Introduction
This draft study has been prepared as a capacity assessment on the instruction of the NPHDB in conjunction with the host hospital in order to understand broadly the parameters for development at the Connolly Hospital campus, Blanchardstown, Dublin 15. Connolly Hospital was recognised as a suitable location for a satellite centre as part of the National Paediatric Hospital Project. This was based on a number of criteria against which the site was considered including inter alia: planning and development considerations; paediatric population density; level of deprivation experienced by the population; accessibility; clinical advantages; site suitability; and, cost1. On the basis of the review and analysis, the Minister for Health decided in 2014 that two satellite centres, as part of the National Paediatric Hospital Project, should be developed and to proceed with the construction of the two centres at Tallaght Hospital and Connolly Hospital in tandem with the new children’s hospital at St. James’s campus.

This draft study demonstrates that the proposed development of a satellite centre as part of the NPHD can be accommodated on the hospital campus while protecting the potential of the campus to flexibly accommodate emerging healthcare requirements which will be required on the campus in the future. Therefore the satellite centre at the proposed location does not compromise the existing operation of the hospital or affect future developments.

The subject campus area is circa. 25ha and located proximate to the M50, N3, the village of Blanchardstown and the Town Centre. This draft study does not purport to be a detailed plan but rather an exercise which draws on existing information pertaining to the site to identify:
- The existing site plan and surrounding context (see Figure 2)
- The guiding planning framework provided by the Fingal Development Plan 2011 - 2017
- Areas within the campus that may be developed

It is intended that the Health Service Executive in conjunction with Connolly Hospital and the RCSI Hospital Group will commission a separate and related study to update the Connolly Hospital Development Control Plan, which was prepared in the late 1990’s. The updated development control plan study will reflect currently anticipated and emerging clinical developments anticipated in the context of the new RCSI Hospital Group of which Connolly Hospital campus is a member.

This draft study builds on the foundations set down in the Outline Development Control Plan 1998 and subsequent feasibility studies carried out by Connolly Hospital/Health Service Executive over the intervening years on a project by project basis. It provides a framework to guide proposals and future planning applications for the hospital campus with the drawings and development scales only indicative of what may be realised in the future. While the study provides guidance from which detailed proposals could emerge it may also be the case that a more forensic analysis results in alternative expansion plans in the coming years. This document relies on matters of fact in relation to the campus such as established access points, topography, hospital street/adjacencies, existing parking areas, green areas etc. to highlight zones that could be appropriate in the future for development.

Background - “The Connolly Campus”
The campus is situated east/northeast of Blanchardstown village within the former Sheephill demesne, close to the River Tolka, which flows along the southern boundary. The “James Connolly Memorial Hospital” (referred to as Connolly Hospital today) was originally constructed in the 1950’s as a tuberculosis hospital and today fulfils an important role in terms of the overall healthcare facilities / services within the Dublin area. At a macro level the physical context of the Campus includes the hospital facilities, parking areas and mature planting in places all set in the urbanised landscape of Blanchardstown Town Centre/Village to the southwest.

The clinical facilities are laid out to either side of the central hospital street which runs on a north/south axis with the main entrance at the southern end. Pockets of undeveloped land exist proximate to the hospital street while the large expanse of the campus and its associated layout delineates other areas which remain underutilised currently. Connolly Hospital provides a range of services to the people of west Dublin, north Kildare and south Meath. It is recognised as a significant contributor to teaching and provides its communities with services which include:
- A 24hr emergency department
- Acute medical and surgical services
- Long-stay residential care
- Out-patient care plus diagnostic
- Acute psychiatric services
- Therapeutic and support services

Purpose of the Draft Study
This draft study provides outline development zones, represents an update of the existing Outline Development Control Plan 1998 and collates the findings from site assessments, particularly over the last 5 years. The purpose of this draft study is not to consider the campus afresh but to bring together known facts in one concise document which can be referred to as a platform for future development and a framework for current proposals. A set of principles and development parameters are identified that can be considered as development proposals come forward. This will allow contextualisation at an early stage in the feasibility of schemes which will then in turn refine proposals through the design process.

