

NORTH MANCHESTER GENERAL HOSPITAL SITE REDEVELOPMENT PROGRAMME

Draft Strategic Regeneration Framework

November 2020



Manchester University
NHS Foundation Trust



MANCHESTER
CITY COUNCIL

CONTENT



FOREWORD	1
1.0 INTRODUCTION	3
2.0 CONTEXT AND DRIVERS FOR CHANGE	7
3.0 THE VISION AND GUIDING PRINCIPLES	17
4.0 THE DEVELOPMENT FRAMEWORK	21
5.0 PLANNING FOR A ZERO CARBON MANCHESTER	45
6.0 IMPLEMENTATION AND PHASING	53
7.0 OUTCOMES AND BENEFITS	55
8.0 NEXT STEPS	59
APPENDIX 1: STRATEGIC POLICY CONTEXT	61
APPENDIX 2: UNDERSTANDING PLACE	67
APPENDIX 3: MASTERPLAN OPTION TESTING	77

THE PARTNERS



MASTERPLAN TEAM



FOREWORD



FOREWORD

Over the past 30 years, Manchester has come a long way. Its economy is strong, its population continues to grow, and it has a reputation as a great place to live, work, and study.

However, economic growth and prosperity have not benefited everyone equally. Communities such as those within North Manchester continue to experience some of the highest rates of deprivation.

The worst health outcomes are in North Manchester. Children born in North Manchester can expect to live five years less than those born in other parts of the country. Healthy life expectancy is below 60 years for both men and women, who can expect to live nine fewer years in good health than the England average.

North Manchester General Hospital is a critical anchor institution in the north of the city (the only organisation to employ over 2,000 people), and is in dire need of significant investment. The North Manchester General Hospital still operates within much of its original estate. Its facilities and infrastructure are in need of transformation and not fit for 21st Century health and social care services.

As we all know, the current hospital site is in need of radical redesign and investment to enable high quality services and a modern, joined up and integrated care system. This will offer local people tailored services that will enable them to get well and stay well. Such services will help address the longstanding health inequalities in local communities in North Manchester and surrounding areas.

COVID-19 has exacerbated inequalities and impacted Manchester's economy. The redevelopment of NMGH is one of the catalyst programmes for the city's economic recovery and has a role to play in improving outcomes for local people.

The redevelopment of the hospital is a key component of the opportunity to grow the North Manchester economy. This can be seen as part of a broader public sector reform and regeneration agenda for the north of the city which links to existing initiatives such as the planned sport and leisure improvements at the Abraham Moss

Centre, located in the same ward as the hospital and the Northern Gateway residential development and renewal programme.

We have now reached an exciting stage in our plans for a once in a generation, transformational change at North Manchester General Hospital through our draft Strategic Regeneration Framework (SRF).

The SRF proposes:

- A new acute hospital and a modern mental health hospital providing a best-in-class healthcare environment; embracing integration, innovation and technology; and transitioning to a net zero-carbon estate.
- A wellbeing hub to deliver modern, integrated community health, care and wellbeing services; responding to the specific health and care needs of the local population. The new building will become a destination for the local community, through its mixed service offer, meeting spaces and community café.
- An education hub to support the necessary training for staff and maximising the opportunity for local employment at the site.
- An inviting, publicly accessible estate that will integrate seamlessly with the surrounding neighbourhoods to ensure local people can walk or cycle to the site effortlessly and without any barriers.
- As part of the redevelopment, there will be a new neighbourhood offer which will integrate with the wider health and social care proposition, playing its part to help tackle the fight against health inequalities with a focus on healthy ageing. This will include residential uses such as, key worker accommodation, affordable housing, stepdown care and extra care. There will also be the opportunity for new high quality commercial space to support local small and medium enterprises (SMEs).
- A village green. This will become a high quality outdoor space, acting as a focal point for the Campus and links with our ambitions to enhance biodiversity and green space, and adapt to climate change.

This is an exciting step forwards for the future of North Manchester General Hospital. We look forward to working with you and involving you in our plans to develop the regeneration of the site and to improve the health of the communities in which we work and live.

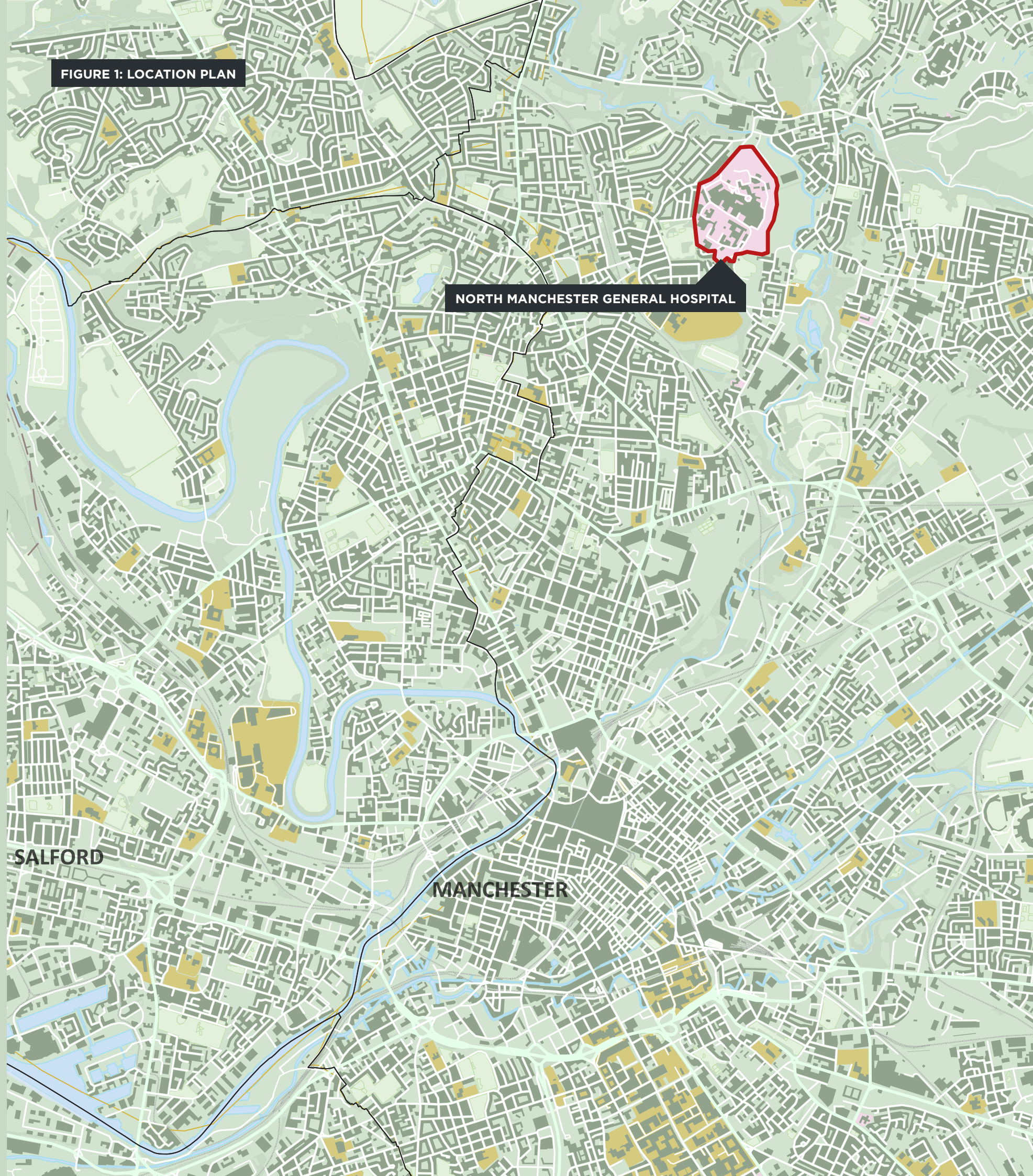
“As we all know, the current hospital site is in need of radical redesign and investment to enable high quality services and a modern, joined up and integrated care system.”



SIR MIKE DEEGAN
Chief Executive of Manchester
University NHS Foundation Trust

1.0

INTRODUCTION



INTRODUCTION

Manchester University NHS Foundation Trust (MFT) has prepared this Draft Strategic Regeneration Framework (“SRF”) to guide the comprehensive regeneration of the North Manchester General Hospital (NMGH) (“the Site”), acting as a catalyst for the NMGH Site Redevelopment Programme (hereafter “the Redevelopment Programme”).

LOCATION

NMGH is located about 2.5 miles to the north of Manchester City Centre, 0.5 miles to the north of Crumpsall District Centre and 0.5 miles from Abraham Moss Centre.

The immediate surrounding area is predominantly residential in nature, with small areas of industrial/commercial development to the south-east of the site. The Hexagon Tower Business Park and associated surface-level car park are located to the north-east.

Crumpsall Park is situated to the south-west of the Site and Crumpsall Jewish Cemetery is located to the south. To the east of the Site the land drops steeply into the Irk River Valley, where previous industrial uses have been replaced with a lorry park and a vacant brownfield site.

THE SITE

The Site is a significant healthcare and employment asset. It comprises about 27 hectares and it is the home to a district general hospital, an intermediate care facility (Crumpsall Vale) and a mental health hospital (Park House).

The general hospital provides a full accident and emergency department, a comprehensive range of general and acute surgical services, and the regional specialist infectious disease unit - while the intermediate care facility offers short-term rehabilitation to help people regain optimal levels of independence before returning home.

The Site is owned by Pennine Acute Hospitals NHS Trust (PAHT). MFT operates the district hospital under a management agreement with PAHT. MFT is one of the largest acute Trusts in the UK and it operates nine hospitals across Greater Manchester and employing over 20,000 staff. Crumpsall Vale is operated by Manchester Local Care Organisation (MLCO)

Greater Manchester Mental Health NHS Trust (GMMH) manages the mental health inpatient facility. This hospital specialises in caring for adults of working age, and offers assessment and treatment for a wide range of mental health needs.

For many years, the NMGH site has suffered chronic and sustained underinvestment. Many of the buildings are now dilapidated and incapable of providing modern healthcare services and are in urgent need of intervention.

The poor physical environment adversely impacts on the extent to which high-quality and cost-effective care can be delivered. It also makes the recruitment and retention of highly skilled doctors, nurses and other medical practitioners extremely challenging.

Appendix 2 (Understanding Place) provides a full description of the NMGH including its current land uses and its existing built and natural environment.

OUR VISION - THE REDEVELOPMENT PROGRAMME

Over the past 30 years, Manchester has come a long way. The economy is strong, the city centre is thriving, and the population continues to grow rapidly.

Despite this, economic growth and prosperity has not benefited all communities equally. North Manchester continues to experience some of the highest rates of deprivation and poorest health outcomes in the country. The reversal of this trend has been a longstanding regeneration objective for Manchester City Council.

Manchester Health and Care Commissioning (MHCC) (a partnership between Manchester City Council and NHS Manchester CCG) came together to identify an unparalleled opportunity to create a modern healthcare environment at NMGH which will not only serve patients, but also the wider community in Crumpsall and North Manchester.

By adopting an innovative approach to this redevelopment, there is an opportunity to reset the long-standing perception of hospitals as place of illness, based on a reactive healthcare model. Instead, the aspiration and vision is to radically redesign healthcare services and provide an integrated health and social care offer at NMGH, which could become an exemplar of the NHS Long-Term Plan.

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 would foster collaboration and ensure continuity of care as patients transfer from one part of the system to another.

It will also provide the opportunity for a dedicated wellbeing hub to ensure local people are supported to get well and stay well by tackling the root cause of ill health. There will also be space to provide education and training facilities to maximise the employment opportunities and skills for local people. The wellbeing hub will also link with existing Voluntary, Community and Social Enterprise (VCSE) organisations, providing them with the infrastructure and support necessary to boost their impact.

This is a once-in-a-generation opportunity. It will complement and build-on the ongoing and past regeneration initiatives in North Manchester, adding further momentum and vigour to the sustainable renewal of this part of the city.

“Rebuilding of infrastructure on the site provides an unparalleled opportunity to bring about meaningful change. This is not about doing more of the same; instead it is about integrating local services, tailored to the needs of the local community and supporting citizens to take proactive responsibility for their own health and wellbeing”

Joanne Roney, Chief Executive, Manchester City Council

FIGURE 2: AERIAL PHOTOGRAPH OF NORTH MANCHESTER GENERAL HOSPITAL





WHAT IS A STRATEGIC REGENERATION FRAMEWORK?

This SRF is a blueprint for the future regeneration of the Site. It contains a vision and key development principles to guide and shape future planning applications.

The SRF has full regard to national planning policy and has been prepared to reflect the planning policies in the adopted and emerging Development Plan. Appendix (Strategic Policy Alignment) provides a summary of the alignment with this policy.

This SRF covers the following:

- Section 2**
Context and Drivers for Change
- Section 3**
Vision and Guiding Principles
- Section 4**
Development Framework
- Section 5**
Planning for a zero carbon Manchester
- Section 6**
Implementation and Phasing
- Section 7**
Outcomes and Benefits
- Section 8**
Next Steps

WHY IS COMMUNITY AND STAKEHOLDER ENGAGEMENT IMPORTANT?

MFT and partner organisations are committed to listening to local people in North Manchester to ensure they are involved in shaping these proposals and that they feel empowered to take charge of their own health and wellbeing.

The community and stakeholder engagement led by MHCC during 2018 and 2019 provides the backdrop. However, further public consultation is now required to inform the community about our vision for the NMGH site and to consult them on the guiding principles.

WHAT HAPPENS NEXT?

MCC's Executive will be asked to consider the draft SRF and decide whether to approve the document for public consultation, which will seek the views of the local community and other key stakeholders.

Following a period of public consultation, MFT and MCC will then consider the consultation responses and make any appropriate revisions before the final SRF is put back before MCC's Executive for endorsement.

Once endorsed, the SRF will become a material consideration in the determination of all planning application relevant to the NMGH site.

2.0

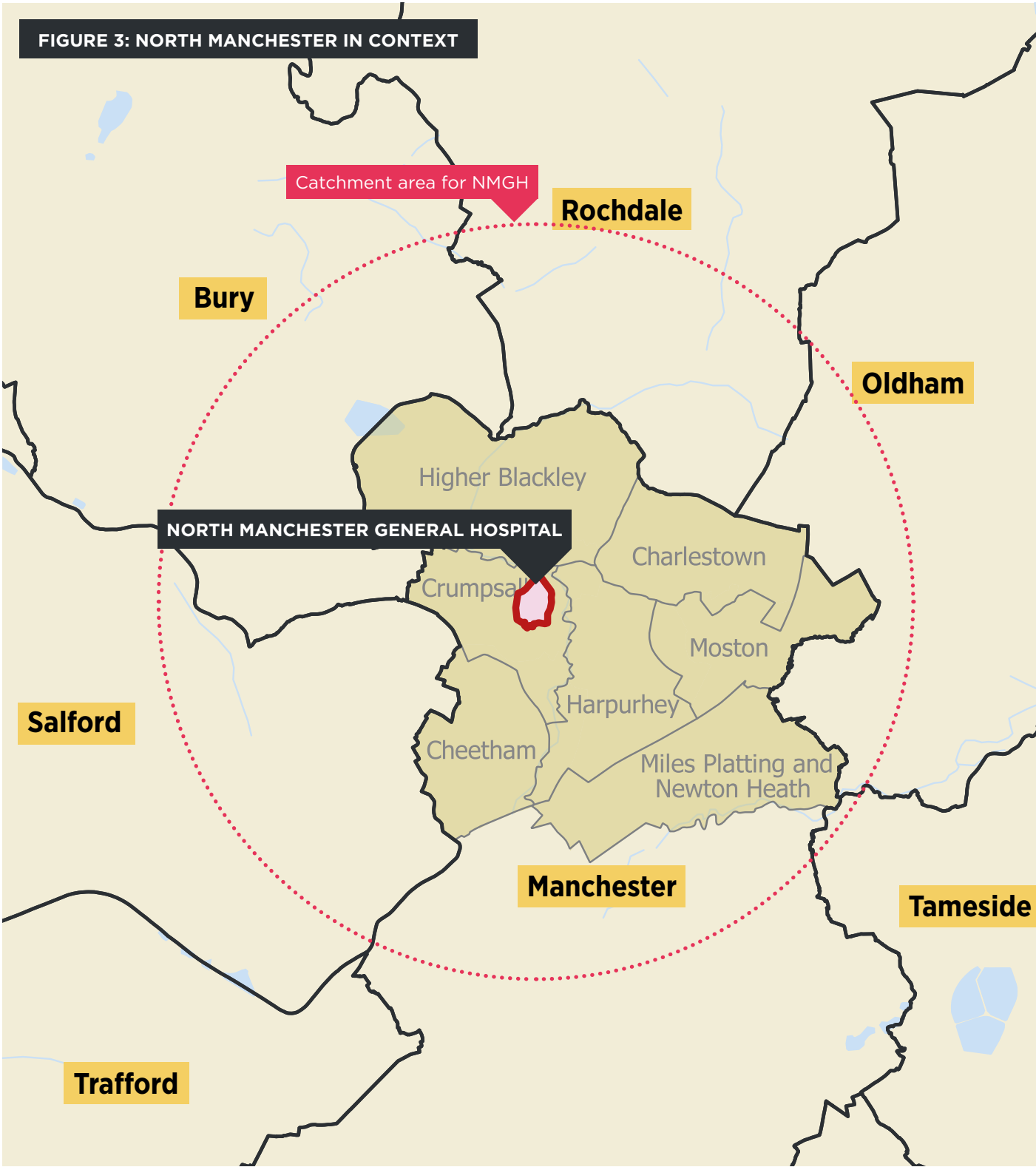
CONTEXT AND DRIVERS
FOR CHANGE



CONTEXT AND DRIVERS FOR CHANGE

WHERE IS NORTH MANCHESTER?

North Manchester extends from Manchester’s thriving city centre to the city’s northern administrative boundary. It adjoins the metropolitan boroughs of Bury, Rochdale, Oldham, Tameside and Salford.



WHAT IS NORTH MANCHESTER LIKE?

It is home to over 156,000 residents (31% of Manchester’s population) It is an area of rich ethnic, cultural and religious diversity, including high placements of asylum seekers and refugees.

The area’s population is forecast to increase by around 26% by 2029; a rate which is significantly higher than the projected population increase for Manchester as a whole.

North Manchester was once the home to many of Manchester’s industrial workers; reflected by the area’s dense residential neighbourhoods and its rich assortment of municipal grand parks, including Heaton Park, Crumpsall Park and Boggart Hole Clough.

While these neighbourhoods still enjoy a strong sense of community and pride, the departure of traditional manufacturing industries in the 1970s and 1980s left a legacy of worklessness and inequality that remains today.

WHAT ARE THE KEY ISSUES FACING NORTH MANCHESTER?

Greater Manchester is now a significant driver of the UK and North West economies.

However, there is disparity across the conurbation and residents of North Manchester continue to experience some of the highest rates of deprivation and the poorest health outcomes in England.

The cycle of low economic activity and ill health mean that the life chances of many residents in the north of the city have yet to significantly improve.

The Index of Multiple Deprivation (Figure 4) illustrates that North Manchester is home to several neighbourhoods in the top 1% most deprived in England in respect health, income and employment deprivation.

The area has a high proportion of low-income households. Over 16,500 working-age adults in the locality receive out of work benefits, equating to 37% of the city's workless residents, and in some parts of North Manchester, over 35% of children live in low-income households.

Parts of North Manchester have the lowest levels of school-readiness in the city, and some wards have less than 60% of children achieving the expected level of development at age five. Although most children attend 'good' or 'outstanding' rated schools, some wards have the lowest rates of educational attainment in the city and over 14% of adults (twice the city average) have no qualifications.

Many residents in North Manchester have significant ill health and disability problems, which is a significant factor in reducing economic activity and suppressing household incomes.

Both men and women in North Manchester can expect to live nine fewer years in good health than the England average; boys born in North Manchester will, on average, have a life expectancy that is 5.1 years lower than boys born elsewhere in England; girls can expect to live for 4.5 fewer years.

Rates of early death from respiratory diseases and cardiovascular disease in North Manchester are double the England average. Manchester also has the highest rates of premature deaths in England for heart disease, stroke and lung disease, and is second-worst for cancer.

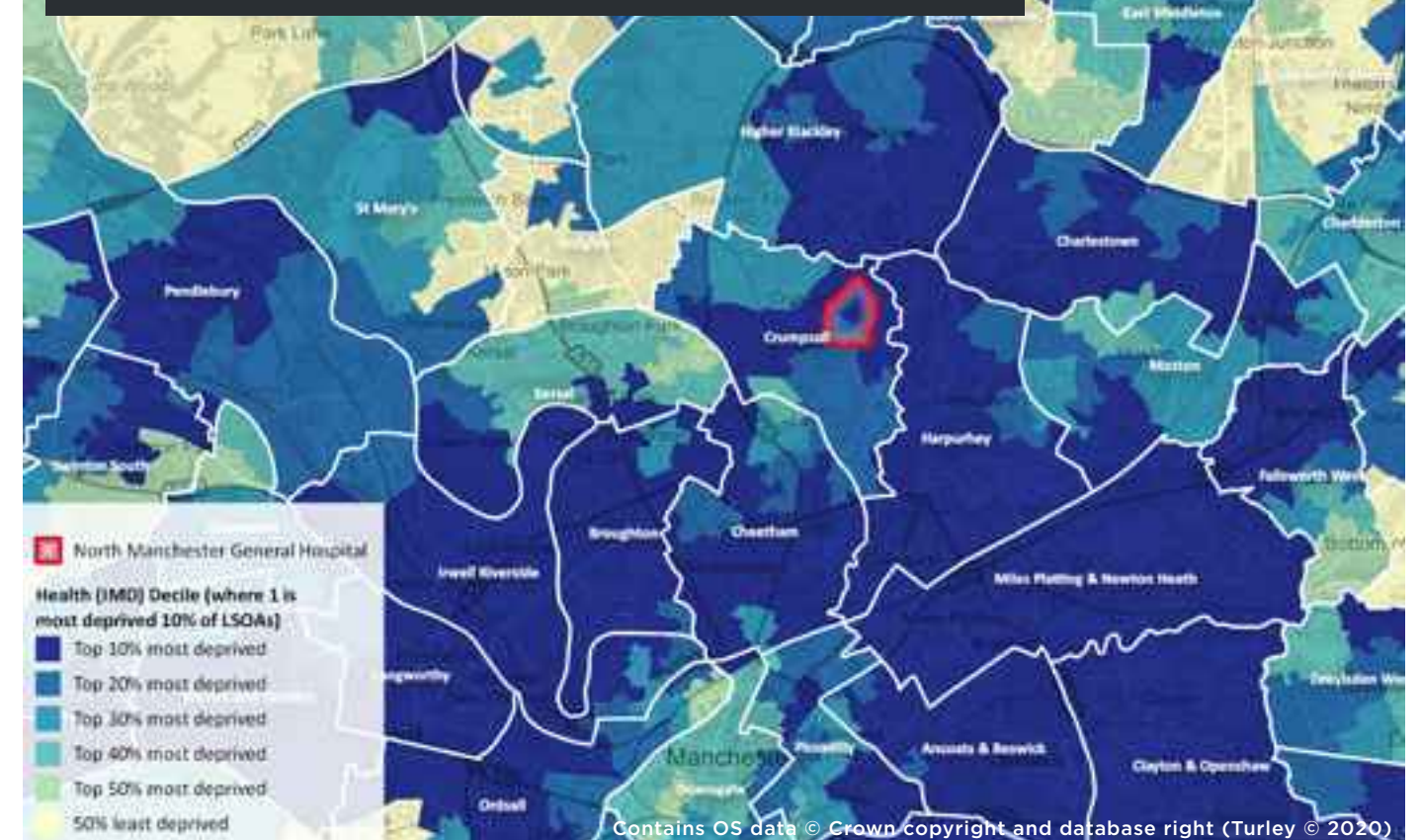
The North Manchester area also performs significantly worse than England on every single measure of childhood obesity, and has a binge-drinking rate almost 50% higher than the national average.

The causes of ill-health in North Manchester are complex and varied. However, the Manchester Population Health Plan (2018) recognises that up to 80% of what makes a difference to people's health happens outside of the health service. Factors such as jobs, education, lifestyle, housing and community cohesion all play a role in determining health outcomes. In North Manchester, health problems are inextricably linked to a wider, intergenerational, social and economic malaise.

FIGURE 4: MOST EDUCATIONALLY DEPRIVED AREAS - INDICES OF DEPRIVATION 2019



FIGURE 5: MOST HEALTH DEPRIVED AREAS - INDICES OF DEPRIVATION 2019



WHAT IS THE NORTH MANCHESTER GENERAL HOSPITAL'S ROLE IN NORTH MANCHESTER?

