the site, the Stone Discovery Project, a publicly accessible nature conservation area, is proposed.

4.10 In June 2006, the Borough Council was granted outline permission (DA/04/00432/OUT) to provide a range of recreation and leisure facilities on the Stone Lodge site including a two storey sports centre; two synthetic turf pitches and floodlighting; four adult football pitches; four tennis courts with floodlighting; an ecology and wildlife sanctuary; and an adventure playground. Development of these proposals has not yet commenced.

4.11 A two storey judo centre was developed off Cotton Lane to the north of the existing bowls centre in 2006.
5. SITE STRATEGY

Opportunities and constraints

5.1 The analysis of the site provided in sections 2, 3 and 4 can be summarised in the Constraints and Opportunities diagram (Figure 4).

Vision

5.2 The vision for the redevelopment of the Stone House Hospital site is to create a high quality sustainable residential community within the heart of the Thames Gateway that provides a unique living experience within a distinctive heritage setting. Through a variety of sympathetically converted dwellings within historic buildings and modern new homes, there will be living opportunities for all, ensuring the creation of a mixed and balanced community. The development will connect with existing communities through new green links and routes, providing public access to the site’s mature landscape setting and open spaces.

Key objectives

5.2 Having regard to these constraints and opportunities, the broad key objectives for the site comprises:

- Comprehensive and holistic development of the entire site;
- Retention and conversion of the listed buildings, except where this is not feasible and demolition will not detract significantly from the integrity of the complex;
- Enhancement of the setting of the listed buildings and landscape within a scheme for the comprehensive regeneration of the site;
- Sustainable design and construction of new dwellings and converted accommodation;
- Provision of a community use(s), where complementary and feasible;
- Integration of the site with the adjoining communities and other land-uses; and
- Enhancement of biodiversity and a contribution to the objectives of the Green Grid.
6. DEVELOPMENT GUIDELINES

6.1 THE ROLE OF THE SITE

6.1.1 The Second Deposit Local Plan Review and the Local Development Framework Preferred Policy Approaches both allocated the former Stone House Hospital site for new housing, retaining the hospital complex, the chapel and their setting as well as open space to the south. The Core Strategy Preferred Options (2008) also allocates the site for housing.

6.1.2 Although not a planning policy requirement within the local plan documents, English Partnerships (EP) as landowner of a large part of the site is seeking to include the provision of community uses within the land that it owns as part of the holistic regeneration of the Stone House site. In striving to deliver sustainable communities that are adequately provided for in terms of services and facilities, EP will promote the inclusion of viable community uses on-site, that will serve both the new and existing residential communities. This will help to strengthen the integration of the redevelopment within the existing neighbourhood, and ensure that local residents benefit from the redevelopment proposals.

6.1.3 The remainder of this section identifies a series of development guidelines with which proposals that are the subject of a planning application should comply.

6.2 LAND USES

Residential

6.2.1 The principal use of the site should be residential, in accordance with draft and emerging local planning policy.

6.2.2 This Framework does not set an upper or lower limit of housing accommodation but acknowledges that to enable the substantive part of the hospital buildings to be restored, converted and retained, new build housing will be required on the site. The acceptable level of housing on the site should remain subordinate to the listed hospital buildings and should not compromise their setting or overall integrity. Special regard should be given to the impact of development on the setting of the parkland and the quality of place-making and the more detailed guidelines set out further below.

6.2.3 The site provides an opportunity to introduce a range of housing to meet the Borough’s continuing housing needs, providing new build opportunities as well as unique converted units within Grade II listed hospital buildings. The development will be expected to contain a mix of market units including apartments, town houses and houses to ensure a sustainable and inclusive community is created.
Affordable housing

6.2.4 Delivering affordable housing is vital for the local labour supply market as well as the creation of mixed communities. A Housing Needs Study 2006 carried out for Dartford Council recommends that a 30% affordable housing target is still appropriate. The Core Strategy Preferred Options (2008) proposes 30% affordable housing.

6.2.5 The size, tenure and mix of affordable homes, including any requirement for specialised housing to meet particular need groups, provided as part of a development proposal will be expected to reflect the local needs as identified by the Council in its annual Housing Strategy, taking into account any relevant guidance issued by Government at that time. Potential developers are encouraged therefore to make early contact with the Housing Strategy team at the Council for the latest assessment of need.

6.2.6 The Council is keen to avoid high concentrations of affordable housing, particularly flatted accommodation, in one location and will expect affordable housing provision to be both reasonably proportionate with the footprint of the residential development site as a whole and well related to the rest of the units. This might be best achieved by arranging the affordable housing in small clusters or “pepper potting” them amongst the “for sale” residential units. The Council accepts that the affordable housing on-site is likely to be limited to new build accommodation, recognising the viability issues concerned with conversion of listed buildings and the requirements of Registered Social Landlords. However, the 30% affordable housing target will be expected to apply to the site as a whole.

Community uses

6.2.7 As set out above, English Partnerships, as landowner for the majority of the site, has an aspiration for the regeneration of the Stone House site to include community uses on its land. The Development Framework is flexible as to the type of community uses that can be incorporated on-site, providing that there is clear demand for such a use, that it fulfils local need, and that it provides a long-term viable and sustainable use.