There is a need to appreciate that clinical requirements and medical practices are continuously evolving. Therefore, the built environment on the Connolly Campus needs to be flexible in terms of development considerations such as area, form, height and access in particular. This draft study seeks to provide a focus for future expansion while ensuring that building solutions allow for hospital facilities that meet the clinical requirements.

A core purpose of this draft study is to identify sites that can take different development typologies which in some instances may not be buildings (e.g. parking) and in other cases may be essential back up facilities (e.g. FM). Therefore, this draft document takes a zonal approach to identifying sites within the campus and in the main avoids prescribing detail that can only be arrived at following a detailed feasibility/design process. However, for the purposes of including the most up to date information more detail on certain portions of land is included as the nature and form of development is more certain. An example of such detail would be the satellite centre proposed as part of the National Paediatric Hospital Project which has been through a comprehensive feasibility exercise and full design process including consultations with user groups.

Children’s Hospital Satellite Centres
Further to the above, the Model of Care for the children’s hospital satellite centres serves to promote and guarantee the provision of high quality, safe clinical care to every child, every time he/she attends the new children’s hospital satellite centres. This is based on current best practice and evidence.

---

1 Information provided by the National Paediatric Hospital Development Board, June 2015
The new children’s hospital at St. James’s Hospital campus has two separate but linked responsibilities. It will provide tertiary/quaternary (highly specialised, small volume) services on an all-island basis and secondary paediatric care (higher volume but less severe and less complicated conditions) to the GDA [counties Dublin, Wicklow, Kildare and parts of Meath]. National and international evidence shows that children with complex, rare and life-threatening conditions do best by centralising highly specialised and complex tertiary/quaternary services. Secondary care, by its nature less complex and requiring less specialised equipment and staff, would ideally be delivered as close to the child’s home as possible.

The two new satellite centres (one of which is proposed for Connolly) will form part of a hub and spoke model in which they will work alongside the new children’s hospital at St. James’s Hospital campus and provide the following services:

- Secondary general paediatric care closer to home to children and young people in the GDA
- Safe urgent care to the children and young people of the GDA.
- A safe, local secondary paediatric service which will meet the local community’s needs and which will reduce inconvenience for children, young people and their families.

The projected clinical activity for emergency/urgent care department visits for the new children’s hospital at St. James’s Hospital campus in 2020 is circa. 126,340. Most large specialist children’s hospitals would see between circa. 50,000 – 90,000 children in their emergency departments annually. The provision of urgent care in the two new children’s hospital satellite centres addresses this issue by providing urgent care to approximately 25,900 children in each of the two satellite centres to meet the needs of the local population. The Emergency Department in the new children’s hospital on the campus at St James’s Hospital is designed to treat 74,540 children. Therefore, the Government decision identified the need for two satellite centres to be located at Tallaght and Connolly campuses.

**Description of Site and Surroundings and Contextual Analysis**

In order to appreciate the nature and extent of the subject lands there is a need to understand the campus wide context within which the zones of potential development can locate. This frames a current position and ensures that the unique characteristics of the campus are captured.

**Planning Context**

The lands are located immediately north of, and accessible from, the Navan Road (N3) with the M50 to the south east. The lands are zoned CI “Community Infrastructure” with the Objective to “provide for and protect civic, religious, community, education, health care and social infrastructure”. Hospital (for public operators only) is Permitted in Principle under the CI zoning. Local Objective 539 also applies to the Connolly hospital campus which seeks to “facilitate and promote synergies between Connolly Hospital and related industries (onsite)”. The open space lands to the south, east and west also contain the specific objective to “protect & preserve trees, woodlands and hedgerows”, with the lands to the east also containing Local Objectives 540 and 542 as follows:

- **540** – “Facilitate the provision of public access to this open parkland and the necessary footpath network, landscaping and related development.”
- **542** – “Provide for a hospice”

An indicative cycle/pedestrian route runs along Mill Road to the west of the Connolly Hospital campus. The Tolka Valley Park is located to the west of Mill Road, with the River Tolka running to the south of the campus.