The NMGH is the principal healthcare facility for North Manchester and it provides employment to over 2,000 people, many of whom live locally.

NMGH is geographically at the heart of the community but it does not invite visitors in. This means that the local community rarely visit other than to access existing healthcare facilities.

Alongside this, for many years, NMGH's facilities and infrastructure have suffered a chronic and sustained underinvestment. The site's estate is now dilapidated and is incapable of offering modern healthcare services to the population of North Manchester.

Independent assessments have identified that over 70% of the existing estate is in desperate need of rebuilding.

The challenges associated with delivering modern healthcare in this type of environment have manifested as a hospital site that struggles to provide high quality and cost effective care, attract development and retain its workforce, with a vacancy rate of 20% for doctors and 19% for nurses.

A Care Quality Commission (CQC) rating of 'Inadequate' was given to NMGH in 2016. Sustained efforts from the staff and a variety of stakeholders improved this position to 'Requires Improvement' in 2018, but there is still a great deal of work to be done to achieve a rating of 'Good'.

“The COVID-19 pandemic has shone a bright light on the inequalities that exist in our society and we must take action to address these. The redevelopment of the North Manchester General Hospital site offers a unique opportunity to provide modern, integrated health and care services; to stimulate economic recovery and renewal; and to support improved population health for some of the city region's most disadvantaged communities.”

Sarah Price, Interim Chief Officer, Greater Manchester Health and Social Care Partnership



HOW CAN THE REGENERATION OF THE REDEVELOPMENT PROGRAMME STIMULATE POSITIVE CHANGE IN NORTH MANCHESTER?

Delivering modern health and social care services

The Redevelopment Programme can provide the population of North Manchester with modern, integrated and high-quality healthcare services.

In 2015, NHS organisations and local authorities in Greater Manchester signed a landmark devolution deal to take charge of the £6 billion health and social care spending and decisions.

This deal enables Greater Manchester to join-up all things that affect health and transform the delivery of services. It is now possible to combine health and social care services, and build them around the individual and the community for better, more responsive care.

The plans for the Site will be a key part of this devolved approach. It will also be an exemplar of the NHS Long-Term Plan, which promotes an 'Integrated Care System'.

Instead of simply rebuilding the existing hospital facilities, the redevelopment programme will radically redesign healthcare services becoming a leading example of integration.

It will provide healthcare providers with a purpose built environment where they can co-operate seamlessly. The co-location of hospital, mental health, intermediate and community services, and primary care in one location will help these services to work in tandem and aid the smooth transfer of patients from one part of the system to another.

This will offer local people tailored services that will enable them to get well and stay well. Such services will help address the longstanding health inequalities in local communities in North Manchester.

In doing so, the new NMGH will reach out beyond the physical hospital buildings, facilitated by technology where appropriate. The early use of advanced diagnostics and genomics would ensure patients receive the most appropriate advice and treatment as quickly as possible, reducing the number of invasive procedures and prescriptions required, and enabling people to live improved lives more quickly.

Promoting healthier lifestyles and wellbeing

The Redevelopment Programme would promote healthier lifestyles and wellbeing to tackle, at source, some of the root causes of ill health and mental illness in North Manchester.

A Health and Wellbeing Hub would deliver services to support those who need a little more help to get well and stay well, enabling improved quality of life and resilience.

This hub would support local people and help put them in charge of their own health and wellbeing. A key aspect of this will be social prescribing, utilising services such as the Be Well scheme, to support local people to consider everything affecting their wellbeing – from employment to housing, to family and money issues – directly addressing the wider determinants of health.

The hub will be promoted by healthcare providers on the site, supplementing and in some cases replacing medicalised care. The strategy will adopt an 'every contact counts' philosophy, where all encounters will be seen as an opportunity for a brief intervention to support improved lifestyle choices, or to allow underlying issues, such as debt to be addressed.

The the plans for the Site will also encourage physical activity and facilitate wellbeing for the staff and patients, as well as local community groups and residents.

Green space, footpaths and cycle ways will be principal features and 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.

Delivering a more inclusive economy

Major investment at the scale of the Redevelopment Programme can kick-start economic renewal by sustaining job growth and boosting productivity.

At the heart of the Site will be an Education Hub. This will equip local people with the necessary healthcare training and skills to secure employment at the site.

However, it will not be limited to healthcare-related training, and the hub will be available for use by other agencies. There will be clear goals regarding local employment rates and career path development.

Alongside this, a social value approach will be employed to ensure maximum local impact from the redevelopment process as whole.

Involving local people in the design and construction will provide the opportunity to bring local people back to work, or help them to develop and advance their careers. A significant focus on apprenticeships, use of local businesses, and the generation of social value within procurement will be vital.

Improvements in educational attainment can be converted into further education or aspirational career paths ensuring that local employment opportunities are not limited to lower-paid jobs.

This holistic approach has the potential to bring about a range of positive impacts for local people and local prosperity. Some of the tangible economic benefits could include increased household incomes, improved profitability for local businesses, reduced benefit claims, and enhanced local and national tax receipts.

Building a stronger and safer community

The Redevelopment Programme presents an opportunity to build a safer and healthy neighbourhood that encourages social inclusion, community spirit, and healthy ageing.

A new Healthy Neighbourhood will integrate with the wider health and social care proposition, playing its part to help tackle the fight against health inequalities with a focus on healthy ageing.

The Healthy Neighbourhood concept will push the boundaries of healthy ageing innovation at all levels and would encourage people of different ages and backgrounds to interact in their normal daily life. In particular, it could include:

- Commercial accommodation that focuses on healthy ageing and provides flexible accommodation suited to companies in different stages of evolution
- Extra care housing, providing 'real world' testing and commercialisation of products and services being developed in the commercial accommodation
- Key worker and other residential accommodation will create community cohesion through intergenerational living with support mechanisms physically, socially and across generations
- Services and accommodation for young people and adults with learning difficulties and dementia
- Training and education for the new skills and ways of working needed to create a cross service integration of care associated with healthy ageing, with such training being targeted at the local communities via the Education Hub;

The Healthy Neighbourhood will support Manchester's ambition to be a global leader on health and care innovation and commercialisation, while also improving the health of the population, extending healthy, independent life expectancy, whilst also reducing inequalities and increasing productivity

The Redevelopment Programme can help North Manchester become a 'neighbourhood of choice',



HOW CAN THE REDEVELOPMENT PROGRAMME HELP NORTH MANCHESTER RECOVER FROM THE IMPACTS OF COVID-19?

There is a high risk that COVID-19 and the associated pandemic response could widen existing inequalities for people in North Manchester.

COVID-19 is having a disproportionate impact on communities who already experienced inequalities in our city. Given North Manchester's rich ethnic, cultural and religious diversity, its communities are at risk of a disproportionate impact of COVID-19.

The pandemic and national lockdown have also impacted Manchester's labour market at an unprecedented pace and scale. Between March and May 2020, the number of people in the city who were unemployed and claiming benefits rose by 91%. Youth unemployment doubled. The number of advertised vacancies halved. When analysed by neighbourhood, the highest rises in unemployment are in deprived areas with largely BAME populations, including Cheetham ward in North Manchester.

Delivering the ambition for the NMGH site and the associated regeneration and renewal which this will catalyse is of increased importance in this context. The NMGH site has a fundamental role to play in Manchester's recovery from COVID-19, as a host to local anchor institutions; a stimulus for wider economic activity through its redevelopment; and an enabler for learning, training and skills development.

HOW WILL THE REDEVELOPMENT PROGRAMME COMPLEMENT WIDER REGENERATION INITIATIVES IN NORTH MANCHESTER?

The Redevelopment Programme is a key component of a wider regeneration and renewal initiatives in North Manchester (see Figure 5).

The Northern Gateway project is the single largest and most ambitious regeneration opportunity in Manchester. It is a joint venture between Manchester City Council and the Far East Consortium (FEC) and it seeks to transform 155ha of brownfield land to the north of the City Centre into a series of vibrant, sustainable residential neighbourhoods; delivering 15,000 new homes by 2039 (of which 20% will be affordable).

The Northern Gateway will become a strategic neighbourhood of choice providing accommodation for a working age population of around 40,000. The provision of high-quality new homes and a network of green spaces will ensure the new hospital is capable of attracting and retaining talent locally.

Other initiatives include the planned investment at Abraham Moss Centre, located in the same ward as the hospital. This facility is a vitally important community asset. It includes a public library, a leisure centre, education (nursery, primary and secondary), and MCC services including Early Help Hub, Adults, Adult Education. It is located beside a key transport hub. The health and wellbeing offer at the new hospital will complement these facilities and will leverage opportunities to improve the physical and mental health outcomes for the local community.

Together these initiatives provide the opportunity to grow the North Manchester economy and transform the perception of the area. This can secure inclusive growth for local neighbourhoods and act as catalyst for wider regeneration. The synergistic impact of these initiatives must be harnessed for maximum health, social and economic benefit.

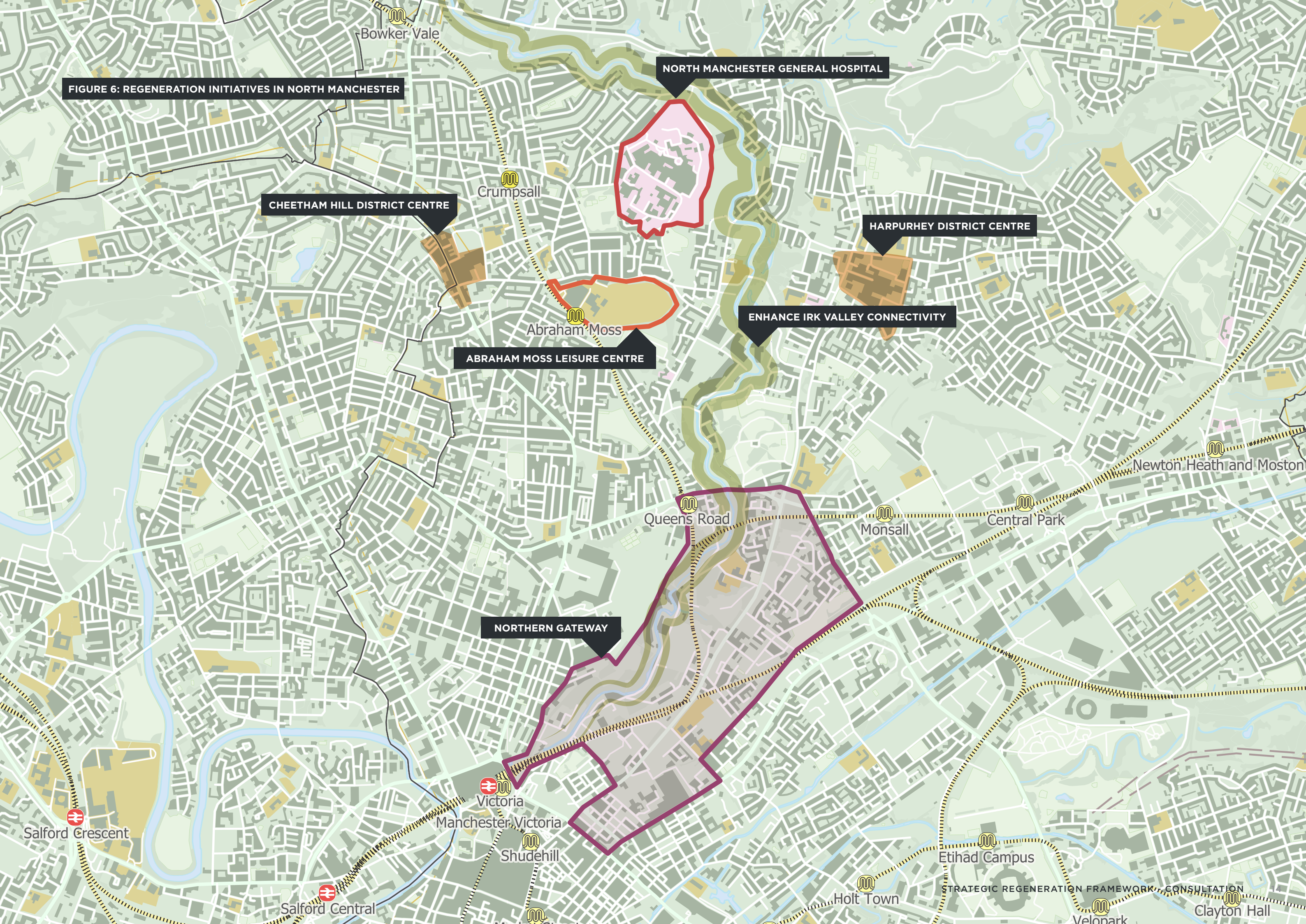
ABRAHAM MOSS CENTRE



NORTHERN GATEWAY



FIGURE 6: REGENERATION INITIATIVES IN NORTH MANCHESTER



IS THERE POLICY SUPPORT FOR THE REDEVELOPMENT PROGRAMME?

The development of proposals for the future of the Site and the locality will be informed by the existing national, regional and local policies.

Appendix 1 (Strategic Policy Alignment) provides an overarching summary of the relevant policy commitments and strategies that have informed the Redevelopment Programme's proposition.

This analysis shows extensive support for the Redevelopment Programme in local, regional and national policy. In particular, the scheme will align with and contribute toward the following specific policy objectives:



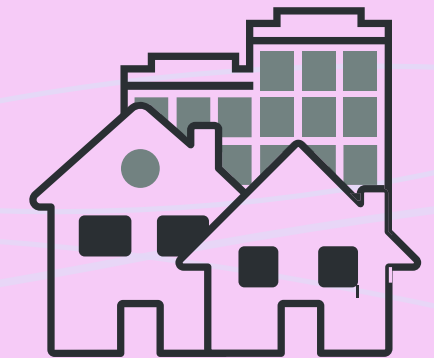
Delivering a more inclusive North Manchester economy



Transforming health outcomes by integrating healthcare outcomes



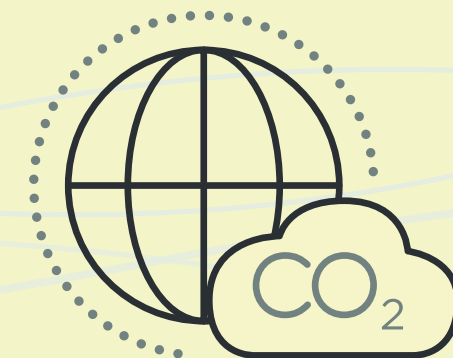
Investing in education, skills and employment for all



Creating neighbourhoods of choice



Promoting sustainable and healthy transport options



Contributing to a net zero carbon city and a thriving environment



3.0

THE VISION AND GUIDING PRINCIPLES



THE VISION AND GUIDING PRINCIPLES

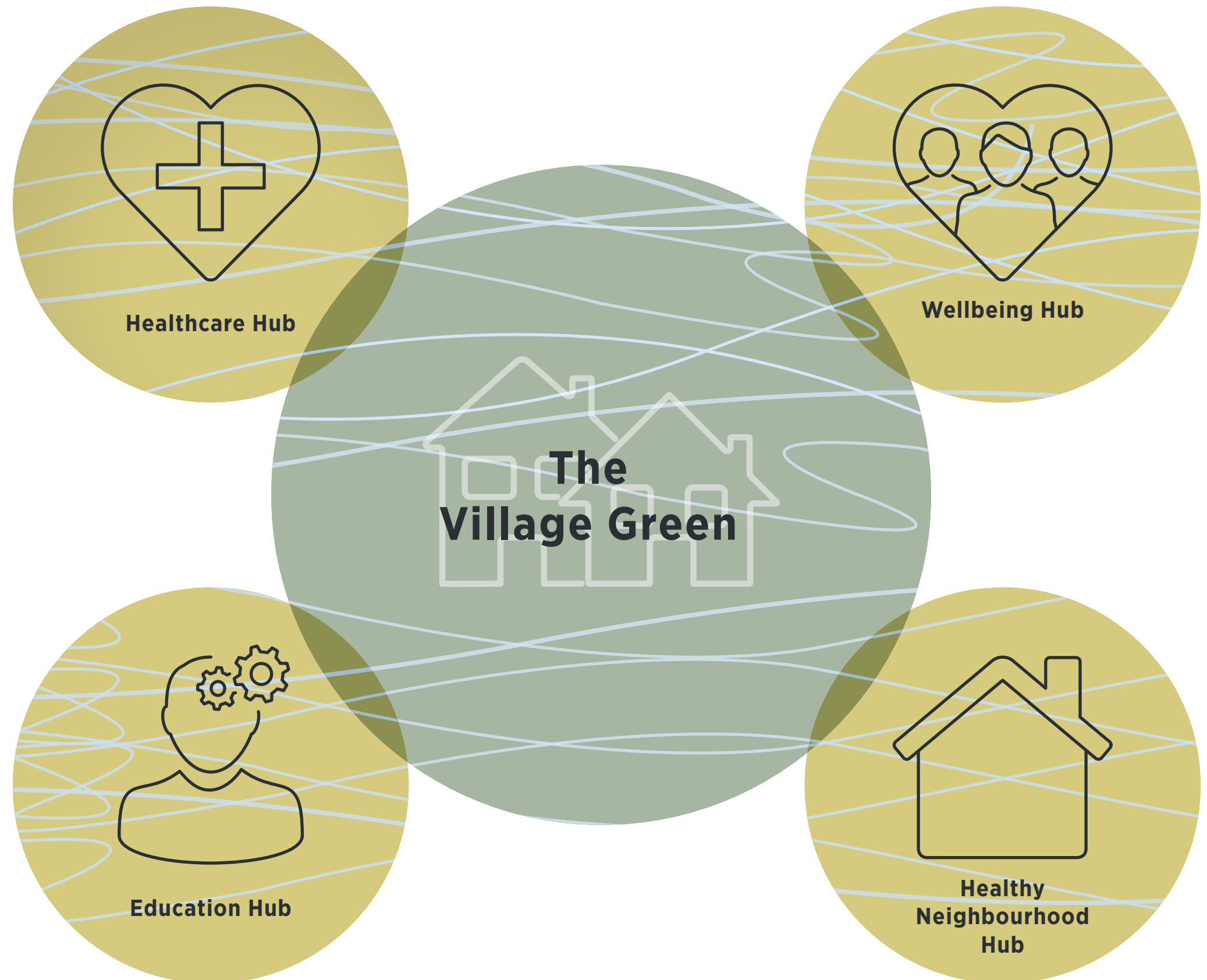
This Section presents the Vision for the Redevelopment Programme and sets out the guiding principles that underpin the Vision.

THE VISION

Together we aim to build a new high quality and sustainable civic campus where people will want to get well, learn, work, and live rather than just a hospital complex.

It will provide a focal point for the community, with integrated health and social care facilities, high-quality new homes, and access to better education and training alongside more inviting public open spaces.

This transformational development will effect generational change for the North Manchester community, creating new jobs, promoting healthy lifestyles, developing skills and contributing to a zero-carbon environment for the benefit of our local neighbourhood and beyond.



The Campus will comprise:

Healthcare Hub:



A new acute hospital and a modern mental health hospital will anchor the Campus and complement the existing intermediate care facility and the new Wellbeing Hub. These new buildings will provide a modern and best-in-class healthcare environment; embracing integration, innovation and technology.

Healthy Neighbourhood Hub:



There will be a new neighbourhood offer which will integrate with the wider health and social care proposition, playing its part to help tackle the fight against health inequalities with a focus on healthy ageing. This will include residential uses such as, key worker accommodation, affordable housing, stepdown care and extra care. There will also be the opportunity for new high quality commercial space to support local small and medium enterprises (SMEs).

Wellbeing Hub:



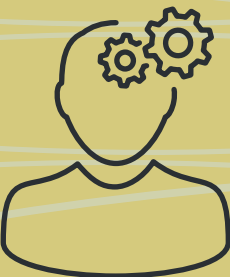
This will enable the delivery of modern, integrated community health, care and wellbeing services; responding to the specific health and care needs of the local population. The new building will become a destination for the local community, through its mixed service offer, meeting spaces and community café.

Village Green:



At the heart of these hubs will be a village green. This will become a high quality outdoor space, acting as a focal point for the Campus. It will feature green spaces and water features, and patients, staff, visitors and residents will use the green as a place for relaxation, exercise, and meeting.

Education Hub:



This will allow all education teams to gather under one roof. The new building will provide the space to support the necessary training for staff as well as an insight into future roles. It will be charged with maximising the opportunity for local employment at the site. This might include taking positive action to support local residents to overcome any disadvantage they have by offering additional training and support, and targeting the promotion of opportunities.

GUIDING PRINCIPLES

The Vision is underpinned by a series of guiding principles:

1. Deliver a modern and integrated health and social care environment
2. Add momentum to the wider economic, social and civic regeneration in North Manchester and maximise social value for local people
3. Create a high quality and sustainable health campus at the heart of the community
4. Deliver high-quality architecture and an attractive, safe and unified public realm (including a village green and attractive streetscapes) that provides new social places for the community to meet, exercise and relax
5. Take account of the site's heritage; considering the retention of heritage assets where possible and fully justifying any changes
6. Promote new connections and increased legibility around the site via new pedestrian and cycle routes, including integration with Crumpsall Park, Abraham Moss and Metrolink
7. Achieve the highest standards of the sustainable design and biodiversity net gain to contribute positively to Manchester's zero-carbon ambitions



4.0

THE DEVELOPMENT FRAMEWORK



INTRODUCTION

This Section sets out the Development Framework for the redevelopment of NMGH. It provides the overarching principles and parameters for future development at the site. These are intended to guide and inform the preparation of future planning applications.

The section is arranged as follows:

- 1. Development Zones and Land Uses:** principles defining where on the site the different proposed uses would be located
- 2. Quantum of Development:** principles defining approximately how much development is to be located in each zone (m2)
- 3. Building Heights:** principles defining the maximum height of new buildings in each zone
- 4. Architecture and Public Realm:** principles for each of the Development Zones designed to ensure the delivery of high quality buildings and the creation of attractive places
- 5. Green and Blue Infrastructure:** site wide principles for the delivery of high quality landscape and waterscape features
- 6. Sustainable Travel:** principles identifying how pedestrians, cyclists and those arriving by public transport could access and move around the site and how the site could be better integrated into the surrounding neighbourhood
- 7. Movement Strategy:** principles identifying how blue light services, staff, patients and visitors would access the site and a strategy for car parking



DEVELOPMENT ZONES AND LAND USES

Redevelopment of the Site should deliver a range of facilities and land uses whose co-location and integration should facilitate the highest level of medical care. This is an unparalleled opportunity to build a modern healthcare environment which should not only serve the hospital and patients but also the wider community in Crumpsall and North Manchester.

Investing in a new acute infrastructure provides the potential to deliver meaningful change for the local community. The existing green infrastructure within and around the edges of the site provides a unique setting and an opportunity to use nature as key ingredient in directly improving healthcare outcomes.