6.2.8 Initial feasibility work looking at the potential to incorporate community uses has identified the retained St Luke’s Chapel as the most suitable location for a community use, particularly if the use is faith-based.

Other Land Uses

6.2.9 Whilst the Development Framework promotes a mostly residential-led scheme with some ancillary community uses, there could be opportunity to introduce alternative uses when assessing how to reuse some of the existing listed buildings, such as the theatre in the main hospital building. When assessing proposals for alternative uses, the Council will assess the impact of the use particularly upon:

- The character and setting of the listed buildings;
- Residential amenity; and
6.3 LISTED BUILDINGS

Conversion of listed buildings

6.3.1 To deliver a successful and sustainable regeneration of the site will require varying degrees of intervention within the historic fabric. To inform the level of intervention appropriate, the significance of the fabric has been assessed based on the criteria for the selection of listed buildings set out in PPG15 Planning and the Historic Environment. This includes architectural interest, historic interest, close historical associations, and group value. The detailed findings of this technical work are included within the appended Stone House Hospital Conservation Strategy.

6.3.2 The Conservation Strategy identifies the following principles for the conversion of the listed buildings:

- Proposals for the alteration of the listed buildings should accord with national Government guidance (PPG15) and policies on the historic environment in the Dartford Local Plan;
- New uses should minimise the adverse impact on the special historic and architectural interest of the site;
- If possible, some element of community use should be introduced in a part of the historic buildings;
- Either vertical or horizontal subdivision of the main building is acceptable;
- The subdivision of grander spaces such as the Great Hall, the theatre above and the Chapel should be resisted. If subdivision is necessary this needs to be rigorously justified and treated sensitively;
- Pedestrian links could be made through the main building by creating archways or tunnels through the building at ground floor level
- Original fixtures and fittings should be retained and restored where possible; and
- Proposals for the conversion or alteration of the Chapel should be submitted to the Diocese of Rochester for approval.

6.3.3 The main hospital building, including the male infirmary, original pavilion blocks, stables and coach house, and the superintendent’s house, now called the Hollies, are capable of conversion to residential use. This is a compatible new use; the hospital was designed for residential patients and it is relatively easy to sub-divide the wings to create smaller residential units.

6.3.4 PPG15 states that the best use for a building is usually the use for which it was originally intended (para. 3.10). A community use for the Chapel appears feasible, and if faith-based, would mean that at least part of the Chapel will remain in use as a place of worship.
6.3.5 A new use of the Great Hall and Theatre needs to be determined. The eventual site developer needs to consider uses for these spaces that are both sensitive to the historic fabric and viable.

**Selective demolition of listed buildings**

6.3.6 The Conservation Strategy identified the following principles concerning demolition of buildings on the site:

- Buildings that have been identified as being critical to the special interest of the site (Group A on Figure 5) should not be demolished;
- Buildings that are less critical to the special interest of the site (Group B) might be demolished if this is the only way to preserve those in group A through the creation of a viable development proposal for the site. Demolition of buildings in Group B should be kept to a minimum, and should be justified in terms of the criteria set out in PPG15 (paragraphs 3.5 and 3.19);
- Buildings that have been identified as positively detracting from the special interest of the site (Group C) could possibly be demolished; and
- A comprehensive record of any buildings that are to be demolished should be produced in line with the guidelines set out by English Heritage.

Additionally, local consultation has identified a desire for artefacts or items of interest from any demolished buildings to be retained, restored and re-used on the site if possible, or, if this is not feasible, on a site elsewhere in the Borough.

6.3.7 The main building, superintendent’s house and Chapel, identified as being critical to the special interest of the site (Group A), are capable of re-use and should be retained. In addition a number of buildings identified as being of some quality but less critical to the special interest of the site (Group B) are capable of re-use, including the male infirmary, the 1909 nurses’ accommodation, and some extensions to the north of the main building. The post-war nurses’ accommodation identified as detracting from the site (in Group C) should be demolished and this will enhance the special interest of the site.

6.3.8 The buildings for which a demolition case is strong are the boiler house, laundries, mortuary, ‘sluice rooms’ and rooms off the eastern walkway. These have been identified as being buildings that are of quality but less critical to the special interest of the hospital site i.e. in Group B. The viability of converting these buildings has been considered, as have the benefits of demolition in terms of improving the setting of the listed main building and creating new build plots, with the conclusion that it would be to the overall benefit of the site if these were removed. The case for the demolition of the northern section of the female infirmary is also strong, but the case for the demolition of the more attractive southern range requires further investigation and justification. (These buildings are identified on Figure 6). This assessment is outlined in relation to each building below.
6.3.9 The conversion of the female infirmary into residential use is problematic. The infirmary is single storey and there is insufficient height to insert a new floor or even a mezzanine, and therefore is an inefficient use of space in this constrained site. Conversion to residential would require the subdivision of the wards, so the sense of the large open spaces that currently characterise the wards would be lost and in a lot of areas a significant amount of demolition of internal walls would be required in order to create sufficiently large spaces to meet the required health and safety standards. There would be an issue with the lack of daylight inside parts of the building. The ‘crenellated’ nature of the plan form creates issues with overlooking, and much of the outside space is overshadowed. The whole of the north-east elevation would require alteration to create new windows for light and to allow natural surveillance of the external space. These alterations would have a significant impact upon the historic fabric.