**Buildings**

The hospital buildings are laid out either side of the central hospital street which runs on a north to south axis (total floor area in the region of 40,000sq.m). Buildings in the immediate vicinity of the planned satellite centre include the Ward’s block and the Surgical Block. As shown on Figure 2 (included as Appendix 1) the following buildings are located on the overall campus:

- Administration
- Mortuary
- Medical Records
- Nursing Home
- Accident & Emergency Dept.
- ICU
- Medical Day Services
- Nurses Home
- Medical Day Services
- Temporary Out Patients Dept.
- Academic Centre
- Waste Manhaling Yard

As shown in Figure 1, the campus could be described as being in a Transitional Zone as it is bound to the south by lands zoned Objective HA, to “protect and enhance high amenity areas”, to the east and west by lands zoned Objective OS to “preserve and provide for open space and recreational amenities” and to the north by lands zoned Objective R5 to “provide for residential development and protect and improve residential amenity”. The open space lands to the south, east and west also contain the specific objective to “protect & preserve trees, woodlands and hedgerows”, with the lands to the east also containing Local Objectives 540 and 542 as follows:

- **540** – “Facilitate the provision of public access to this open parkland and the necessary footpath network, landscaping and related development.”
- **542** – “Provide for a hospice”

![Figure 1: Extract from FDP Maps, 2011](Image)

![Figure 2: Existing Site Context (prepared by Coady Partnership Architects)](Image)
Access and Parking
The campus has prime road accessibility being located immediately adjacent to the M50 / N3 Interchange. The hospital has two entrance points. The main entrance receives traffic flow from a slip road off the M50 / N3 interchange via a bridge over the River Tolka while a second lesser used entrance is located to the north west of the campus connected to the R843 Snugborough Road. Internally, the campus is serviced by a ring road that encircles the hospital buildings. Entering the campus via the M50 / N3 Interchange a roundabout directs traffic east or west on the ring road or facilitates direct access to the main entrance and car park. Along the ring road there are two link roads that cut the campus from east to west providing access points to the buildings. There are circa 909 car parking spaces within the campus of which circa 615 are for staff use, circa 234 are for visitors and circa 60 are for the St. Francis Hospice. The majority of spaces are located at the south of the site while other car parking areas are located throughout the campus adjacent to hospital buildings.

A number of local buses stop within the vicinity of the campus with the nearest stop located on the R843 Snugborough Road. The Arrow Rail Service that runs from Connolly Station stops within walking distance at the nearby Castleknock Station. The campus has good pedestrian access to the residential areas to the north but has limited pedestrian access southwards due to the N3 road. Figure 3 (Included as Appendix 2) below illustrates the key aspects of access and parking at the campus.

Topography, Open Space and Landscaping
Within the hospital grounds the landscape has retained some of the mature planting associated with the former demesne. A band of dense woodland along the banks of the River Tolka separates the hospital grounds from the N3 Road to the south and further trees and planting bound the site on all other perimeters. Large grassed areas are located throughout the site adjacent to the hospital buildings.

Surrounding context
The campus is removed from the urban area of Blanchardstown, being located north of the Navan Road (N3) and separated from it by a band of dense woodland along the banks of the River Tolka. To the south, east and west of the campus are high amenity, open space and recreational areas. The campus is bound to the north by recent residential development.

Linkages
The campus has excellent vehicle linkage with the M50 and the N3 Road to the south east that connects the site at a local, regional and national level. To the north of the campus there are vehicle and pedestrian linkages to the Snugborough Road that links the campus with nearby residential areas and the Blanchardstown Town Centre. Figure 4 below illustrates the strategic linkages between the hospital campus, the Blanchardstown Town Centre, the wider area and public transport.
Policy and Strategic Plan Context
The following section sets out some of the policies of relevance to development at the Hospital. It will begin by providing a high level overview of relevant national policy before focusing upon policies contained within the adopted and emerging plans.

National Policy – Overview (NDP AND NSS)
The National Development Plan (NDP), 2007 - 2013 and the National Spatial Strategy (NSS), 2002 - 2020 both recognise hospitals as important infrastructure, encouraging and providing for the development of same.