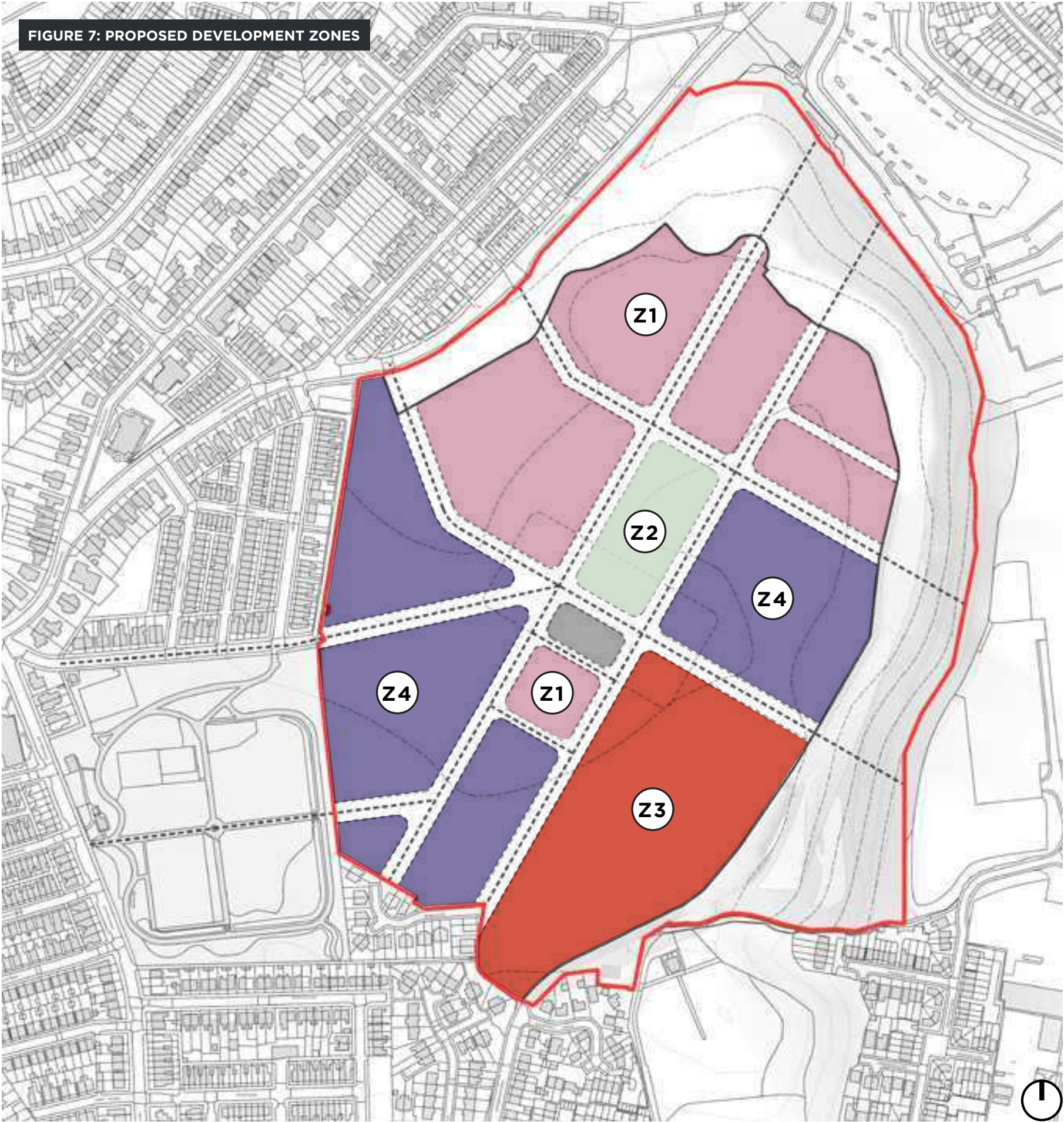
By adopting an innovative approach to redevelopment there is an opportunity to challenge the long-standing perception of a hospital as a place of illness based on reactive healthcare.

Redevelopment should deliver an outstanding centre of wellbeing with healthy lifestyles promoted through education. An environment which encourages people to visit should be created.

Table 1 below provides an overview of four Development Zones. Each Hub is described in detail on the pages that follow

Table 1: Proposed Land Uses

Zone	Uses
Z1 - Healthcare Hub 1	Acute Hospital, Administration Buildings, Education Hub, wellbeing Hub and Multi-Story Car Park. Development in this zone should comprise new buildings and (where appropriate) refurbishment and reuse of existing buildings.
Z2 - Village Green	A new outdoor space which should act as a central orientation and way-finding hub and integral clinical and community asset facilitating healthier lifestyles.
Z3 - Healthcare Hub 2	Greater Manchester Mental Health Hospital and Multi-Story Car Park
Z4 - Healthy Neighbourhood Hub	A mixed use neighbourhood which could incorporate a mix of housing (including extra-care / elderly, step down housing, key worker housing and intergenerational living) and commercial accommodation for innovation and enterprise. Development may include a combination of new buildings and (where appropriate) refurbishment and reuse of existing buildings



QUANTUM OF DEVELOPMENT

Table 2 below provides an indication of the quantum of development which could be included within each of the Development Zones. The precise quantum of development should be determined during the detailed design phase and as individual planning applications are prepared and submitted.

Table 2: Quantum of Development

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

BUILDING HEIGHTS

Indicative maximum building heights for each of the Development Zones have been defined having regard to their position within the site, prevailing topography and relationship with existing residential properties.

There is an opportunity for the creation of taller buildings within Development Zone 1 in the northern area of the site, given the degree of separation to existing residential properties. Development within Zone 1 could be of a similar scale to the existing Accident and Emergency Department.

At the western and southern edges of the site (within Development Zone 4) new residential properties could be up to 3 storeys and of a similar scale to those existing on Westbury Road, Birch Road and Delaunays Road increasing in scale moving further into the site and towards the village green.

Within Development Zone 3, buildings could be up to two storeys in height in the southern areas opposite and adjacent to existing residential properties increasing to 4 storeys further to north.



ARCHITECTURE AND PUBLIC REALM

ZONE 1 - HEALTHCARE HUB

Development Zone 1 should accommodate the new acute medical facilities comprising the following:

Acute Hospital

To incorporate new buildings and (where appropriate) refurbishment and reuse of existing buildings. Facilities could include: Accident and Emergency Department, single multi-purpose Outpatients department, independent Day Case unit, Women's Services, Imaging and Paediatrics.

Administration Building

An agile and open working environment for an on-site Executive Team, Clinical and Non-Clinical staff, visiting staff from other MFT sites and provision for third party providers.

Education Hub

The Education Hub should be contiguous with the Acute facility but have a dedicated front door. Services could include Café, Restaurant, Community Hub, flexible seminar & lecture spaces, Library, Clinical Skills, Office Accommodation, Computer Facilities and ancillary and FM provision.

Wellbeing Hub

A modern healthcare facility providing wellbeing services which respond to the specific healthcare needs of the local population. This facility should provide integrated care across the public sector services and with wider VCSE provision.

The Wellbeing Hub should be a destination for the local community, through its mixed service offer, meeting spaces and community café. It should be located adjacent to, overlook and be integrated with the Village Green.

Multi-Storey Car Park

A c1,250 space multi-storey car park to serve primarily this zone incorporating blue badge provision and cycle hub.

FRONTAGE AND ENTRANCES

Development within this zone should be built around, enclose and activate the Village Green. Building entrances should be accessed directly from the Village Green.

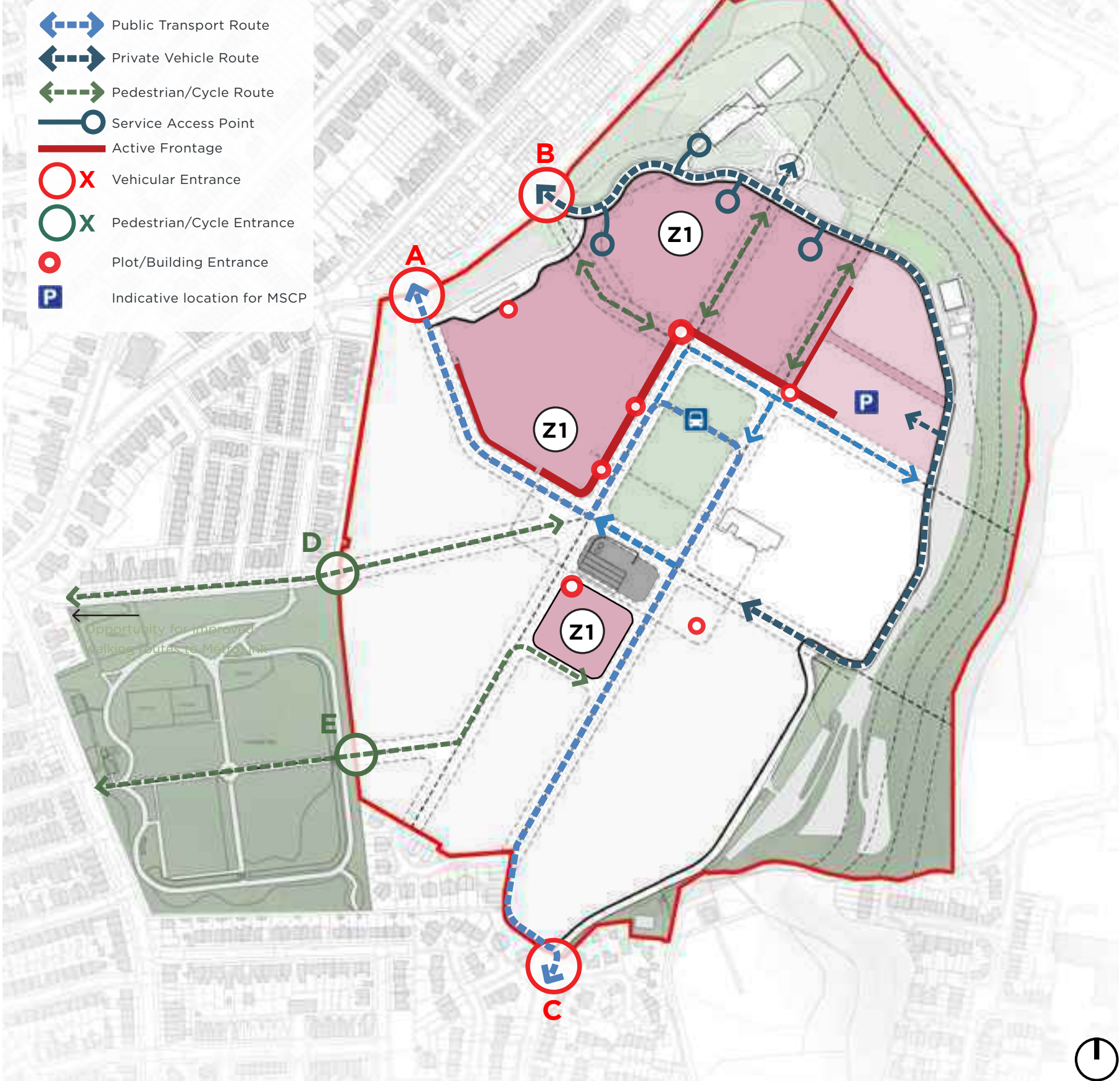
Active frontage should be maximised in this zone, particularly adjacent to the Village Green with appropriate ground floor uses such as reception areas, circulation spaces and retail / commercial space incorporated into new buildings.

Within retained buildings, opportunities to reconfigure space at ground floor level should be explored to ensure that existing accommodation addresses the Village Green and Spine Road wherever possible.

Opportunities to remodel existing elevations to create activity and interest should also be explored wherever possible.

Consideration should be given to the incorporation of weather protection into building designs along key external pedestrian routes such as between the MSCP and Acute hospital.

FIGURE 9: ZONE 1 KEY DESIGN PRINCIPLES



ARCHITECTURAL LANGUAGE

Acute Hospital / Education Hub / Wellbeing Hub

New buildings should demonstrate a high standard of architectural design and quality with use of appropriate materials. Careful consideration should be given to the external treatment of retained buildings / elevations to ensure an appropriate transition from old to new.

The building should be welcoming, modern and innovative. It should use a palette of materials, which acknowledge the position of the building within townscape and the existing (and proposed) natural landscape.

A mixture of modern and innovative materials such as textured GRC and high-performance glazing could be used alongside a complementary palette of brickwork, timber and coloured metals.

Administration Building

The palette of materials should compliment the adjacent hospital with similar materials utilised in a different method of construction, colour or texture to suit the typology. This will ensure the buildings complement one another as a cohesively designed family of structures.

Multi-Storey Car Park

The multi-storey car park could be a large building without fenestration. The detailed design stage should explore opportunities to break down the elevations both horizontally and vertically.

Consideration could be given to facade materials which provide depth and interest such as metal mesh which can offer opportunities to create subtle but dynamic patterns. Similar materials could be utilised to visible plant areas on the proposed hospital to create a visual / aesthetic connection.

SERVICING

External servicing should be designed to protect the main public circulation routes and Village Green area from larger vehicles. This could be achieved by segregating servicing from public and clinical areas by locating external servicing areas to the rear of buildings and by ensuring access is via the perimeter service road.

PUBLIC REALM / GREEN INFRASTRUCTURE

Opportunities to maximise the integration of the internal and external environments should be explored during detailed design.

Each ward should have direct level access to external courtyard areas to assist with rehabilitation, healing, and respite process. Detailed designs should also seek to incorporate features such as green routes which allow movement between buildings, the Village Green and existing woodland areas to promote the use of the outdoors as part of the rehabilitation process.



St Olav's Hospital | Trondheim



Alder Hey Hospital | Liverpool



St Olav's Hospital | Trondheim



FIGURE 10: INDICATIVE VIEW TOWARDS ACUTE HOSPITAL ENTRANCE

ZONE 2 - VILLAGE GREEN

The Village Green should be a publicly accessible open space for patients, staff, visitors and members of the wider community. The Village Green would be at the heart of a new immersive healing landscape.

With a core area similar to the central green space at Manchester Royal Infirmary, the Village Green should be focal point of the redevelopment around which all of the hospital functions are located. The space should allow visitors to orientate and navigate to different locations within the site.

A network of clear, attractive and safe walking routes should be incorporated into the space for use by recuperating patients, staff, patients and the local community. Paths should be of adequate width to accommodate patients in beds and wheelchairs.

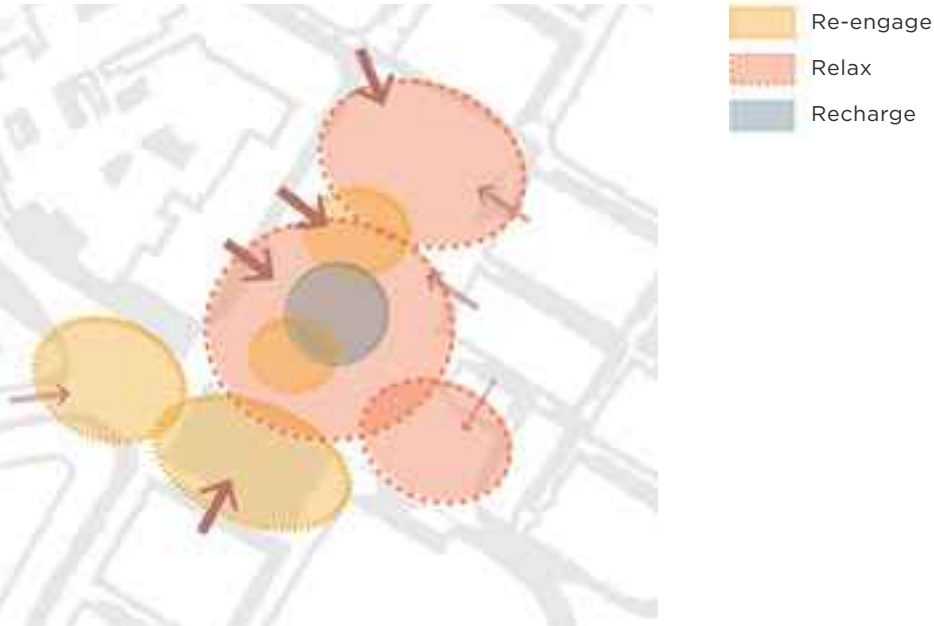
This landscaped space should include native planting, rainwater swales, and water attenuation features. It should also incorporate cycle storage, public transport drop off facilities and parking for the disabled.

Other uses which could be included within the Village Green include multi-use games areas, children’s play areas and outdoor fitness facilities. Small scale pavilion-type buildings could also be incorporated within the space providing facilities for the local community such as cafes and other meeting spaces.

The Village Green could also become a canvas for programmed community events such as musical / theatrical performances or pop-up food markets.

There is the opportunity for the Village Green to perform a variety of functions to cover the development principles noted opposite.

FIGURE 11: VILLAGE GREEN INDICATIVE ZONING



THE VILLAGE GREEN



Pavilion



Community events and pop up facilities



An integrated healing landscape



Water Features



Community events and performances



A landscape for rehabilitation and relaxation



Interactive play-facilities



Outdoor play / fitness facilities for the community



Indicative illustration of play facilities



Play facilities



Outdoor play and fitness facilities for the whole community



Activity and stimulation for all age-groups



ZONE 3 - HEALTHCARE HUB 2

This Development Zone should accommodate a new mental health hospital, which will be delivered by GMMH. Land should also be safeguarded for the construction of a multi-storey car park in the future.

MFT's current facility, Park House, is located to the western edge of the wider North Manchester General Hospital site and will be replaced by the new GMMH.

The new hospital will comprise adult acute wards, older adult wards, an assessment ward, Psychiatric Intensive Care Unit (PICU) and Section-136 (S136) Suite.

The wards will be supported by a range of facilities for patients and visitors including therapy facilities, visitor facilities, café and shop. Staff facilities will comprise a staff welfare space and office, admin and facilities management spaces.

FRONTAGE AND ENTRANCES

The main entrance to the building should be located to the West facing the village green with active frontage along the West elevation to complement the adjacent Neighbourhood Hub.

The nature of this typology requires direct access to secure gardens while maintaining a safe / secure environment and as such, enclosure by secure fences or walls is essential. Methods to create interest and activity to these elevations should be sought while maintaining the security required.

The northern and eastern elevations of the building should seek to take advantage of views to the woodland area beyond.

SERVICING

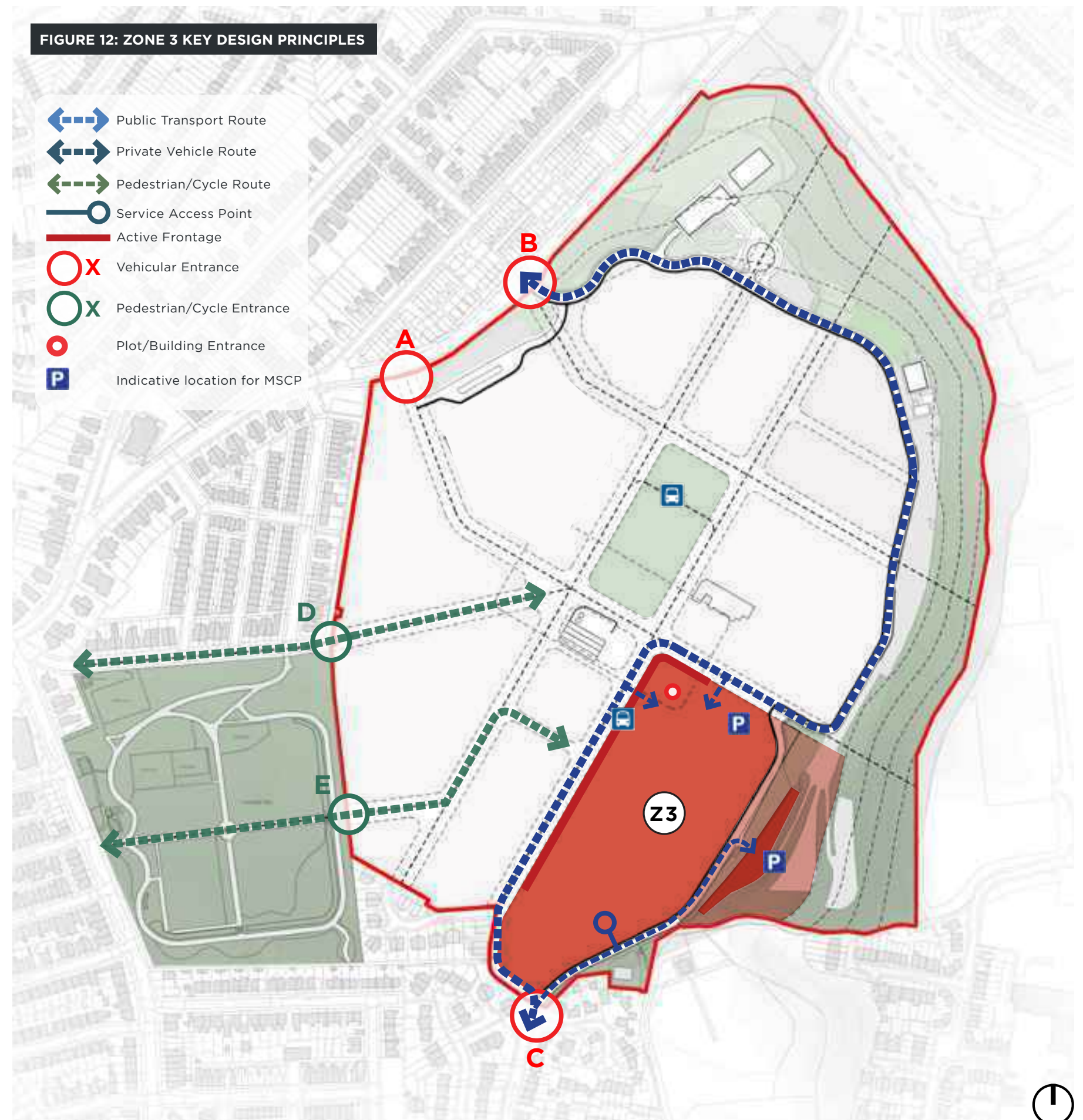
Servicing should be to the South and West of the plot benefiting from direct access from the southern site entrance.

PUBLIC REALM / GREEN INFRASTRUCTURE

The design of landscaped areas within this Development Zone should seek to provide calming therapeutic outside spaces for service users.

Throughout the building, each ward could have direct level access to external courtyard gardens to assist healing process. Dedicated therapy gardens could be provided to support service user recovery.

Existing trees on site should be retained or replaced as outlined in the Green Infrastructure section to provide a positive aspect for service users.



ARCHITECTURAL LANGUAGE

GMMH

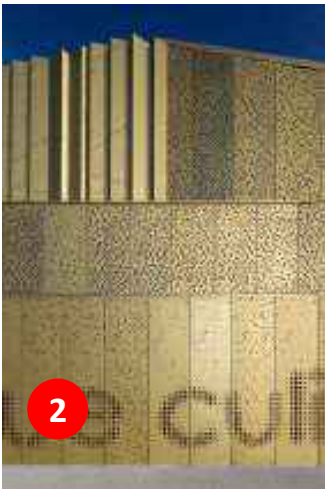
The building should be welcoming, therapeutic and calming. The palette of materials of should be traditional and robust. Simple materials such as brick (1) and render (3) could be used. The use of brickwork would provide reference to the existing buildings on site. Feature window panels could be incorporated to add rhythm and colour to the elevations.

Opportunities to emphasise the entrance area and its engagement / activation of Village Green should be explored. The use of reflective / metallic materials [2] could provide a contrast to the main brickwork and provide opportunities for the incorporation of bespoke patterns / designs.

Multi-Storey Car Park

The multi-storey car park could be a large building without fenestration. The detailed design stage should explore opportunities to break down the elevations both horizontally and vertically.

The use of façade materials which provide depth and interest such as metal mesh can offer opportunities to create subtle but dynamic patterns which change depending on the angle they are viewed and the location of the sun.



Indicative view towards hospital entrance

ZONE 4 - THE HEALTHY NEIGHBOURHOOD

The Healthy Neighbourhood Zone should be a mixed use area bringing together residential and commercial uses along with social infrastructure. It should encourage social inclusion and community spirit with a core theme that promotes healthy ageing.

It could provide a range of types of housing to meet differing requirements (including apartments and townhouses) across a range of requirements including:

- Key worker housing
- Extra care housing
- Elderly care housing
- Step-down housing
- Intergenerational housing.

It should also create a commercial offer that has a focus on healthy ageing and provides flexible accommodation suited to companies in different stages of evolution. This would attract businesses and R&D uses to locate themselves at the Site and become the focal point for further development and activities of the Healthy Neighbourhood.

ARCHITECTURAL LANGUAGE

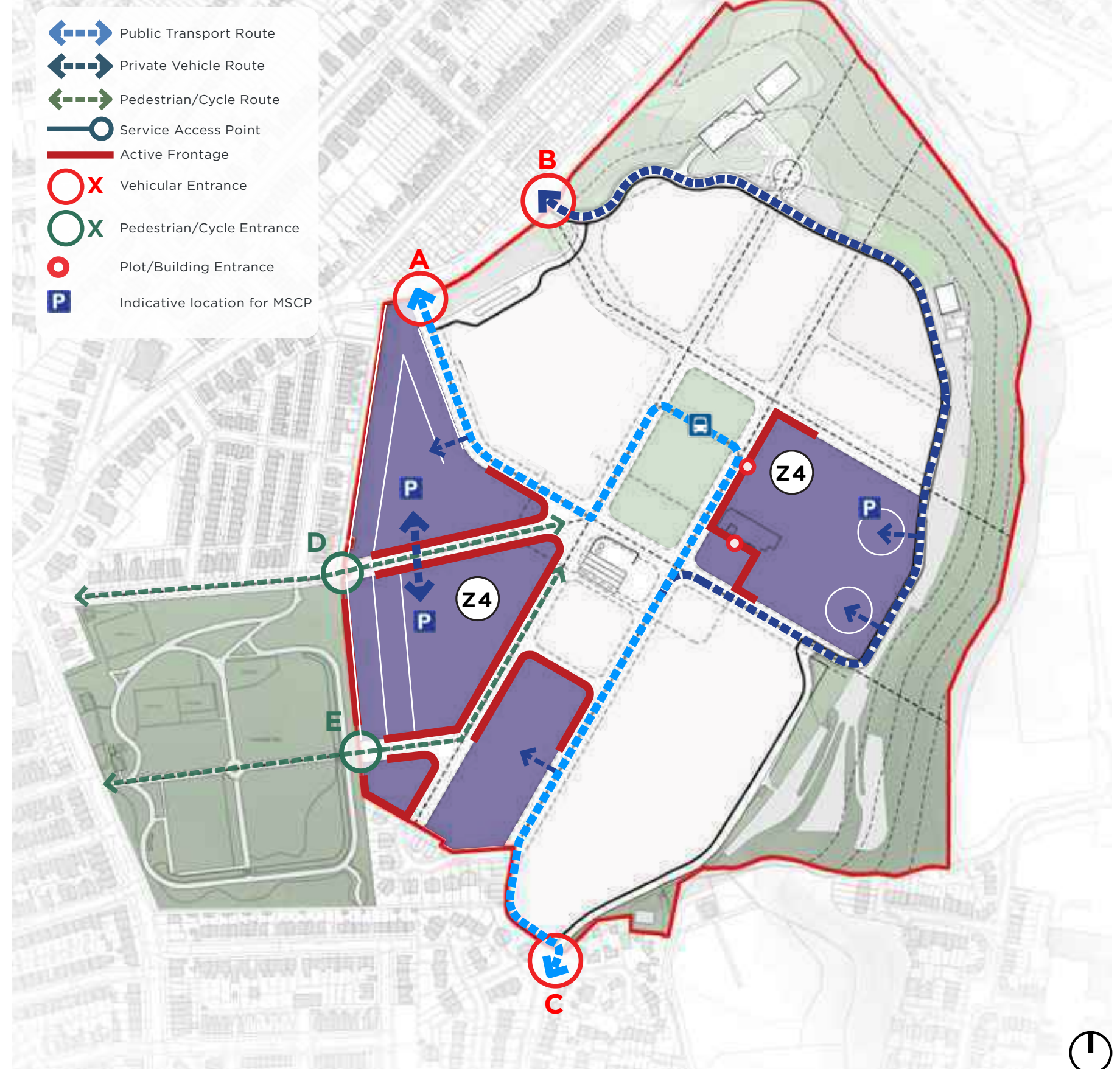
There is an opportunity for the residential areas to accommodate a range of housing typologies including terraced housing, townhouses and apartments.

