

Former Hotel Felix, Cambridge
Cassel Hotels (Cambridge) Ltd
Mike Derbyshire
APP/W0530/W/22/3307903



REBUTTAL PROOF OF EVIDENCE

MICHAEL JOHN

DERBYSHIRE BA (HONS) MRTPI

Table of Contents

1.0	Introduction	1
2.0	The Non-Designated Heritage Asset – consideration of Option 5	2
3.0	Summary of issues 1-3	6
4.0	Specialist Dementia Care	7
5.0	Dementia Research Facility	9
6.0	Clarification on the nature of an objector	10

1.0 Introduction

- 1.1 In this rebuttal Proof of Evidence, I shall seek to respond to matters raised by the Council's planning witness, Ms Elisabeth Glover MRTPI. References to paragraph numbers [square brackets] in this rebuttal are references to Ms Glover's proof of evidence unless otherwise stated.
-

2.0 The Non-Designated Heritage Asset – consideration of Option 5

[4.10]

- 2.1 My colleague, Kate Hannelly-Brown responds to the questions raised in relation to structural matters.

[4.11]

- 2.2 Ms Glover refers to the DAS (CD 18, page 12) which put forward five concept designs and suggests that that not all options were fully explored, in particular Option 5 (retention of the existing building and a new standalone care home elsewhere on the site). However, Option 5 in the DAS was raised by the Council's conservation officers in their first consultation reply. Following further discussions with the Council, the applicant prepared a detailed reply on the feasibility of Option 5 and other matters which was sent to the Council on 2 September 2021. The letter fully explained why the applicant did not consider Option 5 to be a realistic option.
- 2.3 The Council's Assistant Director of Delivery at that time, Ms Sharon Brown, then raised the feasibility of Option 5 with the applicant, apparently unaware of the applicant's letter to the Council dated 2 September 2021. The applicant therefore forwarded the letter to her for her consideration on 20 December 2021. The additional information that the applicant had provided in relation to Option 5 was then helpfully acknowledged in a further consultation response from the Council's conservation officers which was recorded in the final paragraph of paragraph 6.4 of the Committee Report (CD91).
- 2.4 It can be seen, therefore, that the applicant's professional team put substantial time and effort into explaining in detail why Option 5 was not being pursued by the applicant. However, disappointingly, the applicant's detailed response on this matter seems to have been overlooked by the Council again, this time in Ms Glover's evidence.
- 2.5 For completeness, and for the Council's benefit, I set out below the part of the applicant's letter of 2 September 2021 which gave detailed further consideration to Option 5 in the DAS:

“As Conservation have noted, the fifth concept mentioned in the D&A Statement explores this and has the potential to produce a design that retains and enhances the setting of the existing building whilst providing the accommodation required. As Conservation have noted, Officers do not feel this has really been demonstrated why this appears to be such a problem.

I set out below a detailed explanation as to why the fifth option was not pursued.

Table 1. Architecture:

<p>Through the years the building has been heavily extended and altered, both internally and externally. Original elements of the building, such as the glass house, have been demolished and have been replaced with modest quality additions, significantly affecting the quality of the building in question.</p>
<p>From operational point of view, the existing building comes with a number of significant issues including, but not limited to:</p> <ul style="list-style-type: none"> • A variety of corridor widths, with majority well below the recommended 1800mm. • Lack of passing places along corridors for 2 wheelchair users to pass.
<p>Numerous changes in level, with no alternative route - currently there are a number of internal ramps that create restrictions for residents on wheelchairs to move successfully unaided as well as for ambulant people who often find them more challenging than the stairs themselves.</p> <p>The sizes and shapes of current rooms make it difficult to arrange logical and rationalised room layout.</p>
<p>There are recognized structural issues that will be difficult to overcome.</p>
<p>Option 5 proposes utilizing the wings to house bedrooms while the main building would provide communal areas, as it is deemed unsuitable to be converted into bedrooms, however this approach means lounges are located far away, disjointed from the bedroom wings - the approach is potentially distance prohibitive, will discourage the residents from using the facilities.</p>
<p>The option in question [<i>i.e. Option 5</i>] suggests building a new structure on previously undeveloped land. The combined GIFA of the existing building (including approved extensions) and the new unit would be 6,295m². For comparison, the proposed new build's GIFA is 4,645m². Similarly, when comparing footprints, the existing building with the new unit combined footprint would be 3,075m² while the proposed full new build only occupies 2,395m². Effectively, option 5 proposes much larger development, with larger combined footprint, stretched across the site. It would significantly limit the permeability of the site while potentially affecting properties at Thornton Cl and the Brambles as we would be building much closer to the rear boundary.</p>
<p>Due to the necessity of providing a vehicular access to two buildings the access road/parking would virtually encircle the existing building. The result would be that only 20 bedrooms in total, 6 bedrooms in the existing building and 14 bedrooms in the proposed, would have direct access to the residents' garden. In comparison, in the new proposal, all bedrooms on the ground floor (40 units) would have access to the residents' garden.</p>