The Fingal Development Plan, 2011 – 2017
The zoning of the site is covered above within the section ‘Planning Context’. In addition, the Fingal Development Plan sets out a number of policies pertaining to the campus and these are outlined below:

- The Vision for lands zoned as “Community Infrastructure” is to “Protect and promote an inclusive county, accessible to all members of the community, facilitating the sustainable development of necessary community, health, religious, educational, social and civic infrastructure. A wide range of different community facilities, civic facilities and social services exist within the County ranging from those of regional importance such as education and health facilities, to those of local and neighbourhood importance. It is important to facilitate the development and expansion of such services in order to deliver a quality environment whilst improving the quality of life for all”
- In regard to Transitional Zonal Areas Objective Z04 states, “Have regard to development in adjoining zones, in particular more environmentally sensitive zones, in assessing development proposals for lands in the vicinity of zoning boundaries.
- For development that are ancillary to the parent use it is the Objective (Z06) of the Council to “Ensure that developments ancillary to the parent use of a site are considered on their merits”
- According to the Development Plan the term ‘Community infrastructure’, includes infrastructure and facilities such as inter alia public health facilities, stating that the Council will continue to support the development of community infrastructure where there is a need for such. In this regard community infrastructure is recognised as one of the five main themes in achieving high quality urban areas, specifically including easy access to well-resourced schools and health services. Objectives C103 seeks to “ensure community facilities are flexible in their design and promote optimum usage”.
- With regard to health centres/services the Development Plan identifies Connolly Hospital as one of the three public hospitals within Fingal and notes the aim of the Primary Care Strategy, 2001 to promote the development of a team-based approach to service provision.
- The Development Plan states that practices wishing to develop their premises are encouraged to provide a ‘one stop’ primary health and community care service, integrated under one roof, noting the benefits in locating such medical/health care facilities in a location close by or adjacent to other community facilities, shops and public transport, such as town, district or neighbourhood centres. In this regard Objective C134 seeks to “Support and facilitate the development of health centres, hospitals, clinics and primary care centres in appropriate urban areas.”

In addition to the above policies, the Fingal Development Plan sets out a number of key development control considerations relevant to the Connolly Hospital Campus and these are detailed below:

2 Updated figure now 126,340 by 2020
Table 1: Development Control Considerations

<table>
<thead>
<tr>
<th>Category</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transport</td>
<td>With regard to employment/trip intensive developments these are to be supported by a viable MPF (Objectives EE05 and TO24) with Objective TO47 requiring that developers provide a detailed TA and RSA where new development will have a significant effect on travel demand and the capacity of surrounding transport links and taking into account cumulative effects. In this regard those developments that are major generators of travel demand are to be guided to locations of high public transport accessibility (Objective EE06). Table TO2 provides a list of the main Quality Bus Corridors to be implemented including the James Connolly Memorial Hospital bus route.</td>
</tr>
<tr>
<td>Car and Cycle Parking</td>
<td>Table TO3b sets out the maximum Commercial Car Parking Standards which for “hospital” use is 1.5 spaces per bed and for the land use of “clinic and group medical practices” is 2 spaces per consulting room. The FDP states that the car parking standards provide a guide to the number of required off street parking spaces acceptable for new developments and that Council policy will be to manage and control it at a level appropriate to its location. Objective TO3B seeks to “balance the car parking requirements under Tables TO3a and TO3b against the provision of accessible public transport”. In this regard the FDP states that developments located within 500m of a QBC or high quality bus service and/or 1000m of a Luas/Dart/Metro/Rail station can operate effectively with less parking provision and that the required number of off-street parking spaces and in such cases will be determined on merit by the Planning Authority. With regard to cycle parking minimum requirements, outlined in Table TO1, these will be determined by the Planning Authority.</td>
</tr>
<tr>
<td>Open Space</td>
<td>Objective GI11 requires all new development to contribute to the protection and enhancement of existing green infrastructure and the delivery of new green infrastructure, as appropriate, with Objective G532 seeking the provision of green corridors in all new developments where the opportunity exists. In addition Objectives GI33, UD16 and UD17 seek the provision of green roofs and green walls as an integrated part of SuDS and which provide benefits for biodiversity, wherever possible. With regard to open space provision Objective G532 addresses this issue in relation to residential open space provision. In relation to institutional lands Objective G537 seeks: “Retain in open space use institutional lands, landscaped demesnes and similar properties with established recreational or amenity uses, as far as practicable. However, in the event of permission for development being granted on these lands, open space provision in excess of the normal standards will be required to maintain the open character of such parts of the land as are considered necessary by the Council for this purpose.”</td>
</tr>
<tr>
<td>Design</td>
<td>In relation to design the provisions of Objective UD01 should be noted i.e. for developments in excess of 300m² of retail/commercial/office development in urban areas a detailed design appraisal has to be submitted which inter alia explains the design principles and design concept, demonstrates how the twelve urban design criteria have been taken into account, when designing schemes in urban areas, outline how the development meets the FDP Objectives or other Plans affecting the site, include photographs and other illustrations, outline detailed proposals for open space and outline how Green Infrastructure integrates into the scheme. In addition contemporary architecture is generally promoted for new developments. Objective UD02.</td>
</tr>
<tr>
<td>Energy Efficiency</td>
<td>Developments greater than 1000m² must consider, during the design stage, the economic, environmental and technical feasibility of installing alternative renewable energy systems. In this regard Objective EN04 specifically requires details of the requirements for alternative renewable energy systems, for buildings greater than 1000m² or residential schemes above 30 units, under SI 666 of 2006 European Communities (Energy Performance and Buildings) to be submitted at pre planning stage for consideration. These should take the form of an Energy Statement or Feasibility Study. Designers are required to demonstrate that they have taken maximising energy efficiency and the use of renewable energy into account in their planning application, Objective EN03.</td>
</tr>
</tbody>
</table>