Development should enhance the character and appearance of the neighbourhood drawing reference from and being sensitive to the existing residential properties. Appropriate materials could include brick, render and timber cladding. There is also an opportunity for alternative materials to be justified.

Housing should be of lower, domestic scale (2-3) storeys along the existing road frontages to Westbury Road and Magna Drive. There is an opportunity for an increased scale of development moving further east and north (see Figure 7). Taller feature buildings could be incorporated on street corners to aide legibility and wayfinding.

Opportunities for the reuse of existing buildings within the eastern section of this zone (adjacent to the Village Green) should be explored and incorporated where it is feasible and appropriate to do so.

FIGURE 13: ZONE 4 KEY DESIGN PRINCIPLES

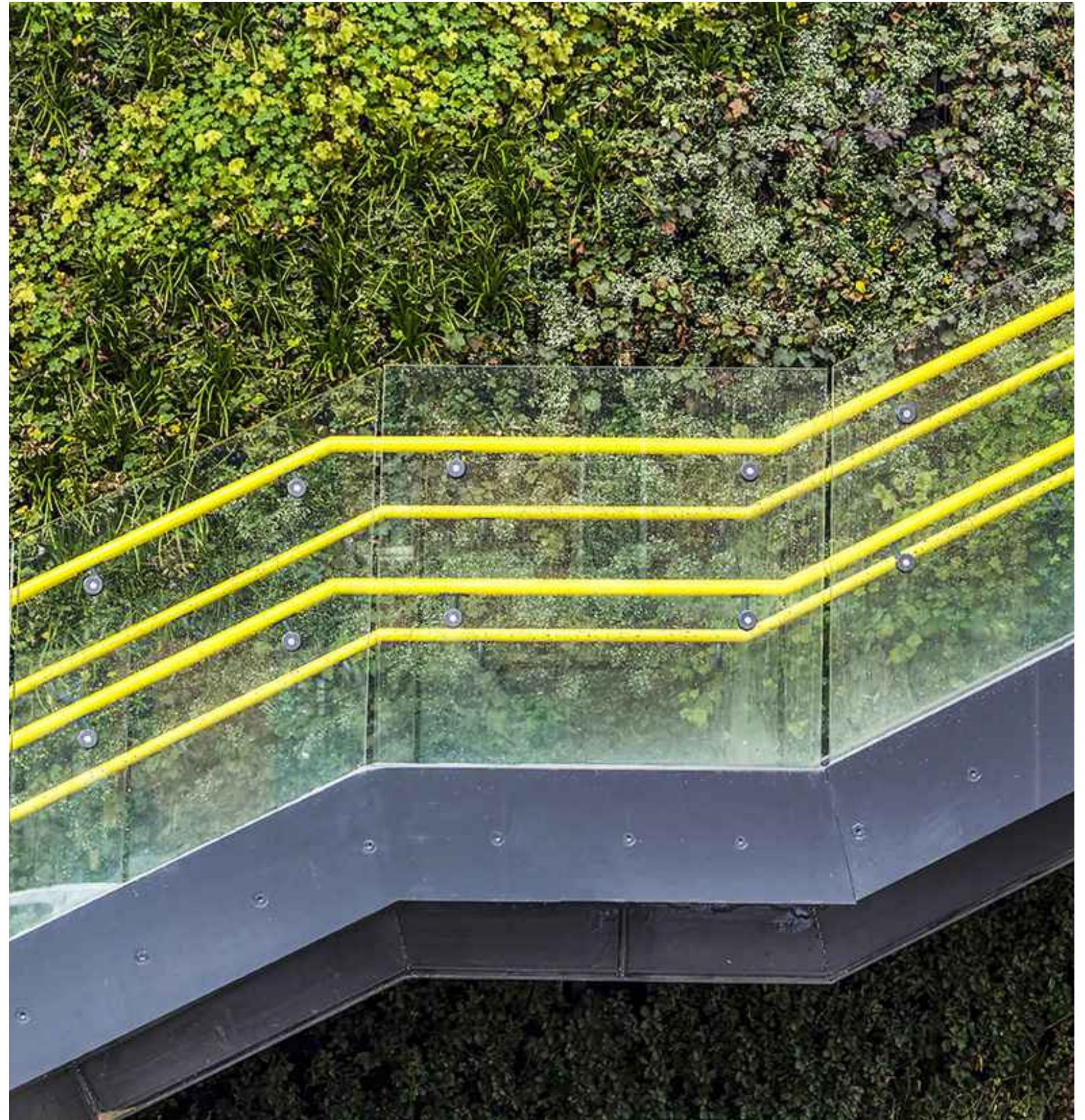


FRONTAGE AND ENTRANCES

To the northern / eastern part of the zone, the primary frontage and entrances should address the village green. The retained building indicated could also be developed / extended to provide an entrance opportunity to this plot.

The pedestrian routes established from Crumpsall divide the southern / western part of the zone into development plots. These routes are considered essential to developing strong linkages between the Site and existing residential communities; active frontages should address these streets where possible.

Indicative access / entrance points to each plot are illustrated. Vehicular access should predominantly be from the the southern site entrance and the central spine and not via the existing residential streets. Active frontages onto Crumpsall Park will offer light and surveillance to this space and encourage movement through the park to the NMGH site.



SERVICING & PARKING

The plots should be serviced as illustrated on the diagram's on the preceding page. The network of roads proposed around these plots will permit some flexibility, but the primary pedestrian routes illustrated should be kept free of service areas as noted above.

Parking provision will be different depending on the housing typology. Stepdown housing and housing for the elderly with have different requirements from intergenerational housing and the mix proposed will drive the requirements for on plot parking. The nature and quantum of car parking provision to be provided with each type of housing should be determined at planning application stage.

PUBLIC REALM / GREEN INFRASTRUCTURE

It is envisaged that allotments could be located within this zone. They are a place for the residential community to spend time learning about growing and producing their own food and the psychological and wellbeing benefits extend to both patients in short-term rehabilitation and residents in the long-term assisted living community. Input from residents in Crumpsall and local community groups would enhance links between the public and the NMGH site and offer voluntary work and small business opportunities.

Rainwater collection within the allotments and from the roofs of surrounding residential properties would offer a means of irrigation for the food growing programme. Activity areas within the zone and adjacent village green would promote active living.

DESIGN PRINCIPLES

Future planning applications will be expected to be accompanied by detailed proposals for all buildings (if detailed permission is sought) or a Design Code (if outline planning permission is sought). The key design principles to which detailed proposals should respond include the following:

- All residential accommodation should be designed to meet the requirements of the Manchester Residential Space Standards and Manchester Residential Quality Guidance 2017.
- New buildings should be arranged to overlook, activate and provide natural surveillance of adjoining existing streets and proposed streets, together with Crumpsall Park.
- Entrances to new buildings should be provided on the primary (front elevation) wherever possible in order to provide further activation to the street-scene.
- Within the residential areas, opportunities to 'pair' front doors to encourage chance meetings between neighbours should be explored.
- Safe, secure and well-lit pedestrian routes should be provided through the zone on an east-west axis between the Village Green and Crumpsall Park.
- Where residential development is proposed, a minimum separation distance of c.18 metres to the elevations of residential properties opposite on Westbury Road and Magna Drive should be provided. Reduced distances may be considered appropriate where the internal layout of houses minimises the potential for overlooking.
- Residential plot boundaries should be visually permeable where possible to encourage interaction between neighbours.
- Car parking spaces should ideally be provided immediately outside individual houses or within communal parking areas. Where parking is required to be accommodated within the street, opportunities for shared surfaces should be explored.
- Electric vehicle charging points should be provided to all car parking spaces.
- Space for the secure storage of bicycles should be provided within the curtilage of individual dwellings to the rear of the property and where possible, storage should be considered as part of the design and integrated within the dwelling. Facilities for the secure storage of bicycles of each apartment should be provided on a ratio of 1:1.
- Facilities for the storage of refuse should be provided to the rear of individual properties or, where this is not possible, into the design of individual houses or apartment buildings. Levels of provision should meet with the requirements of MCC Waste Storage and Collection Guidance



1. Town houses



2. Intergenerational Living



3. Extra care housing



4. Elderly care housing



5. Key worker housing



6. A landscape for rehabilitation and relaxation

GREEN AND BLUE INFRASTRUCTURE

Delivering stronger integration of the internal and external environments is a fundamental objective of this SRF.

The established Green Infrastructure in an around the site presents a unique opportunity to place nature at the heart of the redevelopment.

The protection of existing Green and Blue Infrastructure and the incorporation of additional features has a vital role to play in creating attractive places, delivering a net-gain to bio-diversity and supporting better health outcomes.



GREEN INFRASTRUCTURE

Future landscape strategies should be designed in accordance with the following core principles wherever possible:

- Existing trees on site should be retained wherever possible and appropriate and integrated into the development;
- Any tree loss should be mitigated on a 2:1 replacement basis; as a minimum;
- Each individual phase of development and the redevelopment of the site as a whole should seek to deliver a net gain to biodiversity;
- The existing woodland should be integrated into any redevelopment proposals and strategies for its long term management and use presented within detailed planning application
- Opportunities for the incorporation of various types of green space and green infrastructure should be explored and incorporated in to detailed proposals wherever possible. The incorporation of the following types of spaces should be considered:
- Informal green spaces to the front of and between buildings should be provided where possible, providing a natural setting for the built environments
- Landscaped edges should be provided to principal vehicular and pedestrian routes within the site, helping to frame and enhance individual routes;
- Formal gardens and lawns, such as within the Village Green – providing places to relax, reflect and play;
- Allotments – providing an opportunity to experience the health and wellbeing benefits of growing produce;
- Woodland – The existing woodlands should be managed and extended with access encouraged to create a mosaic of walks, and exercise trails for patients, staff and the wider community. Opportunities to create footpath / cycle connections to the River Irk should be explored.



Accessible Allotments



Grow Zone



Community Gathering Spaces



Biodiversity



Access to the River Irk Valley



Walking and Running Routes

BLUE INFRASTRUCTURE

Water and its sustainable management should be a key consideration in the landscape strategy for the site.

Detailed designs should seek to maximise the opportunity for rainwater collection within the site using the Sustainable Urban Drainage (SUDs) methods, to:

- Reduce the quantity of surface water run off especially during times of major rainfall;
- Create opportunities for surface water reuse i.e. as water bodies for leisure and relaxation or for use on allotment plots;
- Create green streets that provide attractive and calming places for people that support principles of healthy landscapes and concepts of wellness and healing.

Sustainable Urban Design features could include:

- SUDS corridors or swales located adjacent to roads and footways running through the site;
- Water detention basins (or ponds) which could provide storage in the event of major rainfall events whilst also contributing to the creation of a wider healing landscape;
- Intensive and extensive roof gardens which would assist in slowing run off and providing opportunities for water reuse;
- The use of appropriate hard surfacing and paving materials in public areas.



Intensive Roof Gardens



Illustrative view of balancing pond for attenuation



Street Swales



Illustrative view of swales along hard landscaped routes



Intensive Roof Garden



Walking and Running Routes

SUSTAINABLE TRAVEL

The Site benefits from several public transport stops and the surrounding area provides opportunities for pedestrians and cyclists to access the Site.

However, many of the hospitals staff, patients, and visitors still travel by private car. Recent surveys indicate that over 70% of staff, patients and visitors travel to the Site by car as single occupant.

Travel Mode	Staff Existing Modal Split (%)	Patient and Visitor Existing Modal Split (%)
By car, as single occupant	71.8	46.3
By car, lift sharing	6.7	34.9
Walk	2.4	2.8
Cycle	1.6	0.2
Other private transport	0.9	3.6
Bus	3.6	7.3
Metrolink	1.2	1.7
Other public transport	1.1	3.2

The Redevelopment Programme provides the opportunity to transform habits and MFT is committed to reversing the reliance on the private car and promoting a more sustainable transport strategy for the site.

To achieve this, MFT will prepare and adopt a robust Green Travel Plan that will establish a suite of measures and initiatives to encourage the uptake of the sustainable transport options and dissuade private car use.

This will be prepared in partnership with Manchester City Council and Transport for Greater Manchester (TfGM). This plan will provide an agreed transport strategy for ongoing development of the campus and it will aim to reduce the number of single occupancy vehicles travelling to the Site.

The Green Travel Plan will include a suite of initiatives, including:

Car Share & Parking Permits



Staff Parking Permits Policy



Increased Car Share Spaces



Car Sharers discount and priority



Electric vehicle charging

Public Transport & Park and Ride



Public Transport Loan



Staff Ticketing Discounts



Free Park & Ride Service

Walking & Cycling



Wayfinding Signage



Route Planning



Cycle to Work Scheme



Cycle Storage & Shower / Changing Facilities

Communication & Marketing



The Travel Website



Internal Publications



Regular Events



Patient Leaflets

Development & Engagement



Travel Plan Co-Ordinator



Partnership with TfGM & Manchester City Council



Forum



Travel & Car Parking Group

MFT will be responsible for managing the Green Travel Plan. This will involve regular travel surveys to monitor travel behaviour and to review progress against modal shift targets. Where targets are not met, remedial actions will be proposed, agreed and then monitored for effect.

The Green Travel Plan should be provided alongside each planning application for development at the Site. Future applications will be expected to explore the potential for pedestrian / cycle routes between the Campus and public transport facilities to be enhanced.

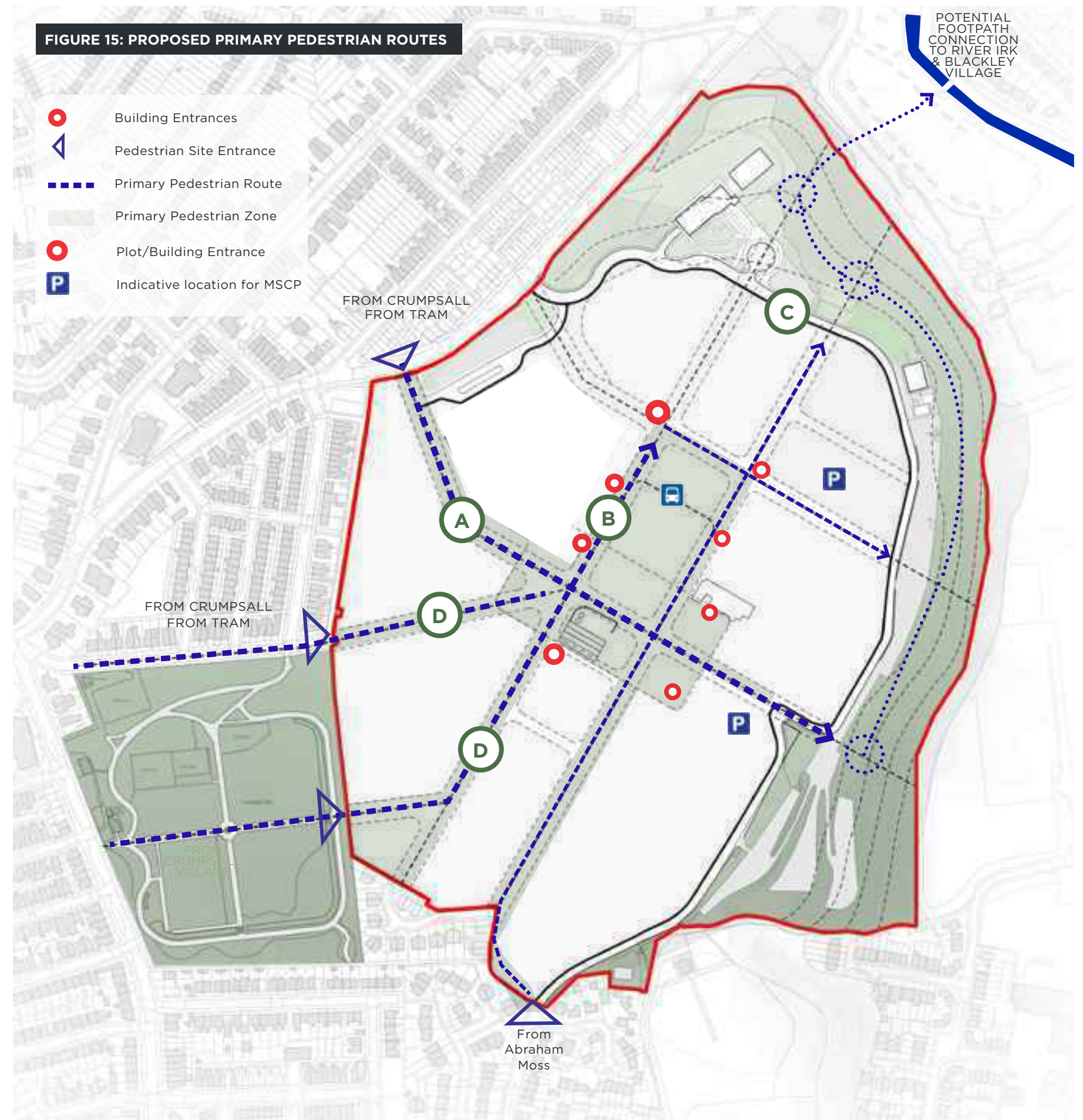
MOVEMENT STRATEGY

PEDESTRIAN ACCESS AND CIRCULATION

Ensuring that patients, staff, visitors and other members of the wider community are able to access the site safely without using a private car is a key objective. To achieve this:

- Access for pedestrians / cyclists into the site from the West and South should be provided from Westbury Road, Delaunays Road and Crescent Road.
- Dedicated footways, cycleways and shared surfaces be incorporated into the street hierarchy within the development.
- Opportunities to introduce other dedicated routes for walking and running within the site, particularly within the woodland area on the eastern boundary, and to connect the site into wider recreational initiatives should be explored during the preparation of individual planning applications.
- Facilities for the secure storage of bicycles should be incorporated within the village green and other appropriate locations close to the entrances to individual buildings.
- Opportunities to improve existing pedestrian/ cycle linkages to existing bus stops and Crumpsall and Abraham Moss Metrolink Stations should be explored during the preparation of individual planning application;
- Access for buses and taxis into the site should be provided off Delaunays road
- The provision of bus stops and taxi drop-off points should be focussed around the Village Green. Opportunities for provision of bus stops elsewhere within the site should also explored in order to facilitate convenient access to the various facilities.

- (A)** Central Spine Road
- (B)** Central Spine Bus Loop
- (C)** Perimeter access route
- (D)** Pedestrian Priority Streets

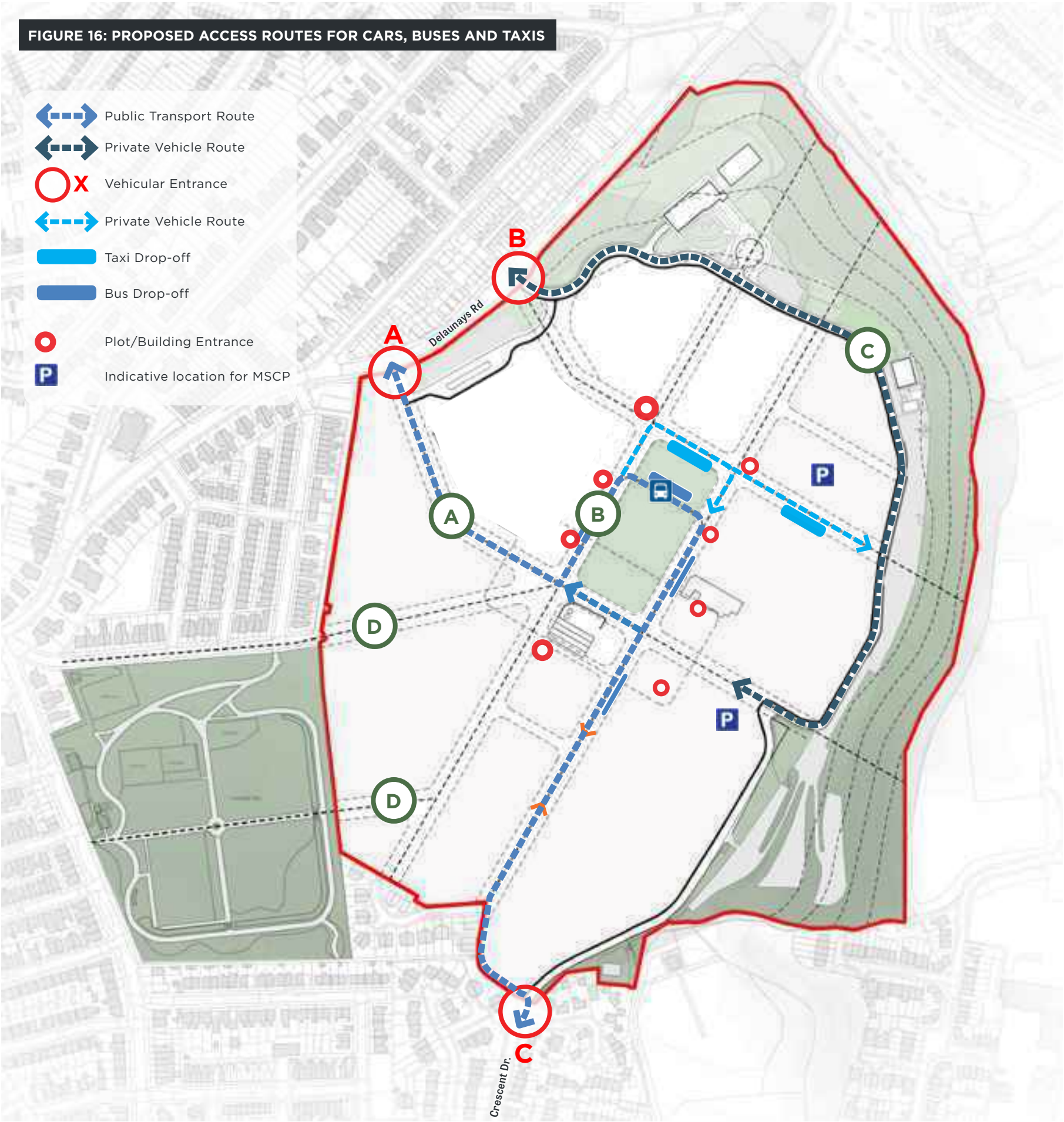


VEHICULAR ACCESS & CIRCULATION

The NMGH site will continue to receive a large number of different types of vehicle throughout the day and night and it is important that the flow of traffic is managed in an appropriate manner in order to ensure ease of access and avoid conflict between different types of user.

- Vehicular access to the site for patients, staff, visitors should be provided from Entrance A, B and C with movement through the site restricted to the perimeter access route providing access to the multi-story and surface car park options;
- Vehicular access and egress to / from the site for blue-light services should be provided from Delaunays Road (as existing). A second blue light route from the southern entrance using the perimeter access route should be provided. This could also function as the fire tender route
- Vehicular access to and egress from the site for facility management vehicles should be provided from Delaunays Road with the movement of vehicles restricted to the perimeter access road.
- Vehicular access to the Neighbourhood zone should be provided from vehicular entrance points A and C with smaller pedestrian priority access roads to be established of the Public Transport Route.

