

Consultation response from Fowlmere Parish Council

1) Consultation by SCDC and CCC on the draft Greater Cambridge SPD for planning obligations -

Consultation was noted and to thank the officers for their work on the consultation.

FPC noted that where a section 106 agreement is necessary before permission is granted the fully negotiated agreement should have been prepared and be ready for signature immediately after the committee resolution to grant permission. FPC commends SCDC for this approach. FPC also noted however that there was some suggestion that in some cases heads of terms would suffice and the s.106 agreement could be prepared after the resolution to grant. FPC strongly suggests that the circumstances in which heads of terms are acceptable should be very limited, closely circumscribed and confined to the very largest developments.

FPC is also concerned at failures to monitor the progress of developments. This is vital where s.106 agreements require action or payments at trigger points (e.g. a formula such as “no more than 100 dwellings shall be occupied prior to the construction of the community centre”). FPC notes that at Northstowe the community centre was not provided on time and a temporary facility has had to be provided as a result. FPC urges SCDC to put fully effective monitoring and enforcement measures in place to ensure that benefits and infrastructure are not lost or delayed.

2) Consultation by SCDC and CCC on the draft Greater Cambridge SPD on health impact assessment

To note the consultation, and to thank Officers for their work on the long, yet comprehensive document.

3) Cambridge Biomedical Campus Supplementary Planning Document Draft for consultation – Winter 2024

January 2025

Chapter 1 Introduction and purpose.

Fowlmere Parish Council (FPC) thanks GCSP for the opportunity to comment on the draft Cambridge Biomedical Campus Supplementary Planning Document (“draft SPD”) issued in November 2024

(<https://www.greatercambridgeplanning.org/emerging-plans-and-guidance/supplementary-planning-documents/>) .

This response will be made online and is divided into the chapters of the draft SPD as required by the webpage. To introduce FPC and Fowlmere, our village is

located about 7 miles south-west of Cambridge on the B1368, which was once the road to London. Addenbrookes is our local hospital. About 1,000 people live in Fowlmere. This response has been prepared by councillors who are members of our planning committee and was adopted by resolution of that committee on 14 January 2025. Some of our remarks will simply highlight typographical errors or seek greater clarity and the avoidance of ambiguity. These introductory remarks will be included in italics for each chapter of the draft SPD as the website requires separate entries for each chapter and we do not imagine that the reviewers will necessarily be the same person for each chapter.

We welcome the creation of this draft SPD and the recognition of the importance of the Campus (as defined in it). FPC also considers the current and future development of the Campus to be important and welcome for the health, well-being and economic prosperity of the local area and indeed for the nations as a whole which make up the United Kingdom. Noting that the draft SPD emphasises the “world-class” nature, purpose and functions of the Campus, FPC calls for its ongoing development also to be world-class, recognising the context, and delivering design, execution and maintenance to world leading standards.

At paragraph 1.4 we see the first description of the Campus. This is done by reference to other documents (“References to ‘the Campus’ made throughout this SPD refer to Phases 1-3 of development that are allocated within the adopted Local Plans”). With respect this is unhelpful to the average user of the eventual SPD. It is the beginning of a paper chase through other documents and diagrams. So, at Chapter 3 paras 3.8 and 3.10 we see two plans, one for Site M15 and one for the E/2 land. But it is not possible to relate the two plans to one another. We suggest that a clear plan is included in the Introduction chapter 1 which shows (i) the Campus; (ii) Phases 1, 2 and 3, separately from each other, (iii) the M15 site; (iv) the E/2 site. The all users of the document, not just those well-versed in Cambridge planning, will know what is being referred to.

Chapter 2 Ambitions for the Campus and development to date

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Para 2.4 tells us that co-location of academics, commerce and operational hospitals is important for the translation of research into routine clinical practice. We suggest that you should explain why, in an age of global and very high-quality telecommunications, this is in fact the case.

Para 2.5 says that Addenbrooke's opened in its current site in 1962 but at para 2.3 the date is 1967. Which is correct?

Para 2.6 refers to a Strategic Masterplan prepared by Allies and Morrison. Please give the date of the document and if possible provide a hyperlink.

Para 2.7 claims that the opening of Cambridge South railway station will give patients, visitors and staff much greater connectivity to the site. So far as patients and visitors are concerned we question this assertion. Whilst rail is a good option for regular users and long-distance users, it is unlikely to help patients and their visitors to access the Campus unless it has many local stations on the way. The nearest stations on the proposed East-West rail will be at Cambourne and Tempsford. The line to King's Cross has relevant stations at Foxton, Shepreth and Melbourn (going south) and Cambridge Central, Cambridge North, then Waterbeach and Ely (going north). In addition the line from Liverpool Street has Great Shelford, Whittlesford, Great Shelford, Audley End. To attract patients and visitors from Fowlmere, Thriplow or Newton car-parking at Foxton or Shepreth station would need to be enlarged. The same point will go for people living more than walking distance from the other stations we have listed. Will patients really drive to park at those stations? We should add that we assume stations further away are not relevant as other hospitals will serve their areas. No information is available on the Addenbrookes website <https://www.cuh.nhs.uk/about-us/our-hospitals/> about its catchment area.