Fingal Development Plan, 2017 – 2023

The abovementioned plan is currently at Pre-Draft Plan stage and has not been considered as part of this study. The Plan is due for adoption in 2017.

Blanchardstown Urban Structure Plan, 2007

The Blanchardstown Urban Structure Plan, 2007 (BUSP) sets out the vision, development themes and opportunities for the Blanchardstown area. In relation to the Science and Technology Theme Connolly Memorial Hospital is recognised as an existing resource. As part of the development opportunities contained in the BUSP, essential infrastructural improvements are identified including the provision of integrated educational, health and community facilities. The BUSP identifies 11 no. development opportunity areas which includes inter alia Area 5: Connolly Memorial Hospital – a centre of excellence in health care specialisms with the uses of medical specialists/facilities/clinics and residential identified. The BUSP describes the hospital as being a major resource asset to Blanchardstown and as being well placed to advance as a model of excellence in health care and medical specialisms. In this regard the Plan states that the rationalisation of existing buildings would release land for development.

In relation to open space, the Tolka Valley Park is located west and south of Connolly hospital campus. It is a stated objective of the BUSP to preserve and develop the Liffey Valley, Tolka River Valley Park, the Royal Canal and the lands at St. Catherine’s Leixlip as public amenities. In this regard, the BUSP recognises the necessity for overall national policy in respect of the integration of health and other social policies as a challenge.

Capacity Outline

The following section sets out some design principles and parameters for future redevelopment at the site, many of which are indicative and subject to future detailed feasibility. In addition, there will need to be a degree of flexibility capable of accommodating changing clinical requirements. Each development parcel can be considered in the context of underlying design principles and the identification of opportunities in Figure 5 is not exhaustive.

Development Opportunities – Scale and Location

The hospital campus has been considered in terms of future development opportunities. Figure 5 (Included as Appendix 3) below shows development zones within the campus that may be considered for development.

Figure 5: Future Development Opportunities (prepared by Coady Partnership Architects)
In Table 2, below, we consider the potential capacity for each site in the context of the existing planning framework. In order to create a general framework the following were considered: the current use of the site; its area; the possible development opportunity use (where appropriate); and, the range of scale that may be acceptable on the lands.