- A** Central Spine Road
- B** Central Spine Bus Loop
- C** Perimeter access route
- D** Pedestrian Priority Streets



CENTRAL SPINE ROAD

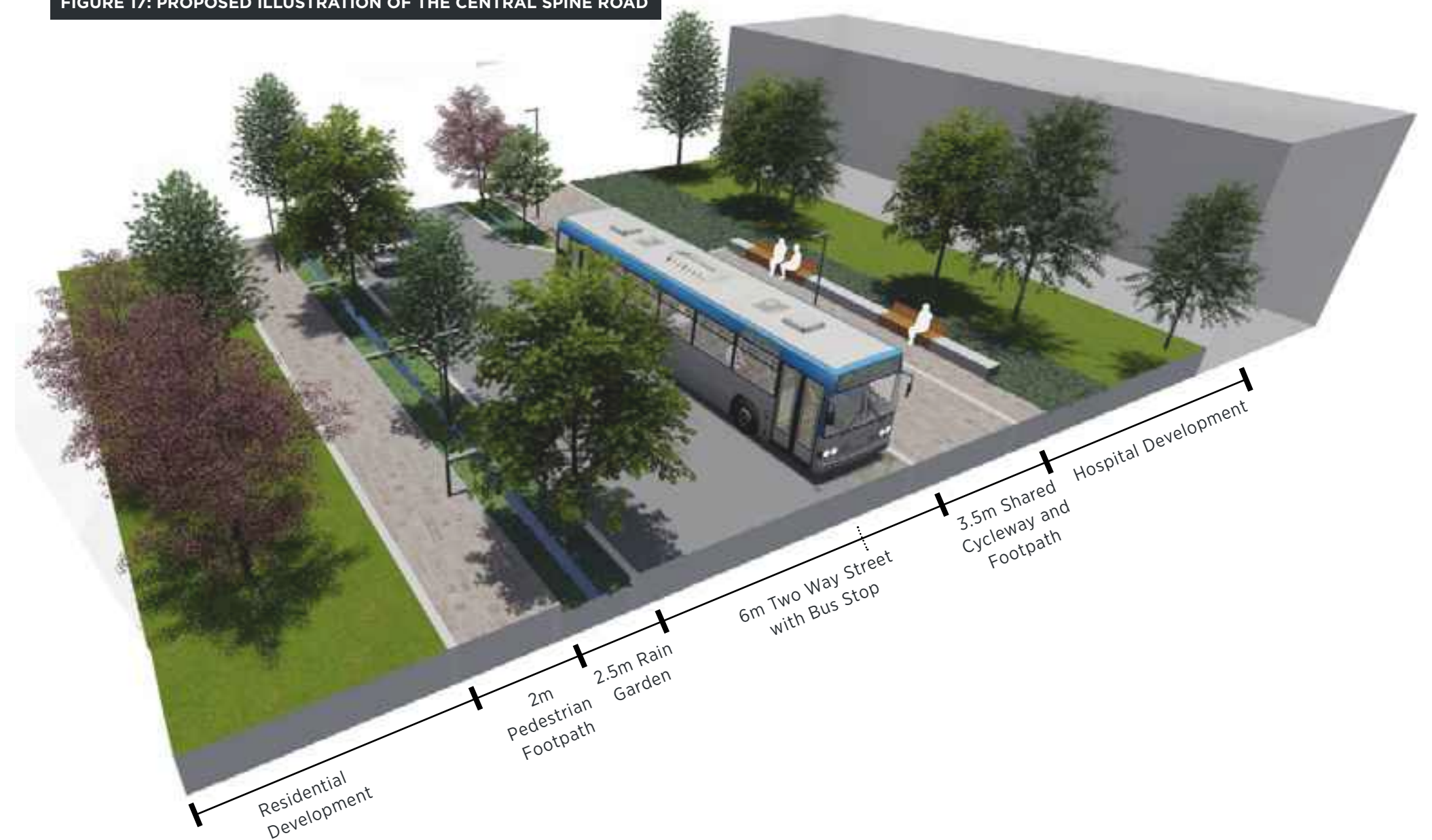
The Central Spine Road will be main public transport route into the site. Connecting the main hospital site at its entrance at Delaunays Road, then passing to the south of the existing hospital and north of the proposed neighbourhood zone before entering the Village Green, the Central Spine Road should set the scene for visitors as a key gateway into the site.

It should have a generous width to allow two-way traffic, boulevard street trees, wide pavements, a segregated cycleway and roadside water gardens and swales.

The combination of a high quality landscape and segregated routes for walking and cycling should create a safe, calm environment for those travelling to the hospital on foot or by bicycle.

The Central Spine Road should also include clusters of street furniture and, shelters and bus stops.

FIGURE 17: PROPOSED ILLUSTRATION OF THE CENTRAL SPINE ROAD



CENTRAL SPINE BUS LOOP

The central spine bus loop should enclose the Village Green area and be restricted to those arriving by public transport or taxi, those requiring blue badge parking facilities and those dropping off / picking up.

The one-directional loop should have a landscaped character which complements the Village Green and which incorporates planting zones between the roadway / footway / building frontages.

FIGURE 18: PROPOSED ILLUSTRATION OF THE CENTRAL SPINE BUS LOOP



PERIMETER ACCESS ROUTE

A perimeter access road should connect Delaunays Road to the north and Crescent Drive to the south. The road should provide the main vehicular route for private cars and service vehicles accessing the hospital. It should also form part of the access route for blue light vehicles.

It should provide a vehicular carriageway of appropriate width and pedestrian foot-ways.

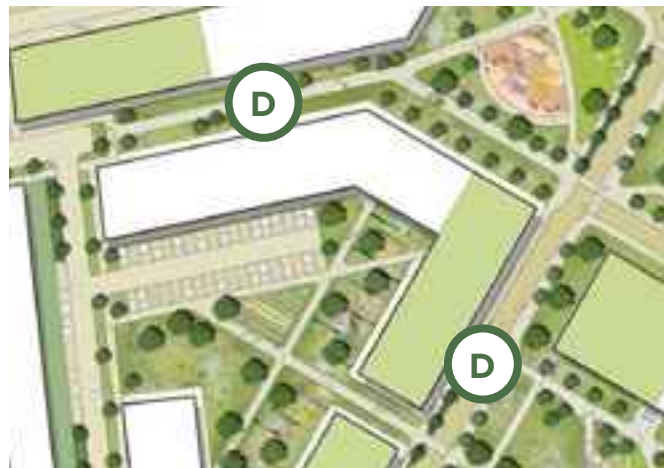
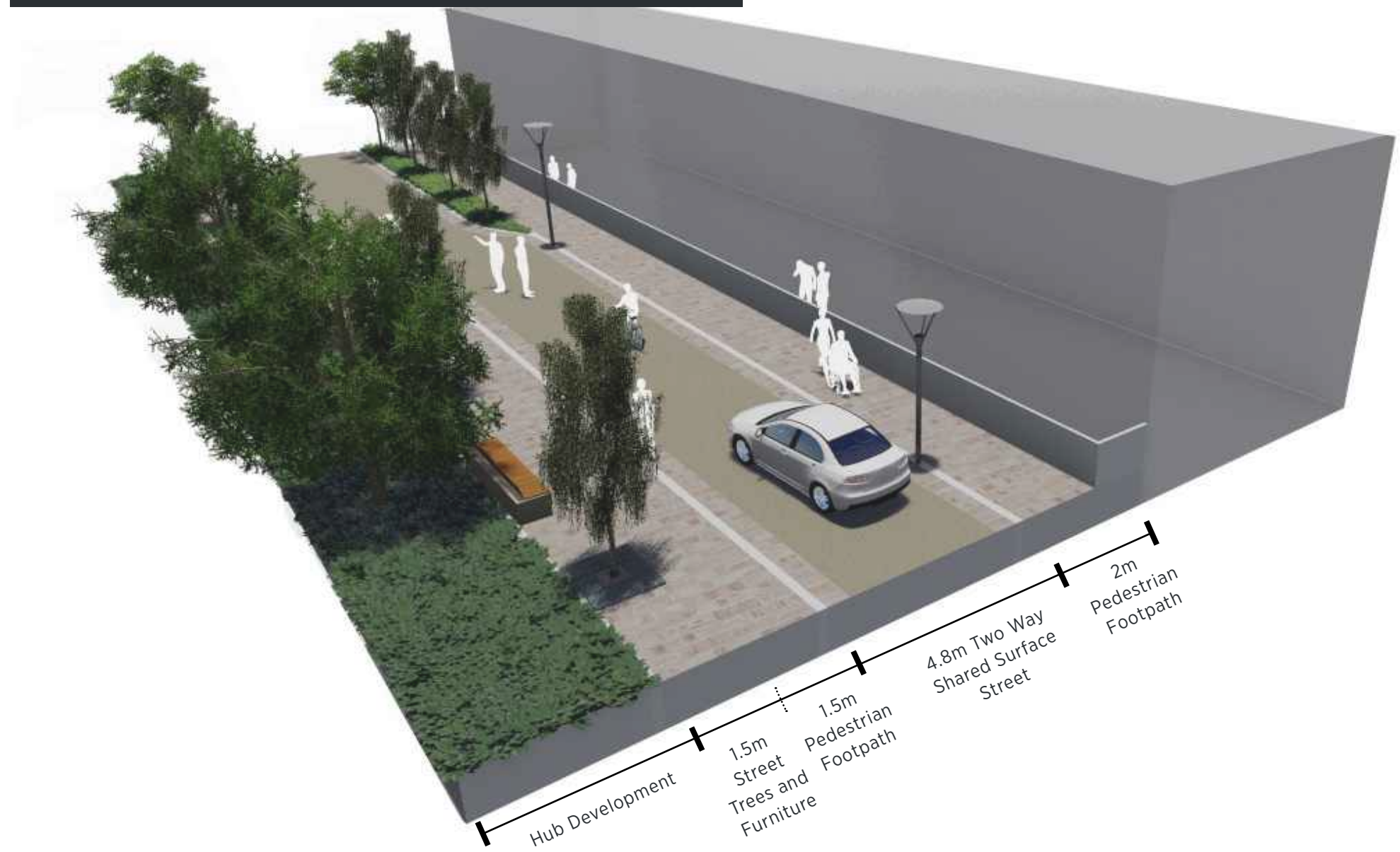
FIGURE 19: PROPOSED ILLUSTRATION OF THE PERIMETER ACCESS ROUTE



PEDESTRIAN PRIORITY STREETS

A network of streets which prioritise pedestrian / cyclist movement should be provided in appropriate locations. Shared surfaces and other measures to slow the speed of vehicular traffic should be incorporated.

FIGURE 20: PROPOSED ILLUSTRATION OF THE PEDESTRIAN PRIORITY STREETS



CAR PARKING STRATEGY

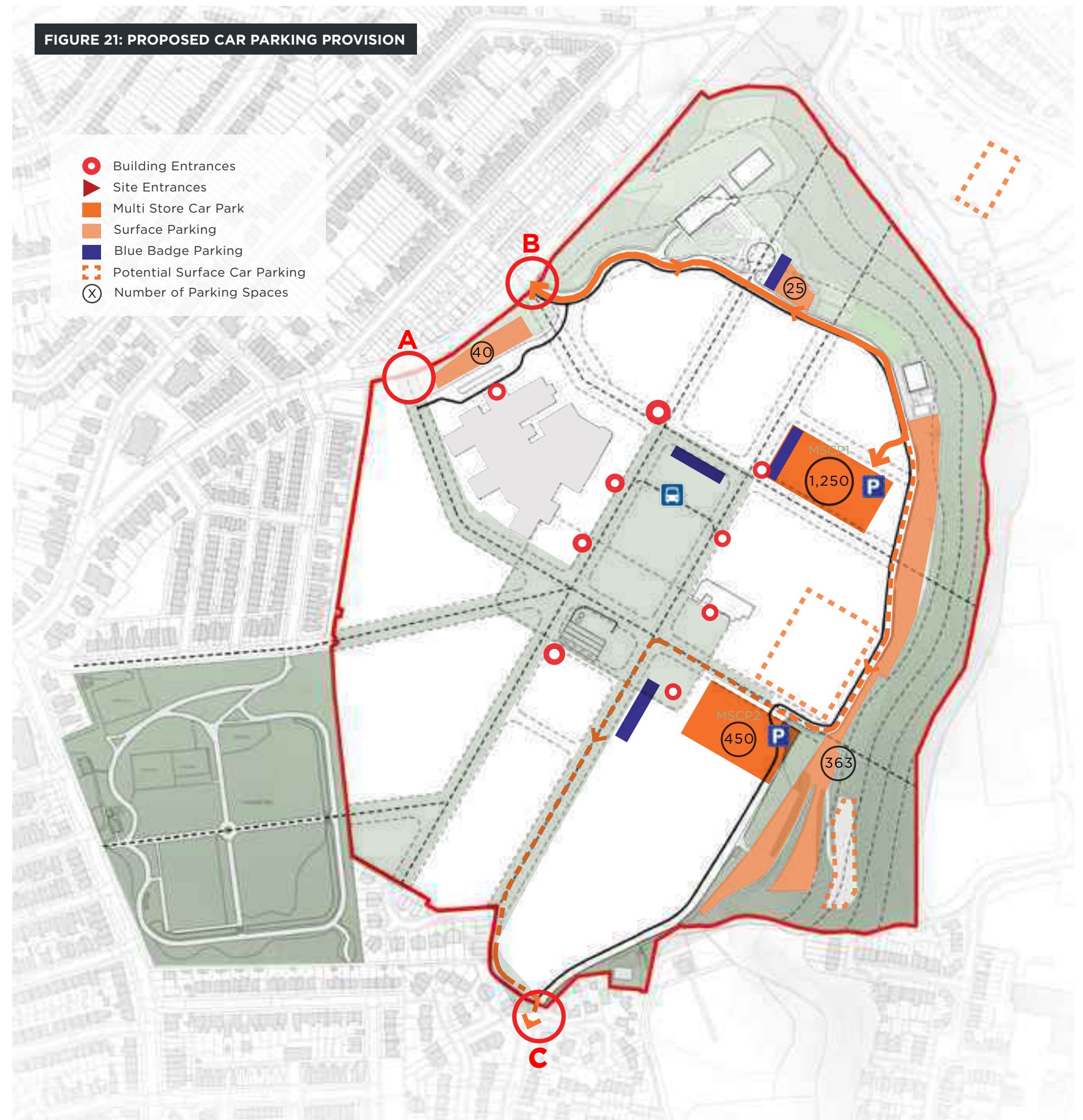
Whilst the new Green Travel Plan will reduce reliance on the private car, there will remain a requirement for some on-site car parking.

To avoid the displacement of car parking on to surrounding residential streets, it will be necessary to consolidate the majority of the existing surface parking into two multi-storey car parks (MSCP):

- MSCP 1 could provide c.1,000 to 1,250 spaces and it would be built initially to meet the requirements of Zone 1 alongside some retained areas of surface parking. This will also allow the redevelopment of the existing surface parking for alternative use.
- Land should be safeguarded for MSCP 2 within Zone 3. This car park could provide up to c.450 spaces. The necessity for this car park will be regularly reviewed in line with the success of the Green Travel Plan.

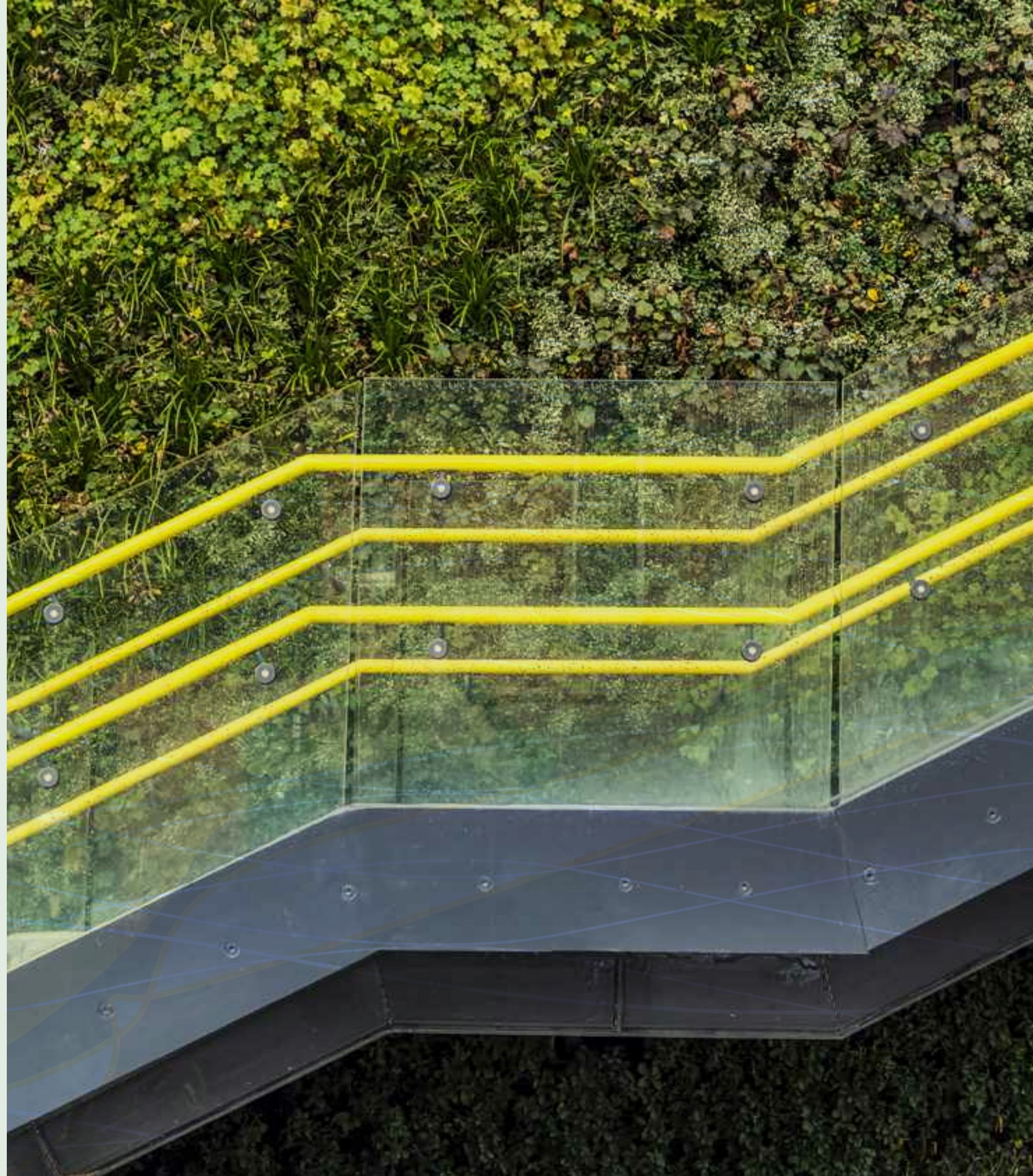
GMMH would utilise the c. 365 existing surface parking spaces to the East of Zone 3 for staff and visitor parking and the plot earmarked for MSCP 2 on an interim basis.

Car parking requirements within the Neighbourhood Zone 4 should be addressed 'on plot' where appropriate, or where plots are conveniently located in relation to the MSCP's within those facilities.



5.0

PLANNING FOR A ZERO
CARBON MANCHESTER



Many of the existing buildings on the Site were constructed a considerable number of years ago, for example the Crumpsall Infirmary dates back to the 1876. As a result they do not benefit from the high standards of insulation, energy efficiency and general sustainability which we have come to expect of buildings constructed in recent years.

There is, therefore, an opportunity to replace these buildings within new a development which has the potential to make a significant contribution to Manchester becoming a carbon neutral city by 2038.

Reducing carbon emissions from its estate is a core objective of the MFT. All NHS organisations must ensure all new builds and refurbishment projects are delivered to net zero carbon standards. MFT has also joined the Greater Manchester Combined Authority (GMCA) and the Greater Manchester Health and Social Care Partnership (GMHSCP) in declaring a climate emergency, publicly recognising the threat that climate change poses to the world.

Following on from this, in January 2020, MFT published an updated version of its Sustainable Development Management Plan (The Masterplan: Making Sense of Sustainable Healthcare 2018-2023) reflecting new carbon reduction targets.

MFT's Sustainable Development Management Plan sets out the vision, strategy and objectives for delivering sustainable healthcare across the city of Manchester, Trafford and beyond and is underpinned by annual delivery plans and progress reported in the annual report. It sets a five year carbon budget, with the aim for a 33% reduction in carbon emissions by 2023/4 compared to the 2017/18 baseline .

The Redevelopment Programme is central to the realisation of these targets with the aspiration of delivering an exemplar net zero carbon development.

“There is, therefore, an opportunity to replace these buildings within new a development which has the potential to make a significant contribution to Manchester becoming a carbon neutral city by 2038.”

ACHIEVING THE ASPIRATION FOR NET ZERO CARBON

This SRF seeks to secure the highest standards of environmental, social and economic sustainability in the future redevelopment of the Site.

Primary objectives include:

- significantly reducing energy demand and carbon emissions at source during construction and operation through appropriate design and specification;
- protecting and enhancing site biodiversity;
- minimising water consumption;
- promoting sustainable transport;
- ensuring high quality and healthy indoor and outdoor spaces;
- utilising sources of renewable energy on-site, wherever possible, and
- the procurement of off-site renewable energy and high quality carbon offsets to address residual carbon emissions.

It promotes these standards by applying the RIBA Sustainable Outcomes Guide (2019) . This guide provides a concise and measurable set of sustainable outcomes and metrics across these key sustainability issues.

It is recognised that sustainable buildings delivered in the mid-late 2020's and those in the 2030s may differ significantly to those delivered today due to new or matured technologies (e.g. battery storage) or the availability of new standards or industry approaches to emerging issues such as embodied carbon and climate resilience.

The imperative to systematically improve upon current performance is recognised by the RIBA Guide which sets stepped targets to be achieved in new development by 2020, 2025 and 2030 to support the UK's zero carbon targets.

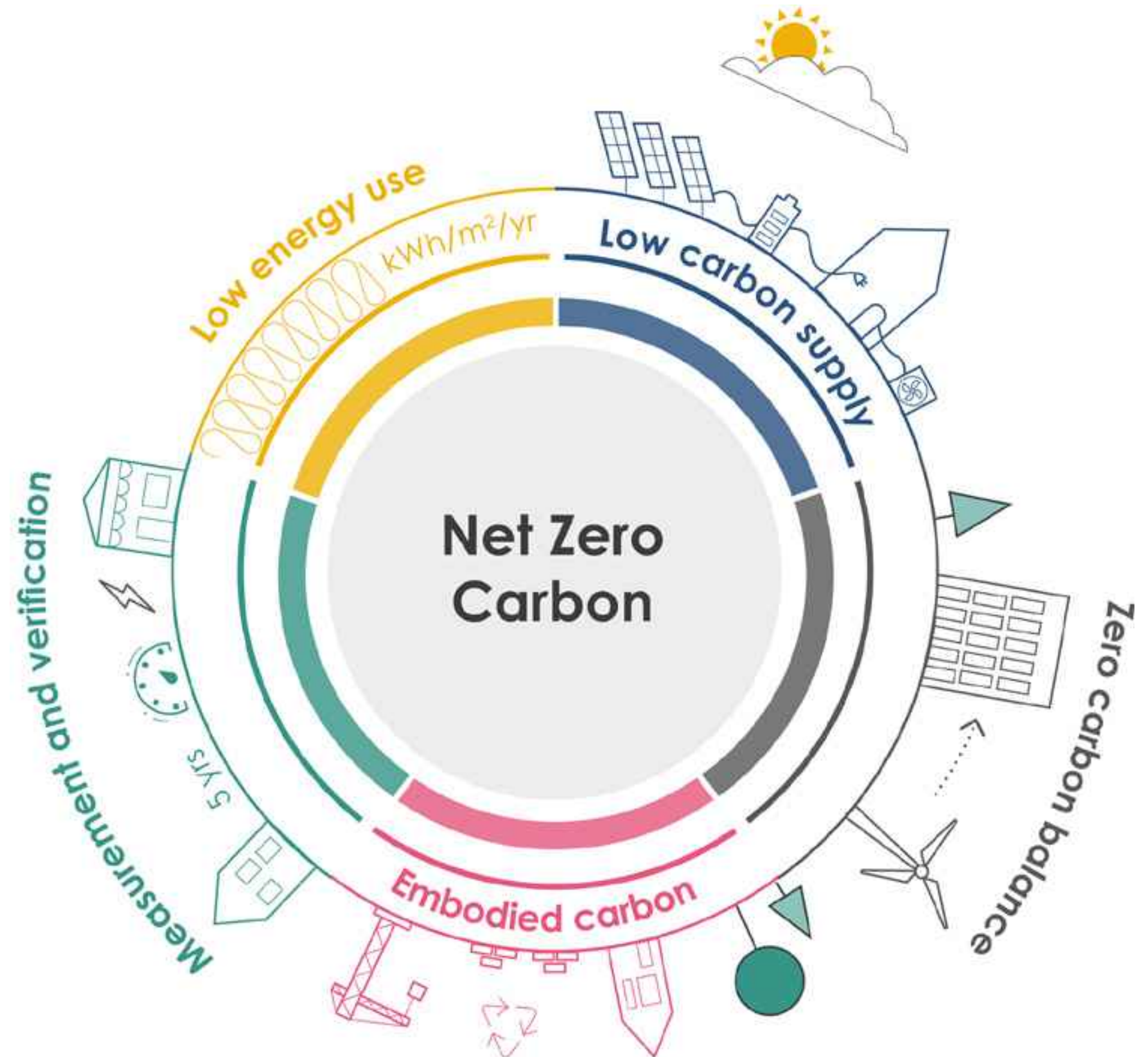
These sustainability outcomes will form minimum standards to be achieved through redevelopment of the Site, and with the highest standards proposed by RIBA for 2030 pursued from the outset where feasible.