6.3.10 The partial demolition of the female infirmary has also been considered. The northern part of the building consists of a long curved corridor with rooms subsequently added to either side. This part of the building is difficult to convert and has little aesthetic value, and therefore there is a strong case for demolishing this northern part of the building. This could address the overlooking issues and has the benefit of allowing the retention of the ‘turret’ which is of aesthetic value and architecturally the best part of the building. There are some issues with partial demolition: the problems with overshadowing, the lack of daylight inside parts of the building, and the inability to insert additional floors would persist. Also, the main issue with partial demolition is that the back of the remaining building would face the main hospital building façade, creating a poor relationship between the two buildings. This constitutes a design challenge, but there is potential for an innovative and strong design response. This should also consider the setting of the main hospital building and parkland. The potential for the retention of the southern range of buildings requires further investigation.

6.3.11 There are a number of benefits that could arise from the total demolition of the female infirmary. It could improve the permeability of the site by making it easier to move between the north and south. The female infirmary does not relate particularly well to the main building and there is an opportunity to take a really creative approach to new build in this area that will respond to the strong façade of the main building and enhance its setting and that of the gardens to the south. A new building or buildings could better define the edge of the parkland to the east and have a strong façade to relate more effectively to the main building. Entrances and windows in the new buildings could increase the natural surveillance of the main building and parkland. The security of neighbouring houses outside the site could also be improved if the gardens of the new buildings back onto their rear fence. The demolition of the female infirmary also could allow redevelopment with a taller building, allowing a better use of the limited footprint on the site. That said, the potential for the retention of the most attractive southern range of the building should be investigated further; if it is not feasible then the case for total demolition will require further justification.

**Boiler House**
6.3.12 A number of alternative uses for the boiler house have been considered but none appear viable. The boiler house is unsuitable for conversion to uses such as residential, workshops and offices as there are insufficient windows and the spaces are too deep and dark to meet current day lighting requirements.

6.3.13 Continued use of the building as a boiler house has been investigated as this would have the advantage of retaining the original use of the building and would make use of the underground service ducts to the main building. However this is problematic: it would require a tall flue (over 3 storeys high) that would detract from the character of the listed building; there is restricted delivery access for bio-fuel (if sustainable fuel sources are being pursued); the boiler house would be too close to the proposed residential buildings; and the upgrading of the boiler house to meet current fire integrity and acoustic mitigation requirements would be difficult and expensive.

Laundries

6.3.14 The conversion of the laundries into residential use is also considered unsustainable due to sizable portions of the laundries being unusable due to their configuration. The windows are located towards the top of the wall and even if these were extended downwards there would be insufficient daylight in considerable parts of the building. The limited height of the buildings means that it is not possible to insert a floor or even a mezzanine into the buildings.

6.3.15 The removal of the laundries would allow for a more creative approach to new build in this area. It unlocks the potential to reinstate the symmetry of the northern façade of the main building and enhance public appreciation of this early example of the pavilion plan asylum. New buildings could also create a better relationship between the Chapel and the western pavilion and a more coherent courtyard north of the main building.

Mortuary

6.3.16 The conversion of the mortuary is difficult due to its lack of windows and its original function. The mortuary is single storey without enough height for a mezzanine, in an isolated location away from the other listed buildings. The retention of the mortuary would also severely limit the options for new buildings and landscaping in the north-west part of the site.

'Sluice rooms'

6.3.17 The conversion of the toilet and bathroom ‘spurs’ on the north side of the main building has been considered, but rejected, with the spaces too small for conversion into rooms and potential overlooking issues. The conversion of these ‘sluice rooms’ into access staircases has also been considered, but the location of these bathroom spurs would service few converted residential units and there are already sufficient staircases inside the main building so are not required. The advantage of demolishing these toilet and bathroom spurs is that it would open up views the courtyards, reduce overshadowing, and allow more space for private gardens or secure parking.
 Rooms off the western ‘covered walkway’

6.3.18 The rooms added either side of the western covered walkway are individual rooms and so are unsuitable for conversion to residential apartments. The demolition of the southern rooms would open up the courtyards, and allow more space for private gardens or secure, hidden parking. The removal of the rooms and restoration of the ‘covered walkway’ could instead enhance appreciation of this important feature of Bunning’s original hospital plan.

6.4 NEW DEVELOPMENT

6.4.1 Retaining and reusing the majority of the historic buildings will require new build development to assist with funding the restoration works, which would otherwise prove unviable. The selective demolition of the buildings outlined above will create the opportunity to introduce new development in a sympathetic way that can enhance the setting of the retained listed buildings and secure their long term future.

6.4.2 Building on the findings contained within the Conservation Strategy, the following principles concerning the relationship between potential new buildings and the retained listed buildings will need to be adhered to:

- The appropriate location for new build should be determined by analysis of its relationship with the existing buildings and open spaces;
- New buildings should respect and respond to the existing buildings in terms of their scale, massing and character. The main hospital building should remain the dominant building on the site;
- The new buildings should complement the historic character of Stone House Hospital; and
- The new buildings should be of the best architectural quality. An imaginative approach which draws on and makes reference to the historic context through its built form, materials, craftsmanship or detailing, will be encouraged.