<p>Due to the difference in levels the communal areas within the existing building, that should have the drive to get all the residents together, would not have direct access to the generous residents' gardens, unless we construct extensive ramps. This approach would not be recommended when designing a modern care home, the goal is to allow free movement within secured gardens.</p>
<p>The result of accommodating option 5 effectively means running two separate care homes, with two sets of staff to cater for each. Considering that all the service areas are located within the existing building this solution is impractical in a real-life situation.</p>

Table 2. Landscape:

<p>Option 5 impacts on several of the root protection areas of the existing trees and would also involve the removal of the two cedar trees in the west of the site and parts of the existing mature yew hedge.</p>
<p>It has a larger building footprint. The positioning of the new building in option 5 'urbanises' the site giving it a more built feel losing the rear garden.</p>
<p>Larger visual impact on neighbouring properties and loss of privacy.</p>
<p>Loss of amenity for residents with limited opportunity for terraces and less garden space.</p>
<p>The extent of hard and built area is substantially higher due to extended access roads to the rear. This resulting in loss of green space.</p>
<p>Current proposal focuses the built form on the centre of the site allowing for a generous green buffer enhancing the site's character. Option 5 erodes this green buffer and when viewed in the context of the neighbouring properties alters the character to become more urban.</p>
<p>Loss of biodiversity compared to current proposal due to increase in hard standing / built form.</p>

Table 3. Viability:

	CURRENT PROPOSAL	OPTION 5	COMMENTS
Development cost	£0 uplift in cost	£5.15m (exc. VAT) in additional construction costs, and a further £4.82m of additional VAT.	Option 5 more expensive overall, due to dual building approach to achieve solution.
VAT	Not applicable	Applicable	Makes Option 5 more expensive.
Number of buildings	One	Two	Inefficient and requires doubling up of M&E [mechanical and engineering plant] installations which also need to communicate with each other, particularly fire alarm, and potentially complicates the incoming services load/distribution.
m ² GIA/bed	58m ² /bed	65m ² /bed	Option 5 is less efficient.
Lifts required	2 stretcher lifts	Min 4 (plus possible platform lifts)	Option 5 requires more vertical circulation solutions to overcome levels issues. Existing lifts need to be replaced with stretcher lifts; other lift solutions required to solve ramped corridors.
Basement	Not applicable	Existing retained	Just adds to the complexity of levels which the existing building possesses. This will require smoke ventilation.
Asbestos	Removed with demolition works	Removed while retaining building	Adds premium to option 5 works cost.

Façade repairs	Not applicable	Applicable	Evidence of cracking in façade which will require remediation works to rectify including new window heads/sills, windows, external doors, brickwork, etc.
Repairs elsewhere	Not applicable	Applicable	Dependent on building condition.
Plantroom	Centralised	Split between buildings	Makes for inefficient installation as you are doubling up on primary kit to serve 2 buildings.

Summary of Tables 1-3

- 2.6 As Tables 1-3 above explain, the retention of the building via Option 5: (i) would provide a poorer care environment for the future residents than the purpose-built facility proposed; (ii) would be larger with a greater impact on the openness of the Green Belt; and (iii) would have a greater impact on neighbouring properties. It would be a much less sustainable building and more expensive to run. Table 3 shows that Option 5 would be £9.97M more costly in pure development costs and would be more expensive to run.
- 2.7 Insofar as Ms Glover is now suggesting that some of the other options in the DAS, numbered 1 to 4, should have also been explored further earlier in the design process **[4.11]**, this was not raised in the Council’s statement of case, nor has any expert design evidence been adduced to substantiate this argument. The appellant has clearly demonstrated why it is neither realistic nor sensible to seek to retain the existing building as part of its proposal for the redevelopment of the site.