Where updated standards and targets are proposed through revisions to the RIBA Sustainable Outcomes Guide or relevant local or national standards (such as the Building Regulations Part L 2020 update and Future Homes Standard 2025) these will be reviewed and incorporated as appropriate as further details become available.

However the RIBA sustainable outcome principles and targets are high-level and forward-looking and likely to align with or even go beyond such future standards, thereby promoting future proofing for the SRF.

For each outcome described, the RIBA Guide outlines the key performance metric and a set of design principles to be followed by future design teams working on individual projects. This approach allows creative flexibility in applying sustainable assessment methods and modelling tools to deliver the outcomes and targets.

The sustainable outcomes are closely interrelated and should be pursued together. For example, net zero operational carbon and net zero embodied carbon are twin targets under the concept of whole life net carbon as defined by the UK Green Building Council Net Zero Carbon Buildings Framework (2019) .



NET ZERO OPERATIONAL CARBON

“the carbon dioxide produced as a result of the production and use of the energy from fossil fuels consumed for the day-to-day operation of the building, including Low/zero carbon renewable energy technologies both on and off-site, plus recognised offset schemes where essential.”
(RIBA Sustainable Outcomes Guide 2019)

The urgency of climate change makes net zero operational carbon a critical outcome for the construction industry, and net zero operational carbon is achievable now through good building design and off-site measures such as renewable energy procurement and carbon offsetting.

Performance in the reduction of operational carbon will be reported annually.



SRF Principles

- 1. Prioritise “Fabric First” principles for building form and envelope
- 2. Fine tune internal environment with efficient mechanical systems
- 3. Provide responsive local controls
- 4. Specify ultra-low energy sufficient appliances
- 5. Specify ultra-low energy sufficient IT
- 6. Prioritise maximum use of on-site renewables appropriate to context
- 7. Demonstrate additionality of off-site renewables
- 8. Offset remaining carbon through recognised scheme

Where it is not possible to achieve ‘net zero’ on site, future development proposals will be required to demonstrate how ‘net zero’ will be achieved through the use of off-site measures, such as the use of renewable energy or high quality carbon offsetting.

It is recognised that the potential carbon benefits from retaining and refurbishing existing buildings with the site need to balance against wider considerations such as their condition, the practicality of conversion, ability to ensure a high quality internal environment for building occupants and potential operational carbon benefits from their replacement with higher-performing new buildings in such areas as thermal insulation, daylighting and ventilation.

NET ZERO EMBODIED CARBON

“the carbon dioxide produced from the energy used in the extraction, fabrication and transportation from place of origin of the materials used in the construction, including recognised carbon offset schemes.”
(RIBA Sustainable Outcomes Guide 2019)

Embodied carbon emissions from new buildings are significant and can represent more than 50-70% of a building’s lifetime emissions. Embodied carbon assessments enable a better understanding of the sourcing and processing of materials and products as well as long-term considerations such as maintenance, durability and adaptability. They also help evaluate the carbon impact of procurement choices, construction methods (e.g. modern methods of construction, off-site fabrication), waste mitigation and disposal, and circular economy considerations.

SRF Principles

- 1. Carry out whole life carbon analysis of building elements
- 2. Prioritise ethical and responsible sourcing of all materials
- 3. Prioritise low embodied carbon and healthy materials
- 4. Minimise materials with high embodied energy impacts
- 5. Target Zero construction waste diverted to landfill
- 6. Promote use of local natural materials
- 7. Consider modular off-site construction systems
- 8. Detailing to be long life and robust
- 9. Design building for disassembly and the circular economy
- 10. Offset remaining carbon emissions through a recognised scheme

The retention of some existing buildings as part of the development may not be appropriate as highlighted above. Where demolition (and major refurbishment) is undertaken, measures should be put in place to maximise the re-use of material arising on and off-site and minimise the amount of material sent to landfill.

SUSTAINABLE WATER CYCLE

“the amount of mains water used in the operation of the building including the offset by use of greywater or recycled water to reduce mains water consumption.”
(RIBA Sustainable Outcomes Guide 2019)

Buildings and infrastructure must not only save water but also be more resilient to future climate events such as storms and flooding. A decentralised building-level approach should be taken to alleviate the pressure on national water supply and drainage infrastructure. Significantly reducing potable water use to a locally sustainable level should be achieved by first reducing water usage through occupant behaviour, water efficient appliances and leak detection. The use of recycled rainwater and waste water to reduce potable water use for non-drinking purposes should be evaluated.

The SRF identifies opportunities for the incorporation of Sustainable Urban Drainage features, the provision of which should be maximised, wherever possible. Such features could include swales, water detention basins and green roofs.

SRF Principles

1. Provide low flow fittings and appliances
2. Provide waterless appliances where possible
3. Provide Leak detection
4. Provide rainwater and grey-water recycling and attenuation but consider operational implications of complex systems
5. Provide on-site black water cleansing and recycling if viable
6. Create Sustainable Urban Drainage that supports natural aquatic habitats and human amenity

SUSTAINABLE CONNECTIVITY & TRANSPORT

“measure the carbon impact of the travel of occupants and visitors to and from a local transport hub or local retail and community facilities.”
(RIBA Sustainable Outcomes Guide 2019)

Transport accounts for approximately 25% of UK carbon emissions, second only to buildings (40%). Reducing transport carbon should begin by considering the need for travel in the first instance.

This outcome promotes a greater digital and physical connectivity which in turn will significantly reduce the need to travel in the first instance and as well as reducing travel time and distance. Where vehicle transport is unavoidable, provision must be made to prioritise the transition to lower impact alternatives including Electric Vehicle charging points and car club parking spaces.

The NHS is committed to the incorporation and adoption of sustainable and healthy travel measures and has an aim to cut business mileage by 20% by 2023/24 and ensure at least 90% of the NHS fleet uses low-emission vehicles (including 25% ultra-low emission) by 2028. MFT specifically aims to encourage sustainable and active travel wherever possible and will seek to meet and exceed the aforementioned targets in the NHS Long Term Plan.

The SRF provides opportunities for the creation of safe, legible routes into the site from neighbouring communities and public transport nodes and through the site with dedicated, well-lit footways and cycles.

SRF Principles

1. Create comprehensive green transport plan including digital connectivity
2. Prioritise high quality digital connectivity to avoid need for unnecessary travel
3. Prioritise site selection with good proximity to public transport
4. Provide high quality pedestrian links to local amenities and public transport
5. Provide end of journey provision for active travel runners and cyclists (showers, dry lockers etc)
6. Provide infrastructure for Electric Vehicles as a priority
7. Provide car sharing spaces
8. Provide suitable onsite personal storage



SUSTAINABLE LAND USE & ECOLOGY

“a measure of actions taken to maintain, protect and improving the flora and fauna on site as principally defined by BREEAM”
(RIBA Sustainable Outcomes Guide 2019)

This outcome aims to avoid development on sensitive and ecologically rich landscapes and to make the best use of previously inhabited sites for development. Sustainable development fundamentally implies a significant increase and enhancement of biodiversity and creating a productive landscape that is capable of food production as well as creating habitats for wildlife. Increasing biodiversity and urban greening factor can also promote climate resilience by minimising the urban heat island effect.

The SRF identifies opportunities for the delivery of green and blue infrastructure of various typologies throughout the site including green spaces adjacent key vehicular and pedestrian routes, enhanced woodland management, allotments for food production, enhanced connections to Crumpsall Park and a proposed village green which would act as the focal point of the development.



SRF Principles

- 1. Leave a site in better ‘regenerative’ ecological condition than before development.
- 2. Prioritise brownfield site selection
- 3. Carry out sustainable remediation of site pollution
- 4. Retain existing natural features
- 5. Create mixed-use development with density appropriate to local context
- 6. Create a range of green spaces (green roofs, vertical greening, pocket parks, and green corridors)
- 7. Create habitats that enhance bio-diversity
- 8. Create ‘productive’ landscapes for urban food production
- 9. Zero local pollution from the development

The transition to all-electric energy strategies, as will be increasingly favoured by the forthcoming Building Regulations Part L 2020 update and Future Homes Standard 2025, together with provision of EVs, will help to minimise or avoid local air pollution impacts.

GOOD HEALTH & WELLBEING

“the promotion of key variables of internal occupant health and wellbeing, including indoor air quality, daylight, overheating, acoustic comfort, responsive controls, and physical contact to outside.”
(RIBA Sustainable Outcomes Guide 2019)

An unintended consequence of focusing narrowly on heat loss reduction in buildings can be increased overheating risk and inadequate natural ventilation. This illustrates the importance of considering sustainability holistically: achieving net zero carbon must not be to the detriment of occupant health or comfort.

The SRF seeks to facilitate the creation spaces and places in which patients, staff, visitors and members of the local community can spend time and this outcome relates primarily to indoor health, visual, aural and thermal comfort, and occupant wellbeing.

SRF Principles

- 1. Provide spaces with strong visual connection to outside
- 2. Provide responsive local controls e.g. opening windows, or local control
- 3. Design spaces with appropriate occupant density for activity
- 4. Design spaces with good indoor air quality
- 5. Design spaces with good indoor daylighting, lighting and glare control
- 6. Design spaces to adaptive thermal comfort standards
- 7. Design spaces with good acoustic comfort
- 8. Design spaces that are inclusive and universally accessible
- 9. Prioritise active circulation routes e.g. stairs, cycling provision, walking routes etc
- 10. Provide indoor and outdoor planted spaces

SUSTAINABLE COMMUNITIES & SOCIAL VALUE

“measure the positive impacts of good placemaking on a local community.”
(RIBA Sustainable Outcomes Guide 2019)

This outcome relates to the social impact of a development on the end users and wider community. The ultimate goal is to create places for people that support not only basic needs of security, shelter, and health, but to enhance individual and social wellbeing and community identity using Social Return on Investment (SROI) financial proxies.

SRF Principles

1. Prioritise placemaking that expresses identity and territory
2. Create secure places for privacy
3. Create places for social interaction
4. Create vibrant mixed-use places
5. Provide high quality permeable links to social amenities
6. Provide high quality pedestrian public realm
7. Create inclusive places for community interaction
8. Create secure places with overlooking views

SUSTAINABLE LIFE CYCLE COST

“ensure a holistic outcome with regards to economic sustainability, the intention is to use Government Soft Landings requirement for measuring operational costs of buildings.” (RIBA Sustainable Outcomes Guide 2019)

Considering life cycle costs (rather than just capital costs) is critical for the proper financial management of construction projects and the evaluation of longer-term costs / benefits which can determine building performance in such areas as longevity, climate resilience and sustainability.

SRF Principles

1. Carry out whole life cycle analysis of key building systems
2. Carry out Soft Landings graduated to handover and aftercare
3. Measure energy costs
4. Measure management and maintenance costs
5. Measure overall running costs
6. Measure added value of occupant health and wellbeing
7. Measure added value of sustainable outcomes of building



RIBA 2030 CLIMATE CHALLENGE TRAJECTORIES

The RIBA 2030 climate change trajectories focus on three environmental sustainability outcomes that all new or refurbished buildings contribute to: energy use, embodied carbon and water use with an overall aim to target net zero whole life carbon emissions (or better) by 2030 at the latest.

These outcome targets form a key element of the SRF sustainability strategy, with 2030 targets pursued where feasible.

Where a RIBA target is considered inappropriate, impractical or unachievable for any project within the SRF, a detailed explanation and justification will be required and the overarching principle(s) of the target in question should still be pursued.



RIBA 2030 CLIMATE CHALLENGE TARGET METRICS FOR DOMESTIC BUILDINGS

	Current Benchmarks	2020 Targets	2026 Targets	2030 Targets	Notes
Operational Energy kWh/m2/y	146 kWh/m2 /y (Ofgem benchmark)	< 105 kWh/m2/y	< 70 kWh/m2/y	< 35 kWh/m2/y	UKGBC Net Zero Framework 1. Fabric First 2. Efficient services, low-carbon heat 3. Maximise onsite renewables 4. Minimum offsetting using UK schemes (CCC)
Embodied Carbon kgCO2e/m2	1000 kgCO2e/m2 (M4i benchmark)	< 600 kgCO2e/m2	< 450 kgCO2e/m2	< 300 kgCO2e/m2	RICS Whole Life Carbon (A-C) 1. Whole Life Carbon Analysis 2. Using circular economy Strategies 3. Minimum offsetting using UK schemes (CCC)
Potable Water Use Litres/person/day	125 l/p/day (Building Regulations England and Wales)	< 110 l/p/day	< 95 l/p/day	< 75 l/p/day	CIBSE Guide G

RIBA 2030 CLIMATE CHALLENGE TARGET METRICS FOR NON-DOMESTIC BUILDINGS

RIBA Sustainable Outcome Metrics	Current Benchmarks	2020 Targets	2025 Targets	2030 Targets	Notes
Operational Energy kWh/m2/y	225 kWh/m2/y DEC D rated (CIBSE TM46 benchmark)	< 170 kWh/m2/y DEC C rating	< 110 kWh/m2/y DEC B rating	< 0 to 55 kWh/m2/y DEC A rating	UKGBC Net Zero Framework 1. Fabric First 2. Efficient services, low-carbon heat 3. Maximise onsite renewables 4. Minimum offsetting using UK schemes (CCC)
Embodied Carbon kgCO2e/m2	1100 kgCO2e/m2 (M4i benchmark)	< 800 kgCO2e/m2	< 650 kgCO2e/m2	< 500 kgCO2e/m2	RICS Whole Life Carbon (A-C) 1. Whole Life Carbon Analysis 2. Using circular economy Strategies 3. Minimum offsetting using UK schemes (CCC)
Potable Water Use Litres/person/day	>16 l/p/day (CIRA W11 benchmark)	< 16 l/p/day	< 13 l/p/day	< 10 l/p/day	CIBSE Guide G

6.0

IMPLEMENTATION AND PHASING

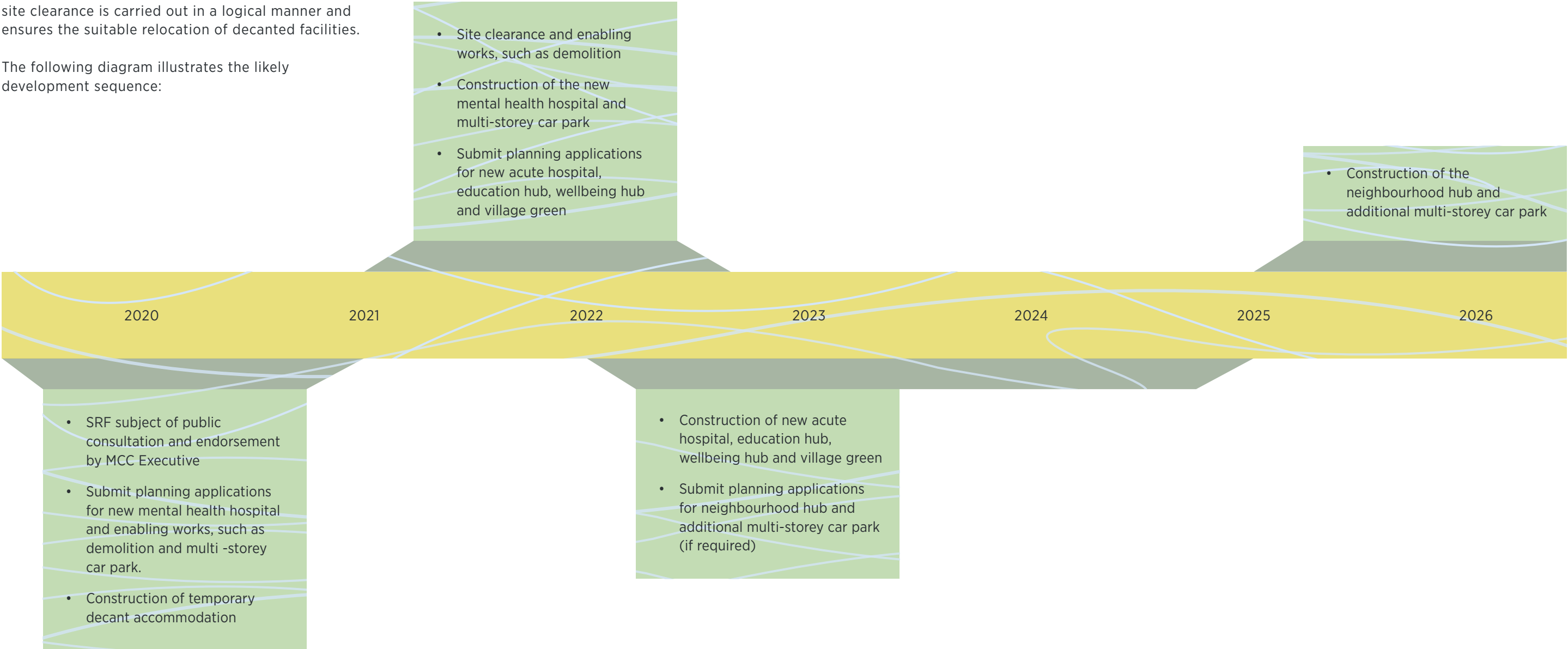


The SRF presents a holistic and integrated vision for the comprehensive redevelopment of the NMGH site.

During construction it will be necessary to maintain the operation of clinical services throughout the redevelopment, including adequate provision of access and parking.

This will require careful programming to ensure that site clearance is carried out in a logical manner and ensures the suitable relocation of decanted facilities.

The following diagram illustrates the likely development sequence:



7.0




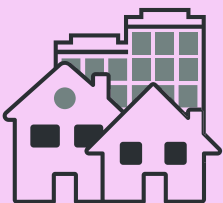

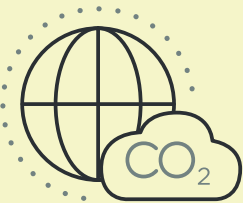
OUTCOMES AND BENEFITS



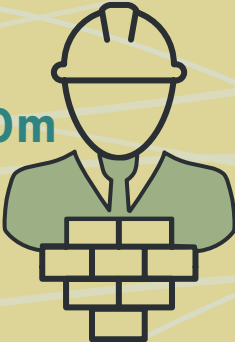
The delivery of the Redevelopment Programme will contribute significantly to the ongoing regeneration and transformation of the North Manchester; environmentally, socially and economically.

The SRF establishes guiding principles for the delivery of a high quality and sustainable health campus with integrated health and social care facilities, high-quality new homes, and access to better education and training alongside more inviting public open spaces.

This section explains how the SRF responds to the strategic objectives presented in Appendix 1 and the consequential benefits for the Manchester.

STRATEGIC OBJECTIVE		HOW THE SRF RESPONDS
	1. Contribute to a more inclusive North Manchester economy	<ul style="list-style-type: none"> The framework will attract investment to North Manchester and catalyse the economic renewal of this part of the city. Jobs will be created during the construction of the facilities and during their operation. This will seek to spread the benefits of growth more evenly across Manchester. As the major source of employment in North Manchester, new health and care facilities and services will prioritise local employment, including entry level employment for residents returning to the labour market.
	2. Transform health outcomes by integrating healthcare services	<ul style="list-style-type: none"> The framework will unlock the delivery of a best-in-class acute hospital, a modern mental health hospital, and a Wellbeing Hub. The facilities will work in tandem to offer integrated health, care and wellbeing services on a single site; that will respond to the specific health and care needs of the local population These facilities will be set within a network of high-quality public open spaces that will boost health and wellbeing New health and care facilities and services will reduce those health barriers which contribute to high levels of economic inactivity and low household incomes.
	3. Invest in education, skills and employment for all	<ul style="list-style-type: none"> The framework will support the delivery of an Education Hub which will maximise the opportunity for local employment at the campus by offering local residents with training and support. Job opportunities for local people will be created during the construction of the facilities and during their operation New health and care facilities and services will prioritise local employment wherever possible, working with local schools and colleges to promote health and care careers to young people.
	4. Create neighbourhoods of choice	<ul style="list-style-type: none"> The framework establishes a clear set of design principles which will ensure the delivery of high quality design which is sensitive to its local context New homes designed to meet a range of needs, in a variety of built forms and tenures (including affordable housing). New areas of public realm will intergrate with the surrounding neighbourhoods and create spaces for patients, staff, visitors and members of the community to meet and relax.
	5. Promote sustainable and green transport options	<ul style="list-style-type: none"> The framework establishes principles to encourage a modal-shift to more sustainable and green transport options and reduce the reliance on the private car. The framework establishes clear principles to ensure that the campus can be accessed safely and conveniently on foot, by bike, and on public transport.
	6. Contribute to a net zero carbon city and a thriving environment	<ul style="list-style-type: none"> The frameworks establishes clear principles to support the delivery of zero-carbon development across the campus and to promote enhancement to biodiversity.

SOCIO-ECONOMIC BENEFITS



£600m

The construction of the Redevelopment Programme will take place over a 10-year period and its **construction value** is expected to be in excess of **£600million**.



£16.2m

The total **GVA impact** relating to the housing construction is calculated to be up to **£16.2 million** and will generate up to **400 construction job years**.




£144m

This will **increase the overall economic prospects** of residents in the North Manchester. It is estimated to be worth about **£144 million in social value to local residents**.



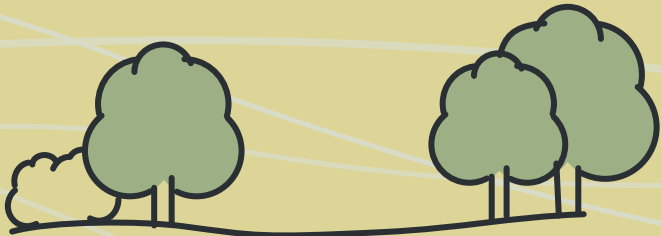
£350m

The total **GVA impact of the hospital construction over the 10 year period** is calculated at **£350 million**. This is equivalent to **6,000 direct construction job years**.



£65m

The new hospital will result in operational savings of about **£65million** to the NHS



The creation of high quality accessible public open space



new affordable homes

The campus will deliver **new affordable homes**.



+1.3 years

The Campus is expected to **boost life expectancy in North Manchester by 1.3 years** by 2030, which will bring it in line with the Manchester average.



8.0

NEXT STEPS

During the preparation of the draft SRF, we have engaged with the City Council, staff at NMGH, local stakeholders and our partner organisations.