6.4.3 The location of the new build should be planned to relate effectively to the existing buildings and open spaces. Areas to introduce new development could include the south eastern area near to the existing southern access point onto Cotton Lane; in the south west of the site in the location of the 1960’s nurses accommodation and the northern part of the female infirmary building; in the north of the site to the south of the new PCT hospital building; and in the general location of the boiler house and laundry buildings. Whilst new development will be acceptable in these areas, new build should not negatively impact upon the southern lawn open space. The London Road Air Quality Management Area may influence the nature of housing development on the southern edge of the site. Further advice should be sought from the Council’s Environmental Health Service on this matter. New build development on the southern section of the female infirmary building is subject to further investigation to test its potential for viable conversion.
Density

6.4.4 The Stone House Hospital Development Framework does not intend to restrict potential design solutions by imposing a limit on the capacity of the site; rather, the development of the site should be design-led, responding positively yet sympathetically to the historic setting, the need to enable the restoration and conversion of the historic fabric to be undertaken, the brownfield nature of the site and site constraints such as parking and access requirements. The Council will accept a quantum of development that addresses these issues, does not result in an excessive proportion of flats and accords with the principles set out in PPS3.

Built form

6.4.5 The built form of the new development to the north and south of the hospital buildings should seek to create a strong sense of place and have regard to the character and heritage of the site and its surroundings. It should be structured around the historic buildings and open spaces that provide the site’s identity.

6.4.6 It is expected that the built form will comprise a mix of building types including houses, townhouses and flats. The retention of existing buildings will dictate the layout of the new build in certain areas, particularly close to the main hospital building.

6.4.7 Buildings should face outwards and overlook the public realm, bringing life and vitality to the streets, while the private areas for gardens should be contained within the enclosed blocks or back onto the site boundary where appropriate. They should also define coherent public spaces.

Height, Scale and Massing

6.4.8 The height and massing of new development should respect and compliment the retained listed buildings and surrounding buildings and areas. In particular the design of new build should ‘defer in scale to the main hospital buildings. It is expected that the heights of buildings will range from two to four storeys across the site, with heights increasing further away from the historic structures. Buildings along the northern and southern frontage of the main hospital building should be no higher than 2 storeys unless it can be demonstrated that the scale of the building will significantly enhance the appreciation and setting of the listed building.

6.4.9 There is the possibility to introduce higher buildings at key gateway locations, such as the entrances to the site on London Road (if such an entrance is provided), on Cotton Lane, in the north-eastern corner and at prominent corners within the built form. Taller buildings of high quality in these locations will aid legibility.

6.4.10 Particular attention will need to be paid to the western boundary of the site to ensure existing dwellings are not overshadowed by new dwellings of an inappropriate scale.
Connectivity

6.4.11 Within the development site, safe, attractive and convenient routes for pedestrians, cyclists and private vehicles should be created that integrate with and enhance the wider movement pattern. This should include well designed pedestrian and cycling accesses into the site from London Road and Cotton Lane and a series of safe permeable routes throughout the site.

6.4.12 Any proposals to re-open the pedestrian footpath linking Invicta Road with the site needs to be carefully designed to ensure the route is safe to use throughout the day and does not encourage the opportunity for anti-social behaviour.

6.5 OPEN SPACE AND LANDSCAPE

6.5.1 The existing site benefits from areas of informal and formal mature landscaping, which add to the character and setting of the listed buildings and the site in general. The development of the site should seek to make positive use of the existing mature landscape and open space, creating a strong open space and landscape framework that provides a positive setting to the built form of the new development. The development should create an attractive environment and encourage informal recreational use for future residents and surrounding communities as well as enhancing ecological biodiversity.

6.5.2 Within the redevelopment, there should be a clear hierarchy of open spaces, including a range of size, type and use of space. The large open space in the south of the site provides the opportunity to serve a variety of formal and informal roles and should be the principal open space on site. This space could be supported by smaller, more formal spaces within the new development that add to the character of the area and aid legibility. These spaces could include upgraded courtyard areas as well as key nodal points within the urban form.

6.5.3 The large open space in the south of the site contributes to the setting of the main hospital building and to the character of the site overall. There is the potential for this space to include the provision of formal play space, as well as being informal parkland. Any redevelopment in this area will be expected to enhance this space. Strong frontages will help to define the space and provide natural surveillance.

6.5.4 In the north of the site, the courtyard situated to the north of the main entrance to the hospital building and to the south of the Chapel should be retained and enhanced. This space could be a shared surface space, providing an attractive and welcoming space for those visiting the buildings which front onto it whilst also allowing some vehicles to pass through it to access the main hospital building and the buildings to the west. The space may need to incorporate some car parking to serve the adjacent buildings, but these spaces should be sympathetically designed so as not to detract from the setting of the courtyard and buildings.