<table>
<thead>
<tr>
<th>Development Area</th>
<th>Capacity Range</th>
<th>Site Area</th>
<th>Comment</th>
<th>Development Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Plot Ratio</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Minimum</td>
<td>Maximum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surface Car Park 1</td>
<td>0.5</td>
<td>2.0</td>
<td>0.56ha</td>
<td>Redevelopment Site</td>
</tr>
<tr>
<td>Administration Building</td>
<td>0.5</td>
<td>2.0</td>
<td>0.68ha</td>
<td>Redevelopment Site</td>
</tr>
<tr>
<td>Rear Site 1</td>
<td>0.5</td>
<td>2.0</td>
<td>1.55ha</td>
<td>Opportunity Site</td>
</tr>
<tr>
<td>Rear Site 2</td>
<td>0.5</td>
<td>2.0</td>
<td>0.97ha</td>
<td>Opportunity Site</td>
</tr>
<tr>
<td>Academic Centre</td>
<td>0.5</td>
<td>2.0</td>
<td>0.56ha</td>
<td>Redevelopment Site</td>
</tr>
<tr>
<td>Temporary Out-Patients</td>
<td>0.5</td>
<td>2.0</td>
<td>0.47ha</td>
<td>Development in-fill Site</td>
</tr>
<tr>
<td>Medical Records</td>
<td>0.5</td>
<td>2.0</td>
<td>0.76ha</td>
<td>Redevelopment Site</td>
</tr>
<tr>
<td>Surface Car Park 2</td>
<td>0.5</td>
<td>2.0</td>
<td>0.58ha</td>
<td>Development in-fill Site</td>
</tr>
<tr>
<td>Western Boundary Site</td>
<td>0.5</td>
<td>2.0</td>
<td>0.69ha</td>
<td>Redevelopment Site</td>
</tr>
<tr>
<td>Open Space</td>
<td>0.5</td>
<td>2.0</td>
<td>0.31ha</td>
<td>Opportunity Site</td>
</tr>
<tr>
<td>National Paediatric</td>
<td>0.5</td>
<td>2.0</td>
<td>_</td>
<td>Proposed Satellite Site</td>
</tr>
<tr>
<td>Hospital Project Site*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Front Site</td>
<td>0.5</td>
<td>2.0</td>
<td>1.41ha</td>
<td>Redevelopment Site</td>
</tr>
</tbody>
</table>

* Development scale to be determined through completion of detailed design which is currently ongoing. Please see application for finalised figure.

Development Opportunities – Guidance on Best Practice

**Access and Movement**

Access and movement is an integral part of the urban fabric and the success of some can be seen in both its functional performance and the contribution it makes to the quality and character of the area. The following criteria can be incorporated into the overall development of the campus on a case by case basis:

- **Connectivity** – There should be clear connections with existing routes and areas. This will provide people with the maximum choice in how they make their journey, taking into consideration all modes of movement.
- **Permeability** – Permeability should be maximised (where appropriate) and encourage pedestrian and cycle movement.
- **Surface Treatment** – Select surface treatment of a high quality that contributes to the quality of the urban character. The urban environment should be clearly legible for all users.
- **Traffic calming** – Roads should be designed to encourage drivers to drive with caution. Calming measures should suit the local context and take consideration of pedestrians, cyclists, public transport, service and emergency vehicles. The location of buildings should be considered in terms of controlling the flow of traffic.
- **Safety** – Routes should be safe and encourage movement.

**Open Space Strategy**

The following design principles can be incorporated into the overall development of the campus on a case by case basis:

- **Visibility** – Enable people to have views into and across spaces.
- **Orientation** – South facing where possible and practicable, with adequate shelter and seating where appropriate.
- **Interface** – Carefully consider the manner in which public spaces and the built environment interact i.e. the urban space edge.
- **Activity** – Introduce activity where appropriate to the hospital campus setting.
- **Form** – Ensure well designed space of varied typology that takes account of disability access, the need for surveillance and health and safety, and careful consideration of building orientation and solar access.
- **Surface Treatment** – Select surface treatment that encourages movement and avoids abrupt level changes, slippery surfacing etc. to ensure flow through space is not interrupted.

**Design Principles**

The following provides a broad framework of design principles that can be incorporated into the overall development of the campus. Detailed design of a specific site is ultimately where a development succeeds and this should be looked at separately on a case by case basis:

- **Context and Integration** – Development should take consideration of the site context and complement the existing urban fabric but also allow for distinctiveness where appropriate. An approach should be taken that is flexible enough to respond to future changes.
- **Functional Efficiency** – The inter-relationship between buildings, streets and open spaces should be looked at in terms of a coherent unit.
- **Creating a Sense of Place** – Distinctiveness and identity should be strengthened. Places should be designed to be safe, comfortable, varied, attractive and stimulating for people.
- **Connections** – Places need to be easy to get to and integrate adequately with the surrounding context.
- **Environmental Harmony** – Development should seek to be energy efficient and ecologically sensitive.
Appendix 1 – Existing Site Context
Appendix 2 – Existing Site Features
Appendix 3 – Future Development Opportunities