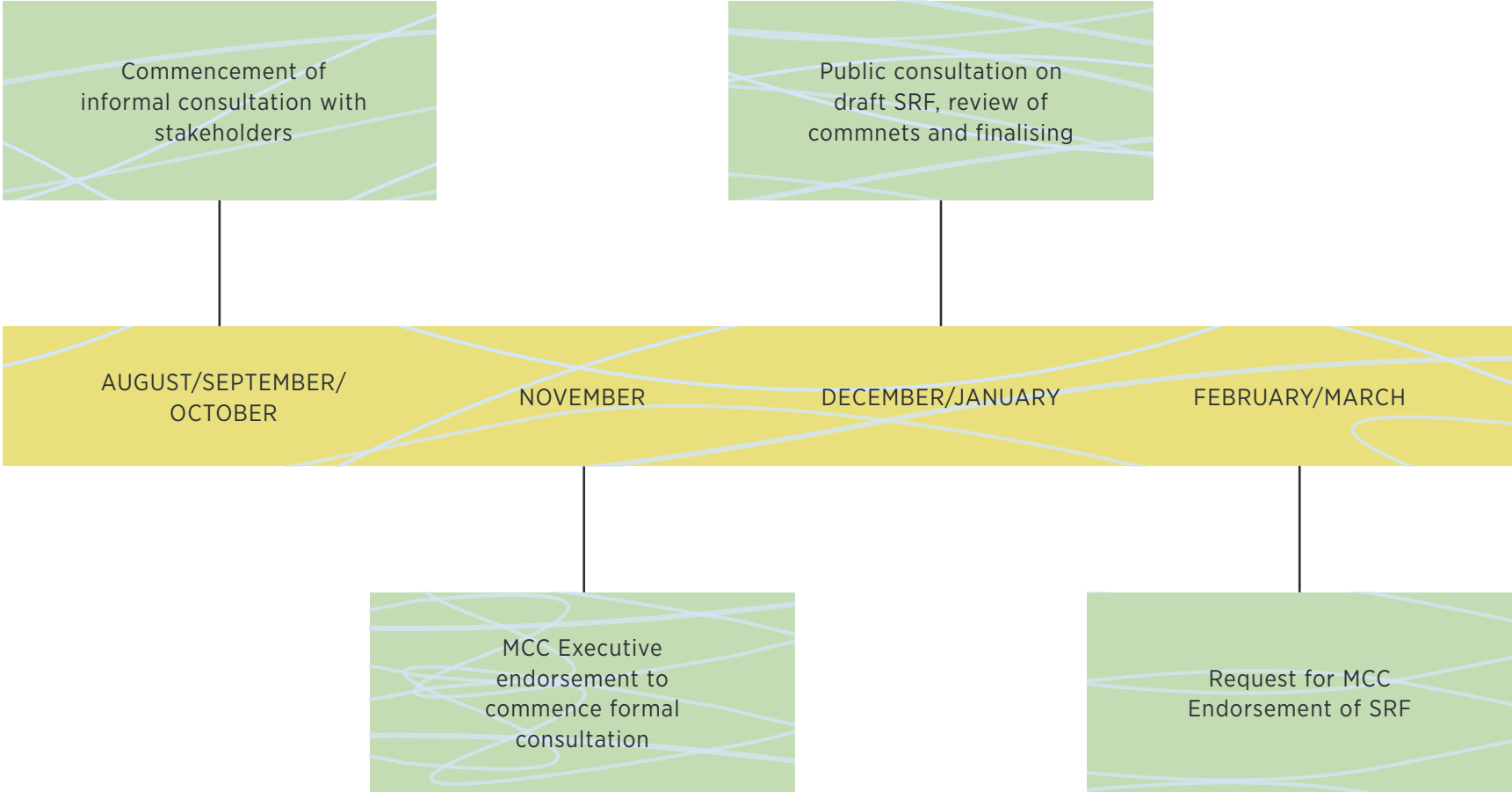
The next stage of the process is to widen opportunities to feedback on the draft SRF through a period of public consultation. This is planned to start after initial consideration of the draft SRF by Manchester City Council’s Executive in November.

During the public consultation process, we will encourage and seek feedback on the vision and the guiding principles contained within the draft SRF. The public consultation process will be designed to offer accessible and inclusive ways of finding out more about the project and commenting on the proposals.

Once all the feedback received has been considered, we will update and finalise the SRF (to the extent considered necessary) before the document is presented back to the Executive for final endorsement. If the SRF is endorsed, it will form a ‘material consideration’ in the future approval of planning applications relating to the site’s redevelopment.

In parallel with this timeline, planning applications for enabling works such as a multi-storey car park, temporary accommodation for admin staff and other site preparation activity will be submitted to the Council this autumn.

Listening to the views of staff, patients, partner organisations and the local community is a key part of developing our plans to transform the hospital site. More information about the public consultation will be shared on the project website at <https://mft.nhs.uk/hospitals/transforming-the-future-at-north-manchester-general-hospital/>



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.

NATIONAL UK	<ul style="list-style-type: none"> • UK Industrial Strategy (2017) • National Planning Policy Framework (2019) • NHS Long Term Plan (2019)
REGIONAL Greater Manchester	<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)
LOCAL City of Manchester	<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



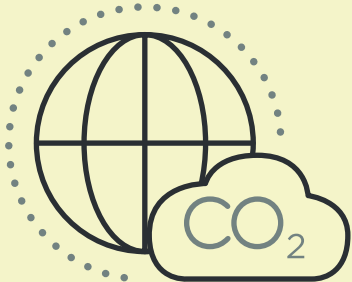
Investing in education, skills and employment for all



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)

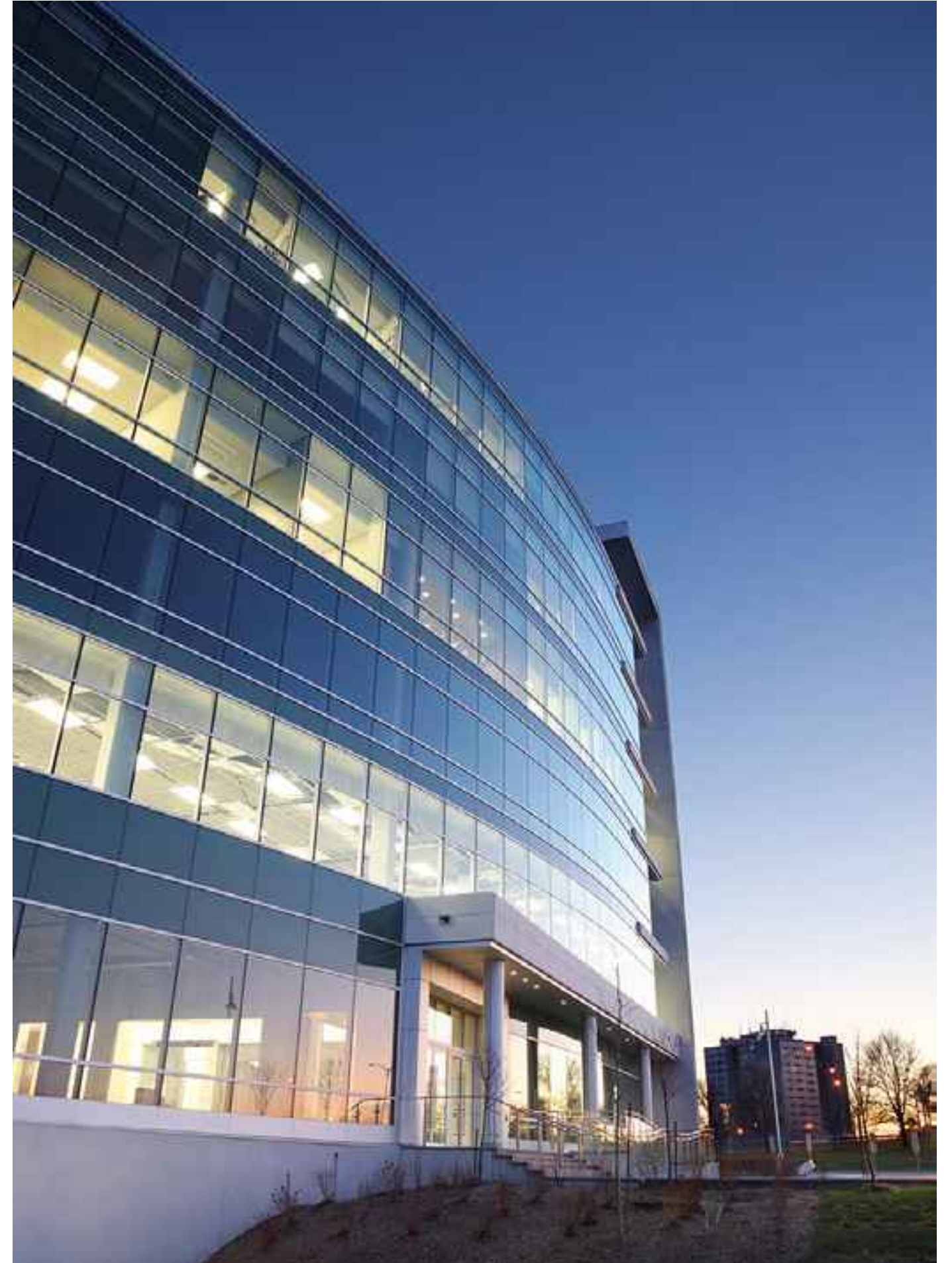
This has informed 5-Year Environment Plan for Greater Manchester which sets a clear vision for Greater Manchester to be *“a clean, carbon neutral, climate resilient city-region, with a thriving natural environmental and circular, zero-waste economy...”*. (page 16)

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.

TRANSPORT AND MOVEMENT

The main vehicular access points to the Site are located on Delaunays Road to the north and Charminster Drive to the south. These access points are well established, largely uncongested, and are also adequately signposted on approach. There is also an exit-only egress from Central Drive onto Delaunays Road.

Pedestrians and cyclists can also access the site in a similar manner to the vehicles. There is also an existing Public Right of Way running between Ash Tree Road and Waterloo Street (via Brightside Road) directly adjacent to the southern boundary of the Site.

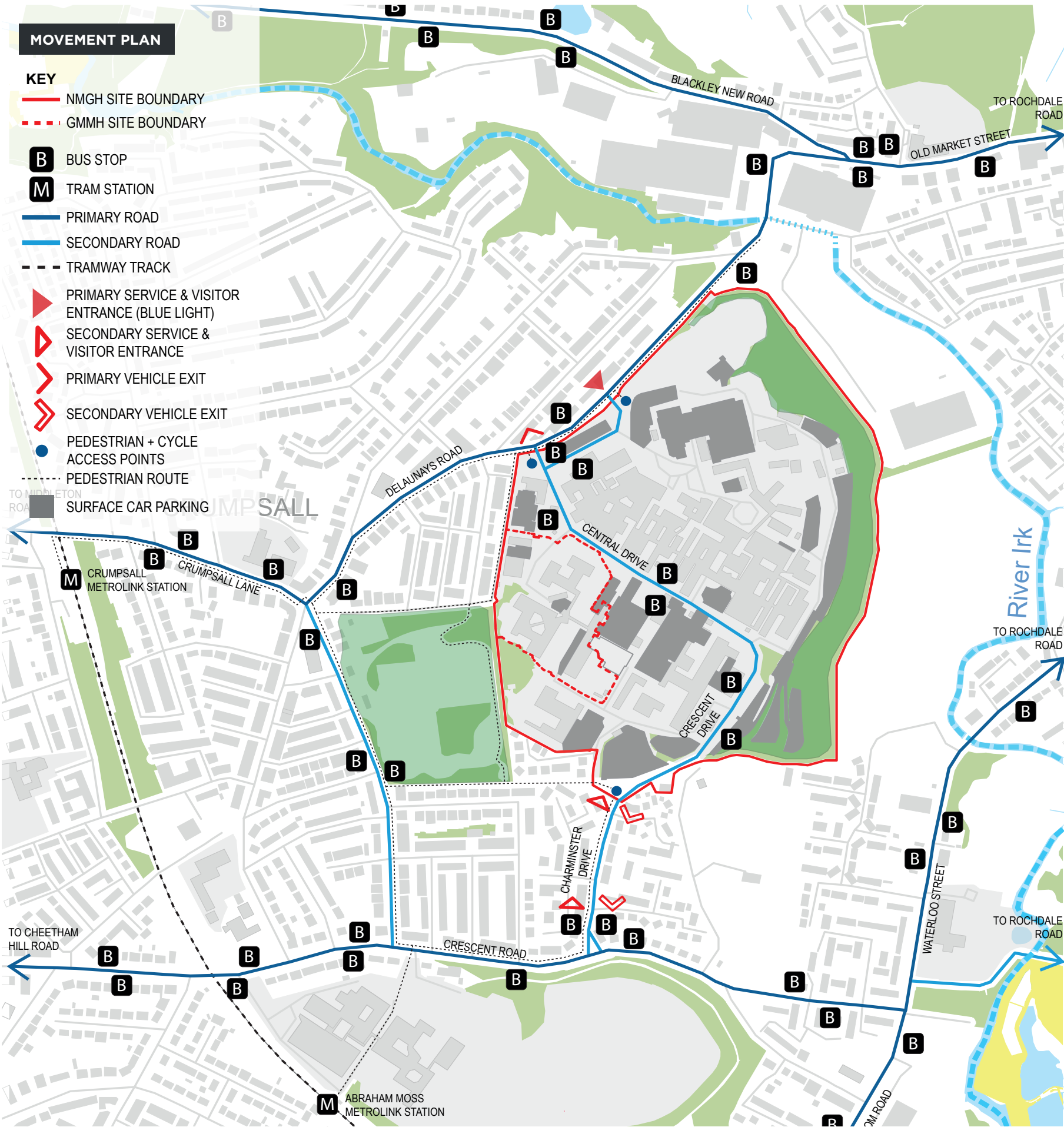
The Site benefits from some public transport infrastructure. A number of bus stops are located directly to the north of the Site, along Delaunays Road with services to Middleton, Bury, Piccadilly Gardens, Shudehill, Higher Crumpsall, and other destinations within Greater Manchester. Many of these bus services also pass through the hospital site.

The Crumpsall and the Abraham Moss Metrolink stations are located about 1km from the Site, with trams every 12 minutes running between Bury-Altrincham and Bury-Piccadilly respectively. It takes about 10 minutes to walk between the Site and these stations, however, neither are attractive or welcoming routes for pedestrians.

There are c40 surface-level car parks sited around the Site, providing about 1,900 spaces. There is a mix of patient/visitor spaces, staff spaces, and accessible spaces.

The car parks are extensive and take-up a significant footprint. There is also confusing wayfinding from multiple arrival points to building entrances.

Secure cycle parking is provided across the Site and there are some shower and changing facilities in Lifewise Gym.















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




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 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).



-  North Manchester General Hospital
-  Manchester City Centre
-  Air quality management areas
-  Ancient woodlands
-  AONB
-  RAMSAR
-  SSSI
-  SPA
-  SAC
-  National nature reserves
-  Local nature reserves
-  Conservation area

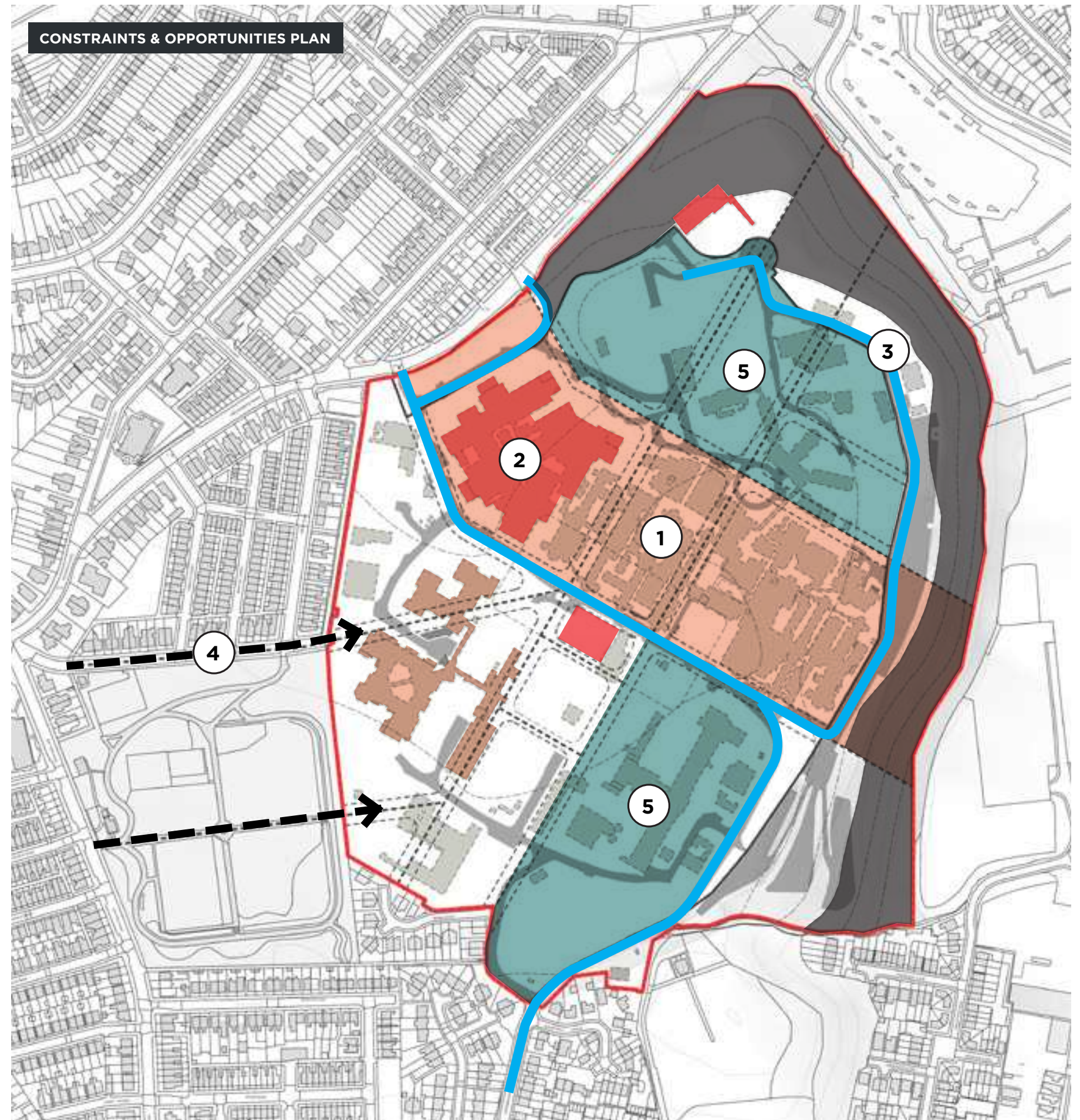
Listed Buildings

- | | |
|---|-----|
|  | I |
|  | II' |
|  | II |

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.

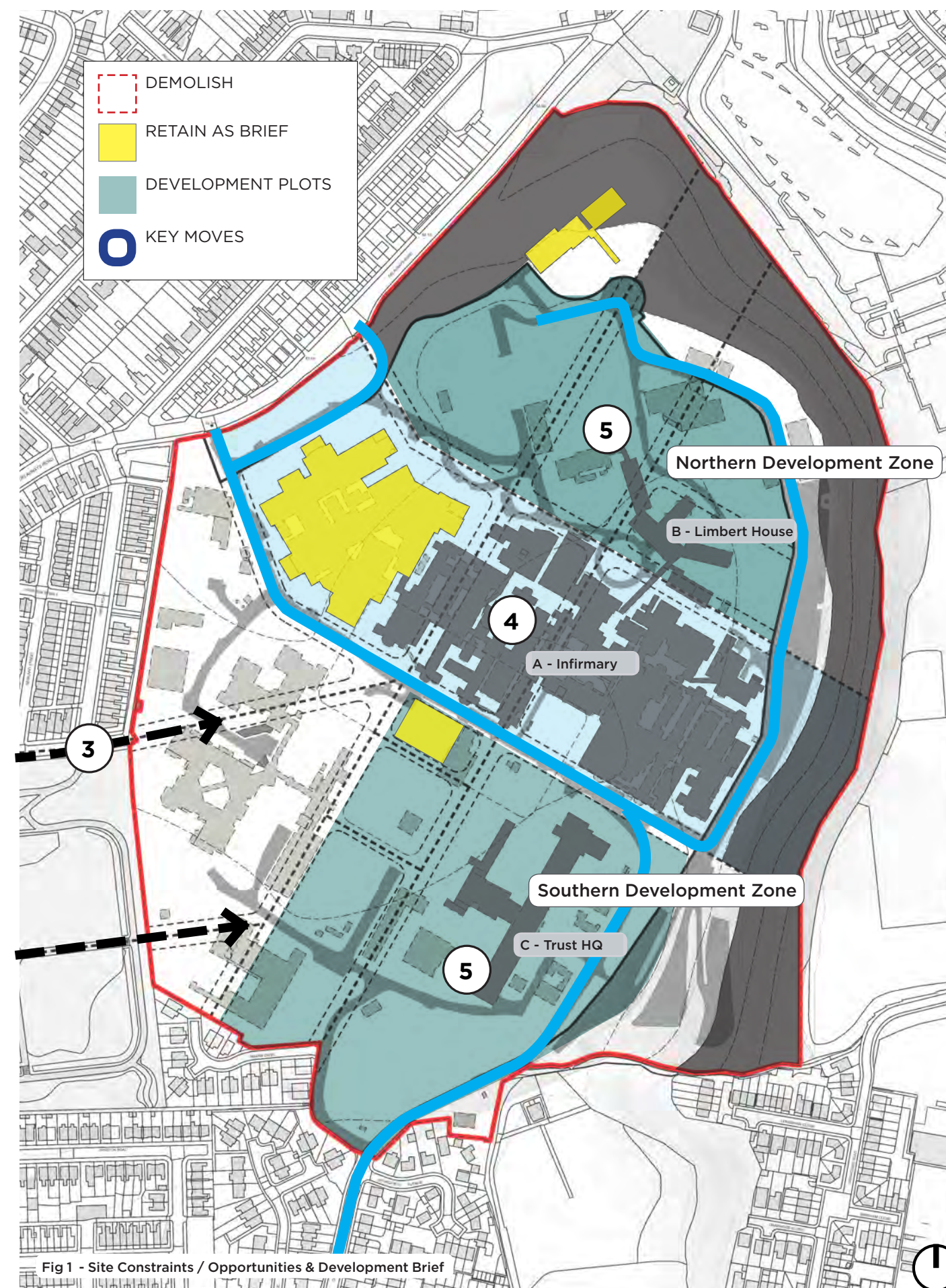
[5] SITE AVAILABILITY & EFFICIENCY

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.



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.