6.5.5 There is an opportunity to create a new open space to the north of the Chapel, which enhances the setting of the listed building and improves the residential environment. This might take the form of an urban square.
6.5.6 A series of connected open spaces should be created to enhance residential amenity. The spaces should be appropriately defined through the use of a hierarchy of materials and planting to identify public, private and communal spaces. The palette of materials and planting should reflect and enhance the character and setting of the site. Such spaces should be designed so that they are overlooked by residential development to provide natural surveillance.

6.5.7 The LDF Core Strategy Preferred Options (2008) proposes an approach based on a proportion of the development site being provided as open space. It indicates that in the case of a site of this size, about 20% of the site as open space would be appropriate. The quality and utility of the open space will be an important consideration in the assessment.

6.5.8 The southern lawn area provides an opportunity to incorporate a play space area within an established open space area. The provision of any outdoor playing space and informal recreation space will need to be to a high standard and provision should be made for these and all public realm facilities to be adopted by a responsible management body or bodies. If the two portions of land in the separate ownerships come forward at different times, each will be expected to make sufficient provision of open space within its site area, relative to the number of housing units proposed. Applicants will also need to demonstrate how each of the open space areas will be managed and by whom.

6.5.9 The open space provided will need to contribute to the Green Grid network. The aim of this network is to raise environmental quality, provide an attractive setting for new and existing development, accommodate leisure and recreational needs, provide movement corridors – especially for walking and cycling – and provide an ecological resource. There is the opportunity for the new and retained open space to contribute to extending the Green Grid by creating and strengthening strategic green links with the wider surrounding communities and the River, through the use of green corridors and linked open spaces. A major north-south link through Stone Lodge (east of Cotton Lane) – from Darenth Country Park to the Thames – is envisaged. An east-west link along Bow Arrow Lane is to be enhanced.

6.5.10 The site is covered by a Tree Preservation Order (TPO) and therefore any proposals that may require the removal of any trees will need to obtain the relevant permissions to undertake such works. Additional tree planting or landscaping is encouraged along streets to create a leafy character and along boundaries where possible, to create green corridors that will provide opportunities for recreation and ecological enhancement.

6.6 TRANSPORT AND MOVEMENT

Strategic Transport Network

6.6.1 The large scale of development proposed across the whole Kent Thameside area, which covers Dartford and Gravesham north of the A2, will result in significantly increased movement across the area. The capacity of the strategic and local transportation network is limited and further infrastructure is required to accommodate the development. Developments throughout Dartford’s urban area will be contributors to the generally increased levels of movement.
6.6.2 The two Councils are jointly consulting on proposed arrangements for funding of a Strategic Transport Programme. This programme is proposed to be implemented through a pooled fund of developer contributions raised through a tariff on residential development, as well as supporting funding from Central Government and Kent County Council. This programme will be additional to site specific transport improvements required as part of new developments.

6.6.3 A final policy for the implementation of a strategic transport programme is to be adopted through the Core Strategy. However, an interim policy was adopted by the General Assembly of the Council in January 2008 and is effective immediately to be applied to residential development north of the A2 of 2 or more net units. The tariff has been set at the sum of £5,000 per dwelling for those developments to which it applies.

Vehicular Access

6.6.4 The principal transport objective is to increase accessibility to the site from the surrounding neighbourhoods whilst limiting the impact of traffic generated by the site. The key accesses should be provided on Cotton Lane and, potentially, London Road. These accesses should provide access for vehicles, pedestrians and cyclists. The design of all accesses on site (including junction geometry, radii and visibility) should be agreed with the local highway authority but should be based on the following:

- The Northern Cotton Lane access should be improved to provide a better entrance to the site. The access should be designed as a signalised junction and incorporate pedestrian / cycle crossing facilities;
- The Southern Cotton Lane access should be closed down to general traffic; The access should be controlled and could be maintained and controlled for emergency vehicles only; and
- A new access could be provided off London Road. The access could be designed as a signalised junction incorporating a right turning lane for vehicles driving into the site. The junction should also be designed with pedestrian / cycle crossing facilities. Even if a vehicular link is not provided, a pedestrian and cycle access should be provided to enhance the permeability of the site.

6.6.5 The overall aim should be to provide the highway infrastructure for vehicles but aim to limit their usage by encouraging more sustainable modes of transport.

Internal Road Layout

6.6.6 The site should be designed as a pedestrian priority area with speeds restricted to 20mph. The layout should incorporate a clear hierarchy of streets including major roads, minor roads, lanes and shared surfaces. The streets should be designed in accordance with the guidelines set out in the Kent Design Guide and layout should be agreed with the local highway authority.

6.6.7 The structure of the internal street network should not permit through movement of traffic for general traffic i.e. it should not be possible to rat-run through the site from
the access on London Road (if provided) to Cotton Lane and vice versa. However, one north-south link through the site should be provided for emergency vehicles.

**Car Parking Standards**

6.6.8 The parking provision at Stone House should be restricted to limit the amount of traffic generated by the site and the visual impact of the parked cars. An additional number of spaces should be provided for the Chapel's new use. This level of car parking will need to be justified in a Transport Assessment to be submitted with a planning application.

**Parking Design**

6.6.9 The parking layout should be designed to integrate with the site and reduce the impact on the listed buildings in particular. Spaces should be clustered into small groups (i.e. around 6 spaces) where possible to reduce the local impact on the streetscape.