3.0 Specialist Dementia Care

[5.26- 30]

3.1 Ms Glover suggests in these paragraphs that as there is no condition or planning obligation securing the dedication of 40 care bed spaces to specialist dementia care, the provision of such specialist care could not be guaranteed if planning permission were granted. She argues that the applicant stops short of saying the facility would be CQC-registered and that it is not clear whether the development would be a care home with carers, or a nursing home registered with the CQC. [5.30] Due to this alleged lack of clarity in the application documents, she affords the benefits of providing specialist dementia care moderate weight.

3.2 There is no merit in the suggestion that the proposal would not be CQC-registered, and Ms Glover is wrong to suggest that the applicant has not been clear about this (see paras 3.2 and 5.19 of the Planning Statement, CD15). As Ms Jessamy Venables further confirms in her proof of evidence at paragraph 3.5:

“My evidence provides a further update to the previous need assessments and also considers the current national and local context in terms of the need for additional modern, well specified care home provision best suited for those older people whose care needs necessitate a move into a Care Quality Commission (CQC) registered care home.”

3.3 It is clear that the scheme will be CQC-registered providing dedicated 24-hour nursing care. Care Homes are not registered with CQC until shortly before opening after the appropriate inspections have been carried out

3.4 I would respectfully suggest that Ms Glover has misunderstood core elements of the approach taken to the design of the appeal scheme. The first floor plan has been specifically designed to support residents living with dementia; there is no other reason why the first floor has been designed in the manner proposed. The floor will be run as 4 households, each comprising 10 residents’ bedrooms, with associated communal and ancillary facilities *specifically for each household*. Each household will also have access to a balcony area to enable independent access to outside space. The households are all designed to avoid dead-end scenarios which create frustration and confusion.

3.5 A series of communal spaces are then provided on the first floor which are accessible to all of the households.

3.6 On the ground floor, a dedicated room for the users of the sensory garden is provided, this room provides a WC and refreshment facilities. This is accessed via a lift and safe and secure lobby from the first floor.

3.7 A wander route has also been incorporated to the rear of the proposal to stimulate mental wellbeing.

- 3.8 These are all dedicated bespoke design features for a dedicated dementia unit.
- 3.9 When designing for residents living with dementia it is important to provide clear wayfinding and assistive technology within the home to enable them to live as independently as possible, as Mr David Roe explained in his statement appended to my main proof of evidence (see Appendix 4).
- 3.10 Specialist nurses would be required to staff the dementia unit and the appellant has an established practice of employing Admiral nurses (who are specialist dementia nurses).
- 3.11 It can be seen, therefore, that the whole concept and design of the appeal scheme is built around the incorporation of specialist care for those living with dementia. Draft condition 2 in the SoCG requires compliance with the approved drawings, and draft condition 18 requires prior approval of the landscaping scheme. These conditions would ensure that the layout of the building, the specialist dementia unit and the associated landscaping could be secured by the Council.
- 3.12 In the first meeting to discuss this proposal, the Council's officers encouraged the appellant to include specialist dementia care within its proposal for the site. It is very disappointing (and, with respect, surprising) that the Council should now be suggesting that the scheme would somehow not deliver the specialist dementia care which is at the core of the proposal and which has been the main influence on its design. I respectfully ask Ms Glover to reconsider whether this is an argument that the Council considers it reasonable to make.
-

4.0 Dementia Research Facility

[5.26- 30]

- 4.1 It is the appellant's intention to provide a best-in-class dementia research facility and programme and they have been talking to leading figures in the dementia research sector to this end. As there is no planning permission yet in place, these discussions are necessarily of a preliminary nature. A room is set aside on the first floor for this research facility and the appellant has no objection to this being secured by planning condition, should the inspector consider that necessary.
-

5.0 Clarification on the nature of an objector

- 5.1 In Appendix 2 to my main proof of evidence, I refer to an objection to the appellant's proposal made by the consultancy Strutt & Parker on behalf of a client (see objection 60, page 100). Strutt & Parker have since clarified to me that their client for this purpose is Carebase Limited, a commercial care provider.
-