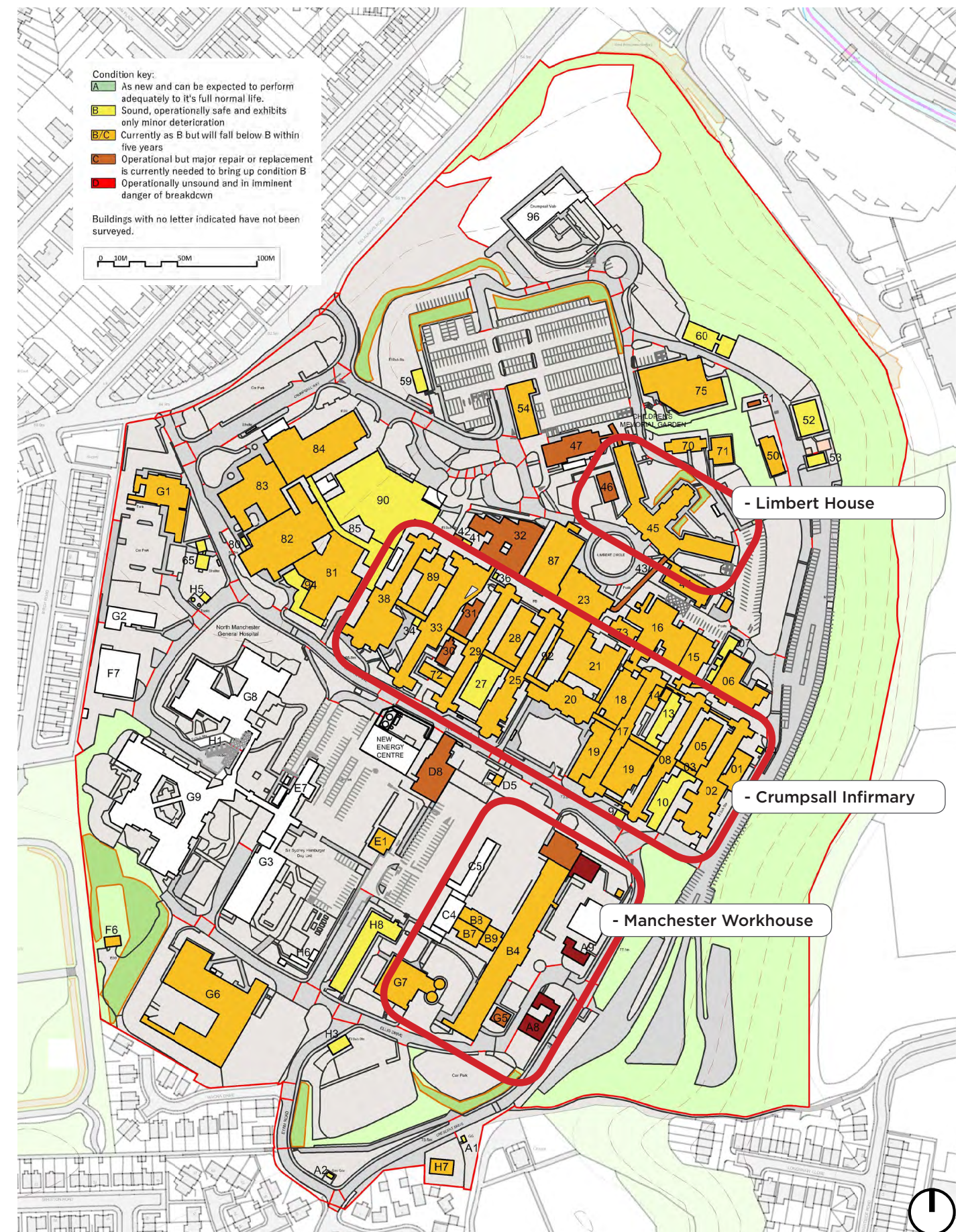
There are many areas of the antiquated estate which impede the ability to deliver 21st-century healthcare services. The dimensions of spaces, orientation, floor to floor height, performance of fabric are no longer suitable for modern healthcare design and refurbishment cannot resolve some of these fundamental 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: c.45,000m2 Education Hub: c.3,000m2 Health and Well-being Hub: c.6,000m2 Admin / FM Building: c.8,000m2 Car Park: c.1,000-1,250 spaces
Z2 – Village Green	c.1.8 hectares
Z3 – Healthcare Hub 2	New GMMH Building c.12,500m2 Future Carpark 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

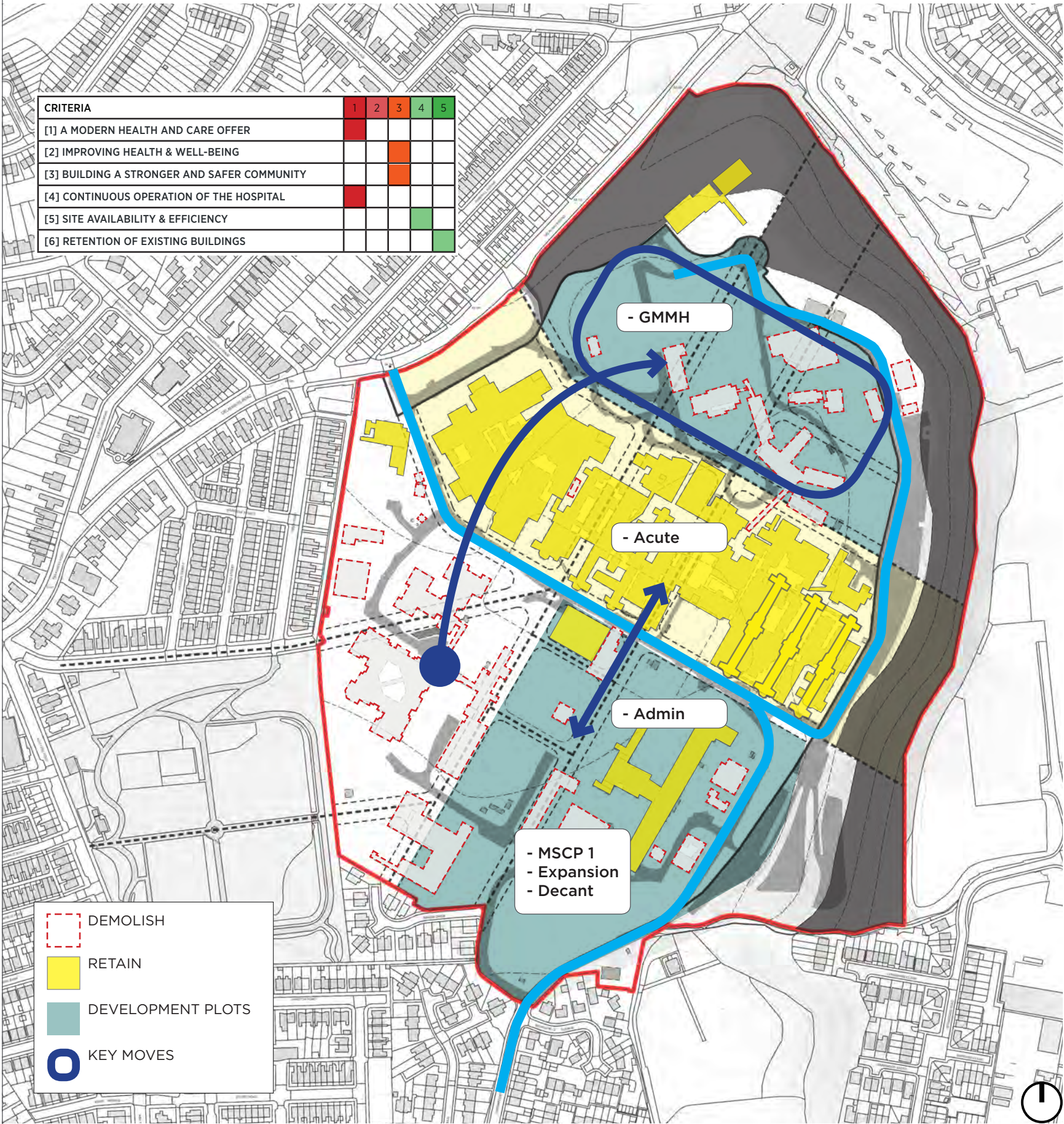
- Heritage value in retaining existing buildings.
- Sustainable re-use of buildings.
- The Northern development plot is a feasible location for new GMMH facilities.
- Trust HQ can retain its current typology and is considered suitable for re-use on this basis.

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.

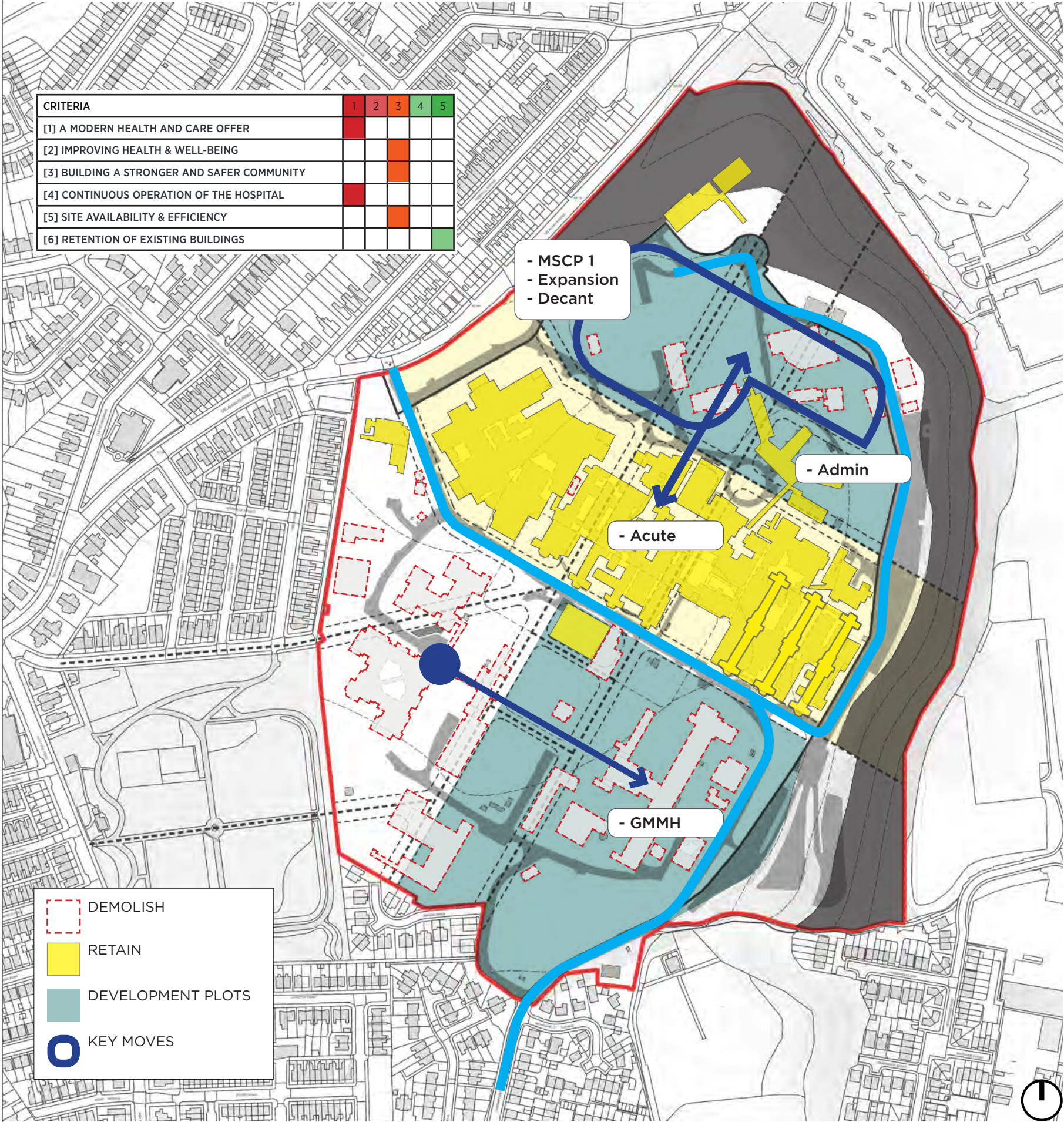
CONS

- 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 THOUGH 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

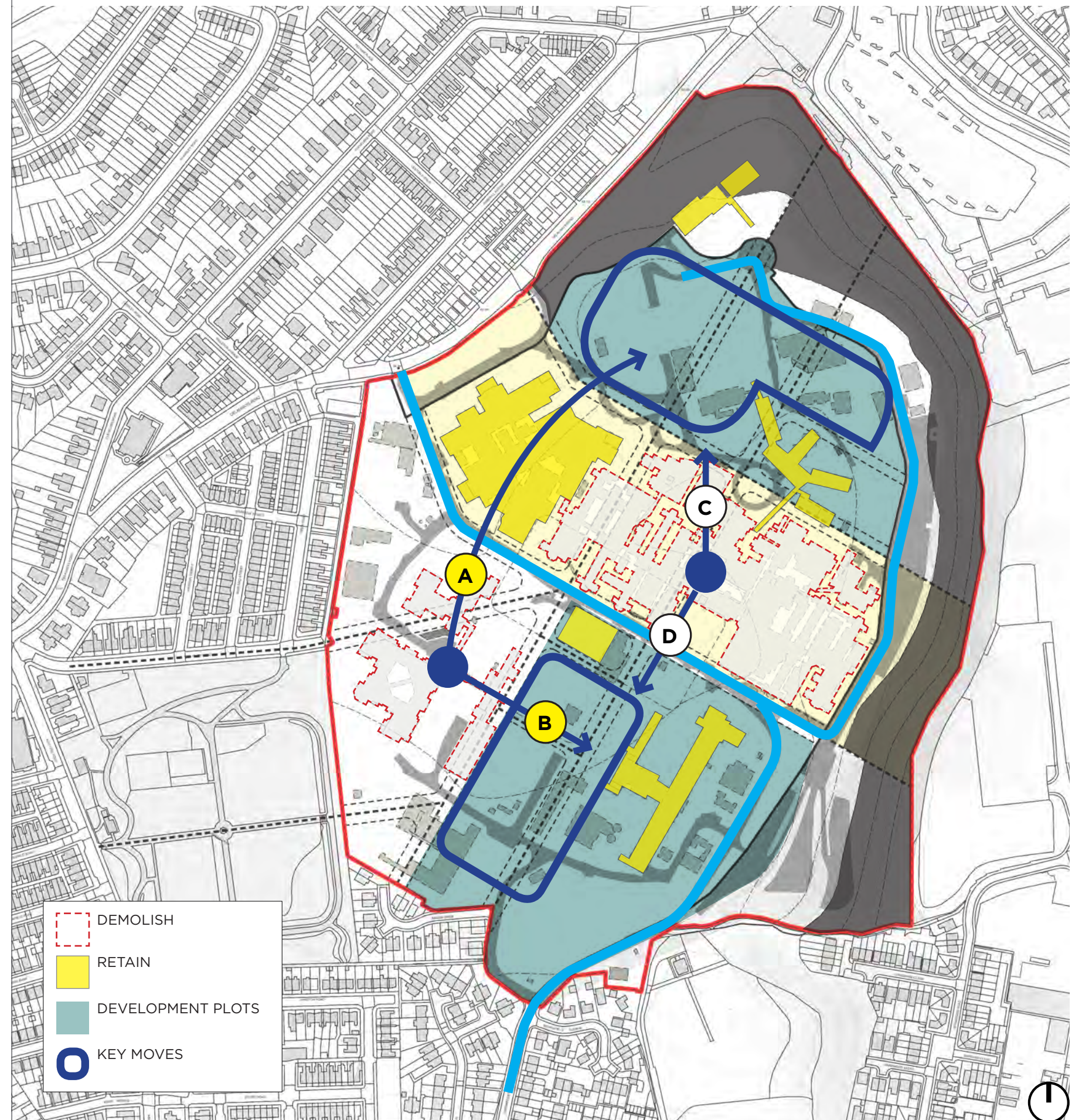
- **PRO - [IF TRUST HQ IS ALSO DEMOLISHED]** This would be a suitable location for GMMH
- **CON - [IF TRUST HQ IS RETAINED]** Retaining Trust HQ puts pressure on available space within this development plot due to the inefficient position / orientation and utilisation of this building. The SoA for GMMH 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.
- String opportunity to create a focussed entrance the site and buildings and link to the community.

CONS

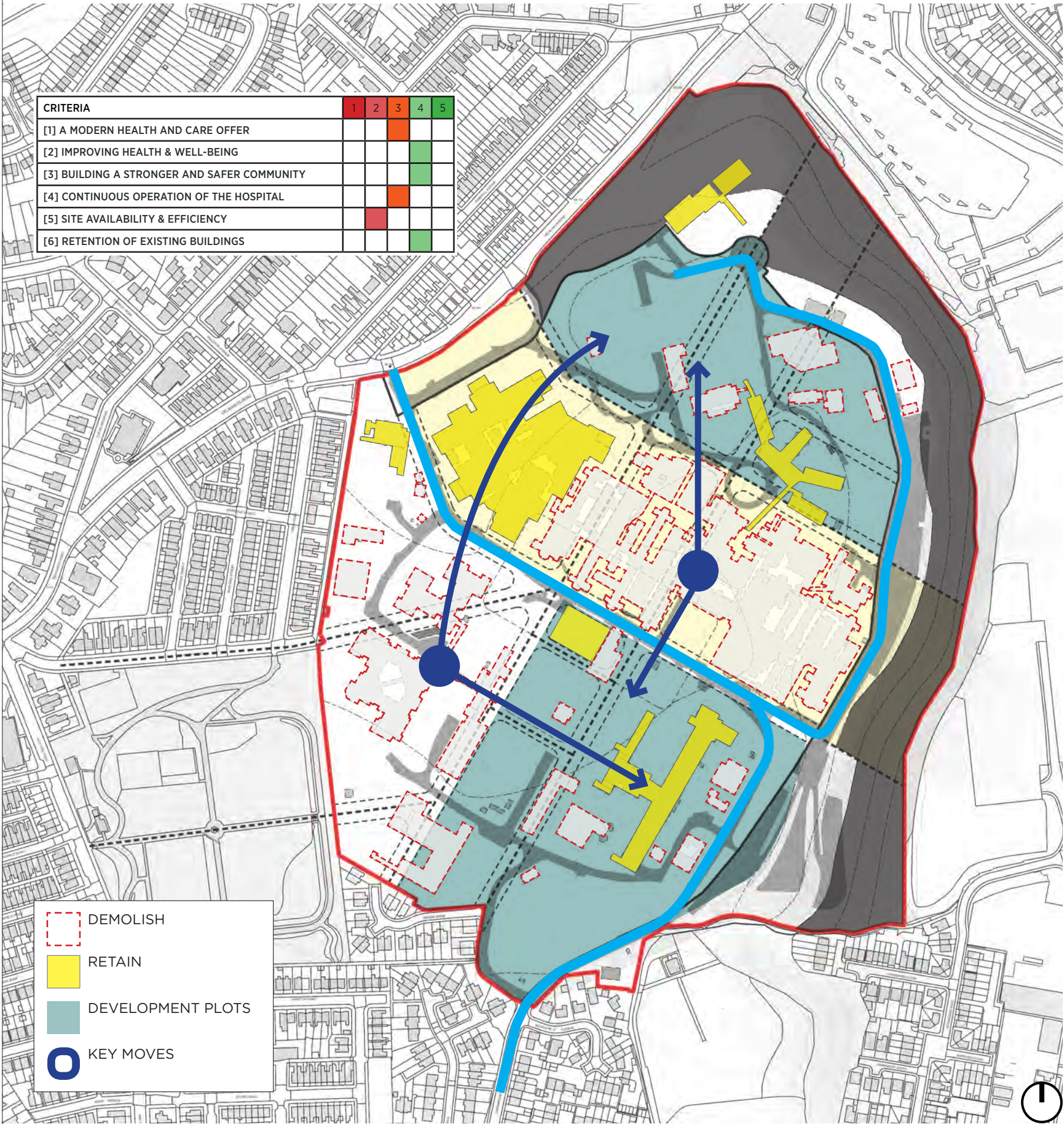
- Both the Trust HQ building and Limbert house are in a poor condition and spatially unsuitable for modern healthcare delivery. They would need to house office / residential type facilities only.
- The location of these buildings on the development plots makes planning either Acute or GMMH facilities 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

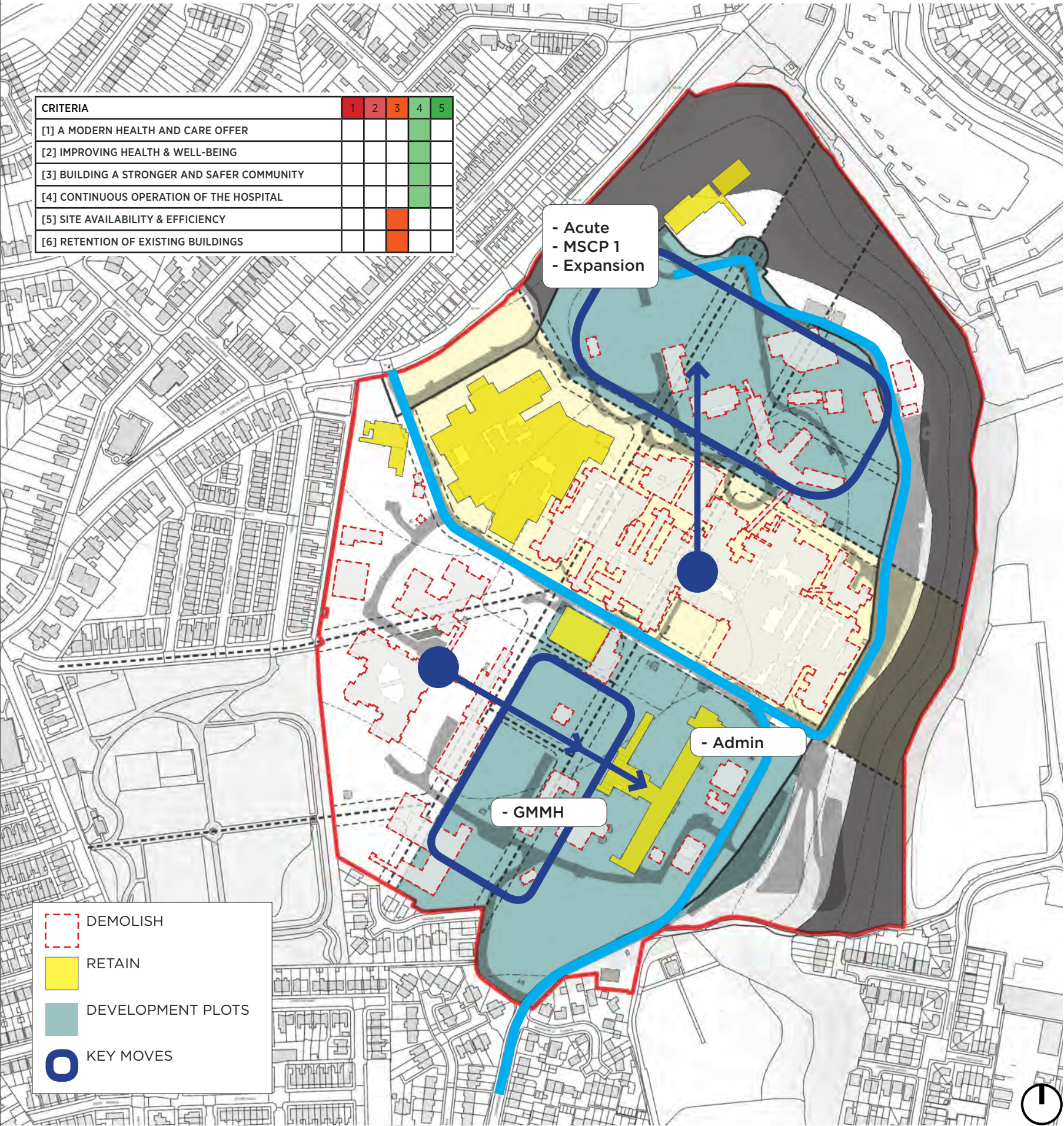
CONS

- 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

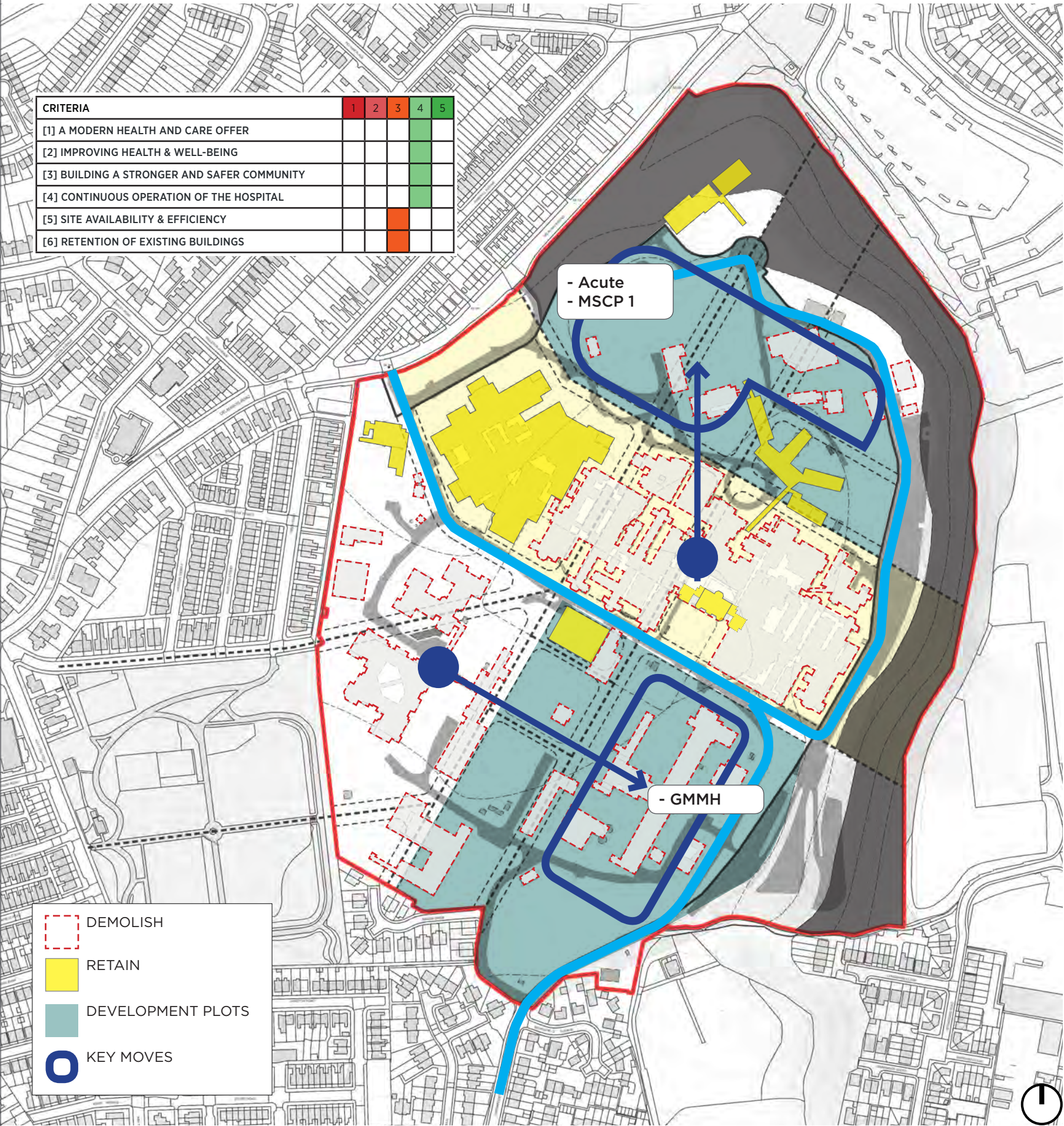
CONS

- 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 a 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.



(PREFERRED OPTION & PROPOSED ZONING)

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 new 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

CRITERIA	1	2	3	4	5
[1] 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					