6.6.10 Parking should be provided across the site close to the dwellings that it relates to and be incorporated in a number of different ways including parallel parking, perpendicular parking, integrated parking and parking courts. Where possible, spaces should not be allocated to specific users to maintain greater levels of usage.

6.6.11 Parking within the courtyards should be restricted where possible so that the car parking does not dominate the setting around the listed buildings. Spaces should be located away from the buildings and entrances and where possible clustered in small groups (i.e. around 6 spaces). Courtyard parking should be broken up with landscape features where possible.

**Public Transport**

6.6.12 Public transport accessibility should be improved with particular emphasis placed on buses. This should focus on two aspects; improvements to infrastructure and improvements to services. The aim should be to get people to their destination faster, more comfortably and more conveniently in order to encourage public transport usage.

6.6.13 Improvements could be made to the bus stops on Cotton Lane and London Road by:

- Enhancing links and signage to the stops;
- Improving the waiting area by providing shelter, seating, refuse facilities, lighting etc; and
- Improving the service information available e.g. real time information.

6.6.14 An assessment of the means to improve public transport should be set out in an application submission.

6.6.15 Non-car ownership should be encouraged through initiatives such as:
• Improved public transport accessibility and possible new bus routes;
• Improving pedestrian and cycle access to surrounding areas;
• Restrictions to residential car parking provisions on site;
• Introduction of a Car Club scheme;
• Supermarket delivery drop-off points; and
• Other sustainable transport initiatives (that would form part of a Travel Plan including free bicycles, public transport vouchers, car sharing schemes etc).
• Creation of a Travel Plan

Pedestrian Access

6.6.16 The aim should be to create a high quality pedestrian environment with a good level of accessibility. The number of pedestrian accesses into the site should be maximised although all should have suitable footpaths, good visibility, adequate lighting and be overlooked. Strong links should be created to the surrounding areas through:

• Access onto Cotton Lane being related to bus stop facilities on Stone Lodge and pedestrian routes along Bow Arrow Lane;
• Potential new access onto London Road being related to bus stop and pedestrian / cycle crossing facilities; and
• Access onto Invicta Road being enhanced by re-opening the current blocked footpath, if possible.

Pedestrian Routes

6.6.17 Direct routes should be created east-west across the site which should relate to the external access points and produce good permeability. Routes should be legible and easily followed; signage and positioning of key buildings could help the way finding. Routes should be well lit and overlooked in order to improve overall safety.

Cycling

Cycle Access

6.6.18 The objective should be to create an accessible development with good cycle parking facilities. Access to the site should be focused around the existing entrance on Cotton Lane and the potential new entrance on London Road. In particular, the layout should aim to create strong links to the existing cycle route on Cotton Lane and the good east-west link that runs along Bow Arrow Lane.

Cycle Routes

6.6.19 The layout of the site should aim to create a good environment for cyclists with low traffic speeds (around 20mph) and direct routes that are overlooked and well lit.

6.6.20 Cycle parking should be provided across the whole site and integrated into the layout. Residents cycle parking should be integrated into the built form where
possible (e.g. basement parking within the main listed building and cycle storage areas designed into the new houses and apartments) and be covered and secure. Visitor cycle parking should be provided around the Chapel and apartments and be visible and secure.

**Motorcycling**

6.6.21 Motorcycling is a more sustainable mode of transport to car usage and reduces the level of parking demand required by the site. Some motorcycle parking should therefore be provided on the site.

### 6.7 ENVIRONMENTAL

**Biodiversity**

6.7.1 The terrestrial habitats present within the site are, in the main, considered to be of parish value for nature conservation. This means that they have some local value but are not significant at a wider level. These are the areas of semi-natural habitat including scrub, shrubs, trees and semi-improved grassland with the remainder considered to be of less than parish value for nature conservation; the areas of hardstanding and amenity grassland. Furthermore most of the species that occur are found regularly within the local area although some, for example bats, are afforded legislative protection. Having a site therefore that is inherently of only limited value for nature conservation therefore provides an ideal opportunity for the development to contribute to its enhancement. The biodiversity strategy for the site will therefore focus on the following:

- Retaining and enhancing the southern lawn area, for example by managing the grassland in a way which creates a mosaic of long and short grassland, and by considering the provision of wetland features possibly as part of a SuDS scheme;
- Ensuring, where this is possible, that no disturbance occurs to any existing bat roost that is found within the main building or mature trees;
- Joining up existing and newly created greenspace by maintaining and creating ‘habitat corridors’, for example by bolstering existing tree lines and by creating a (as far as is possible) ‘green’ perimeter completely surrounding the site. Of particular importance is the need to create links from existing bat roosts to foraging areas both off and on site;
- Only removing trees and other mature vegetation where this is absolutely necessary. Where removal cannot be avoided the emphasis will be on removal only of the examples which are of the lowest quality;
- Adhering to the legislation that relates to the protected species that are found on the site, and where this is possible, protecting and enhancing the habitats that protected species rely on; and
- Producing a landscape strategy where nature conservation interests are considered including when considering the form of the proposals and the species planted.

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1 On a scale of international/UK/national (i.e. England)/regional/county/district/parish/less than parish/negligible.
Drainage

6.7.2 Within the new development, surface water flows should be attenuated and treated using sustainable urban drainage systems (SUDS) where practical. A Flood Risk and Drainage Impact Assessment was undertaken in July 2007 for the site and has identified the following SUD systems as potential measures to be incorporated:

- Permeable paving;
- Green roofs;
- Bioretention;
- Filtration techniques;
- Grassed filter trips;
- Swales;
- Infiltration devices;
- Filter drains;
- Infiltration basin;
- Extended detention ponds;
- Wet ponds;
- Storm water wetlands; and
- On/off line storage.

6.7.3 At the detailed planning stage, it is expected that an impermeable area survey and infiltration testing will need to be undertaken to establish the most appropriate drainage techniques to be used. However, it is already known that soakaways will not be appropriate in those parts of the site that are contaminated (mainly in the north) unless remediation work is firstly carried out.

Archaeology

6.7.4 Mitigation of development effects on the fabric and setting of the listed buildings of Stone House Hospital and the Chapel of St Luke is considered earlier in this section.

6.7.5 Other than the hospital buildings, no cultural heritage features have been identified within the site. However, the site lies within a wider area of archaeological and palaeo-archaeological potential, with evidence of sub-surface remains of Late Iron Age and Romano-British settlement, along with very deeply buried Palaeolithic remains.

6.7.6 Nevertheless, archaeological remains that might be vulnerable during redevelopment of the Hospital are unlikely to survive, given the land use history.

6.7.7 The low risk of unknown archaeological remains is not considered sufficient to influence the design process. There also appears to be little justification for pre-determination archaeological evaluation fieldwork, as it is considered that sufficient information is already available to inform a planning decision.
6.7.8 However, following further review of the completed masterplan and when more detail on construction methods are known, archaeological field investigation and recording should be undertaken as a precautionary measure. To inform this, archaeological monitoring should also be undertaken during the period of any geotechnical site investigations that are carried out. Any information gained should be submitted to the Council with a planning application.

Contaminated Land - Strategy for site investigation and remediation

6.7.9 A Phase 1 Land Quality Assessment has indicated that there are some historical and current activities at and within proximity of the site that have the potential to cause soil and groundwater contamination. Notably there is a possibility of elevated concentrations of hydrocarbons and metals at some locations and the proximity of the site to a closed landfill may also pose a risk in the form of landfill gas migration. Local Plan Review policies NR18 and NR20 are relevant. On this basis the following will apply:

- An intrusive ground investigation at the site to confirm and characterise ground and groundwater at the site should be undertaken. This will be done in general accordance with the requirements of the Environment Agency/DEFRA document Contaminated Land Report 11, Model Procedures for the Management of Land Contamination. The scope of this should be provided for comment to the Council prior to any works commencing;
- The findings of this assessment should be submitted to the Council and used to finalise the detailed design of the redevelopment proposals including as necessary earthworks, buildings and landscape design and where necessary including soil remediation;
- Prior to commencing the development the findings of the ground contamination assessment should be incorporated into a Construction Environmental Management Plan to be adopted by contractors;
- Where buildings are to be demolished the asbestos register for the site should be reviewed and where deemed necessary, a Type III asbestos survey should be undertaken; and
- Information obtained during the Phase 1 Land Quality Assessment suggests that a groundwater abstraction borehole maybe/was present at the site. Prior to commencing the demolition or groundworks, this should be confirmed and, if found to be present, the borehole should be decommissioned, or protected, to prevent possible contamination of groundwater resources during the construction/operational period.

6.8 SUSTAINABILITY

6.8.1 National planning policy in PPS1 (Delivering Sustainable Development) and its supplement (Planning and Climate Change) states that sustainable development is the key principle underpinning planning. From April 2008, all new homes will need to have a Code for Sustainable Homes rating and from 2010 will need to achieve Level 3, which represents a 25% energy/carbon improvement (compared to Part L of the 2006 Buildings Regulations). The LDF Core Strategy Preferred Options (2008) proposes that at least 10% of the developments energy demand should be provided from renewable sources. It also encourages on or off-site Combined
Heat and Power schemes, particularly where the energy is derived from low or zero carbon sources.

6.8.2 Whilst a myriad of sustainable and energy efficient design and construction measures exist, they are not all suitable for every site. However, initial research indicates that proposals for the site could achieve Level 3 of the new Code for Sustainable Homes for new-build development. Since the Code does not apply to converted buildings, the EcoHomes standard is still used and it is considered that conversion of the listed buildings could achieve a ‘Very Good’ rating. The Council strongly encourages developers to formulate proposals that reach these levels.

6.8.3 The research suggests that the following measures could be appropriate for the site subject to detailed investigations and site design:

**Energy**
- Floor, wall and roof insulation;
- Communal biomass heating system (for both the conversions and new build);
- Communal ground source heat pumps; and
- Solar PhotoVoltaic cells on roofs.

**Water**
- Sustainable Drainage Systems (SuDS) such as rainwater recycling, filter strips, swales, permeable surfaces, filter drains, infiltration devices, basins, ponds etc;
- Re-use of existing underground rainwater storage tanks; and
- Water efficient brass and sanitary ware plus white goods together with ethical and environmental living packs/guides for residents.

**Materials**
- Use of Modern Methods of Construction (MMC);
- Careful dismantling rather than demolition of existing buildings to allow materials to be re-used on-site;
- Reuse of original fixtures and fittings, where possible e.g. doors, door frames, architravves etc.
- Use of recycled/reclaimed materials from sites elsewhere;
- Use of local materials, where possible; and
- Environmentally-friendly insulation materials.

**Waste**
- Provision of adequate storage for waste capable of being recycled within flats and outside houses; and
- Use of a Demolition Audit to minimise the amount of waste sent to landfill during construction.

**Transport**
- Provision of a Green Travel Plan to encourage sustainable transport;
- Reduced parking standards to encourage bus travel;
- Internal road layout designed for pedestrian and cycle priority;
- Improvements to public transport accessibility;
- Setting up of a Car Club to reduce car ownership; and
6.9 PLANNING OBLIGATIONS

6.9.1 The level of development likely on the site will require contributions towards the provision of various facilities and amenities to provide adequately for the needs of the development. Developer contributions will be sought by Dartford Borough Council and Kent County Council. Exact requirements will emerge when the form, scale and impact of the proposal is known, however, an overview of the likely contributions sought from the authorities is set out below as a guide.

Dartford Borough Council

6.9.2 The LDF Core Strategy Preferred Options (2008) identifies a number of items which should be provided as part of relevant planning consents (see Appendix 2 – Implementation Framework). These include:

- 30% affordable housing
- A network of green spaces
- Provision of new or enhancement of existing community services
- Sustainable Urban Drainage systems
- Dedicated walking and cycling paths
- Renewable sources of energy to supply the development
- Higher standards of water efficiency than Building Regulations provide for
- Enhancements to strategic transport network through transport tariff (£5,000 per dwelling)

6.9.3 If the two portions of land in the separate ownerships come forward at different times, each will be expected to make sufficient provision of affordable housing within its site area.

Kent County Council

6.9.4 The contributions for which Kent County Council will be seeking are set out in the ‘KCC Guide to Development Contributions and the Provision of Community Infrastructure’, which was adopted in March 2007 (available at www.kent.gov.uk/publications/community-and-living/). This document details formulae to calculate the contributions sought. Discussions with Kent County Council in April 2007 revealed the following likely contributions:

- No contribution to education (but see para 6.9.7 below);
- Library - £216 per dwelling;
- Youth and Community - £798 per house / £199.50 per flat;
- Adult Social Care Services - £135.76 per dwelling; and
- Highways contributions will be negotiated on a case by case basis.

6.9.5 However, these figures will be updated every February by Kent County Council and applicants are encouraged to contact the County Council for updated
requirements as the contributions required for facilities will change over time, particularly for education.

6.9.6 In addition to the Strategic Transport Programme contribution sought by the Borough Council, the County Council will seek the implementation of highway works on (i.e. access junctions) and immediately around the site (e.g. traffic islands, road lining) to address the direct impacts of the development on the highway network.

6.9.7 Any planning obligations sought will be judged by the Borough Council in the balance of the overall development proposals.
7. IMPLEMENTATION

7.1 This Framework outlines the planning and design considerations for achieving a sustainable, residential-led development of the former Stone House Hospital site. High quality design and construction is seen as a prerequisite along with the conservation, where possible, of the historic assets that exist. The Framework therefore comprises an important set of guidelines and principles which a developer will need to take on board, alongside policies of the Local Plan and emerging Local Development Framework.

7.2 The Council will apply and use this Framework:

- As a material consideration when assessing applications to develop the former Stone House Hospital site;
- To ensure that the whole of the site is developed in a comprehensive manner;
- To ensure that adequate supporting information accompanies any planning application(s); and
- When negotiating and drawing up relevant Section 106 and other legal agreements.

7.3 The Council strongly encourages applicants to enter into an early dialogue with Officers as well as relevant service providers before submitting a planning application(s). Further public consultation with stakeholders (including English Heritage) and the local community will also be expected prior to the submission of an application(s). Preparation of a masterplan prior to the submission of any application will ensure that broad design concepts can be adequately considered and debated.

7.4 Given the presence of the listed buildings on the site and the likely close proximity of new buildings to them, the Council will expect a detailed planning application(s) to be submitted rather than an outline application(s). It will also expect an application for Listed Building Consent, for works affecting the listed buildings or for demolition of any listed buildings, to be submitted at the same time as the planning application(s) for the redevelopment of the wider site.

7.5 The Council will expect the planning application(s) to be accompanied by:

- Detailed drawings for approval;
- Illustrative drawings demonstrating perspectives and aerial views;
- Design & Access Statement;
- Land Contamination Desk Study
- Air Quality Assessment Report
• Noise Assessment Report
• Statement of Community Involvement; and
• Transport Assessment.

7.6 A request for a Screening Opinion was submitted by English Partnerships based upon a development comprising approximately 210 new build residential units and 140 units in the converted listed buildings. The Borough Council confirmed on 20 September 2007 that an Environmental Impact Assessment would not be required for this form of development.