Para 2.8 states that alongside (and therefore in addition to) Addenbrooke's and Royal Papworth hospitals on the campus there will be four other hospitals, making a total of six. We see only the two others mentioned in that paragraph – Cambridge Children's Hospital and Cambridge Cancer Research Hospital, making two other hospitals and only four in total. If the Rosie is counted as a separate hospital you get to three other hospitals or five in total, five, but definitely not to four other hospitals.

Page 12 – key statistics diagram. This claims that the site has lower cancer, heart and circulatory disease and respiratory disease respiratory rates. This cannot be the case for the site. It must rather be the case for a geographical area. But what is that area? And in relation to what other areas is it lower? It is also claimed that 468 extra lives are saved each year. In relation to what are they extra, or additional? Is it in relation to regional mortality, national mortality or UK mortality, for example?

Chapter 3, Site context.

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Para 3.2 refers to the 2023 edition of the NPPF. That is now out of date as there was a new NPPF in December 2024. We understand it is difficult to stay abreast of the rapid changes in the NPPF but the adopted SPD should reference and reflect the NPPF at the time of adoption and state that the NPPF is subject to revision and updating.

That paragraph also refers to the policies in the NPPF which encourage high-quality and beautiful places and developments. Whilst beauty is in the eye of the beholder the Campus has for some years been marred by the appearance of sites awaiting development. A good example is at the very entrance to the site from the Addenbrooke’s Access Road. Entering the site from the vantage point of the railway bridge the empty site on the other side of the roundabout, bounded by Mary Archer Way and Francis Crick Avenue has been a wasteland for many years. It has recently been adopted as the landing pad for the helicopter but remains tatty and unattractive. We would like to see policies in the SPD and wherever else necessary which at least require sites awaiting development to be sensitively and attractively planted and maintained.

Para 3.7 refers to the Cambridge Biomedical Campus (including Addenbrooke’s Hospital) Area of Major Change. Please show this on a plan, preferably the one we suggest in our comment on Chapter 1 para 1.4.

We also draw attention to a small typographical error in para 3.7. The phrase is “use class” not “class use”.

Para 3.8 and Map 1; and para 3.10 and Map 2. We draw attention to our comment on para 1.4: *“At paragraph 1.4 we see the first description of the Campus. This is done by reference to other documents (“References to ‘the Campus’ made throughout this SPD refer to Phases 1-3 of development that are allocated within the adopted Local Plans”). With respect this is unhelpful to the average user of*

the eventual SPD. It is the beginning of a paper chase through other documents and diagrams. So, at Chapter 3 paras 3.8 and 3.10 we see two plans, one for Site M15 and one for the E/2 land. But it is not possible to relate the two plans to one another. We suggest that a clear plan is included in the Introduction chapter 1 which shows (i) the Campus; (ii) Phases 1, 2 and 3, separately from each other, (iii) the M15 site; (iv) the E/2 site. The all users of the document, not just those well-versed in Cambridge planning, will know what is being referred to”.

Para 3.11. Which CBC landowners are planning to update the masterplan? Is that just the members of CBCL or the CBCL members and all the other landowners, or some other combination? Also, this paragraph states that the masterplan has no planning status or weight. That is not the case. It is a material consideration.

Para 3.13 states that the GCLP First Proposals identifies further land for expansion of the campus but then states that such land cannot be taken into consideration. Firstly please add that land to the plan we suggested at our comment on para 1.4. And second, not to take it into consideration seems to be very short-sighted and inadvisable. The expansion, capacity and demand are obviously a possibility and that potential, weighted properly to allow for probability, should be taken into account.

Para 3.26 states that most users of the Campus do not have direct access to high quality public realm. We say they do not have access to even reasonable quality public realm. Do not set the target too high or underestimate the paucity of provision. We would also draw attention to the poor pedestrian access to the main hospital from Car park 1. Even the shortest route crosses poorly laid out surface car-parking. We suggest this is addressed in the movement strategies for the entire campus.

Para 3.27 addresses existing campus design, stating that the 21st century buildings have consistency in the use of materials. But this is not the case. On the contrary, they have a lively variety of contemporary and modern materials. The 1960s buildings are consistently brick or concrete. But the 21st century buildings sport a wide variety of materials, such as steel, glass, plastic (Car Park 2), aluminium (Philip Dahdaleh) and other metals (Royal Papworth).

The paragraph goes on to say that due to the long-term and piecemeal development of the campus the architecture lacks “coherency”. This is unduly negative and ignores the fact that life and development are inevitably long term and piecemeal. The other way to express this is to celebrate the variety of architecture, responding to the needs, economics and cultures of the time when the buildings were commissioned. Architecture has never been static. We urge you to recognise this positively.

Para 3.32 – this refers for the first time to CSET. What is that?

Chapter 4 Cambridge Biomedical Campus development principles

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Para 4.5. We cannot see that these contain anything on capacity, nor on responding to healthcare needs and demands current and future. This, or at least a reference to a policy document which does, seems to be a serious omission.

Principle 4.c.2.2 – entrances should have more tactile materials. More tactile than what? Or does the author mean a greater quantity of tactile materials? We recommend addressing the ambiguity.

Para 4.18 – Outdoor accessibility guidance. Please provide a hyperlink to this.

Para 4.19 – Car parking. The first sentence does not make sense. We suspect it is intended to say that the two councils (SCDC and CBC, plus other bodies) are aware of the need for adequate car parking provision on site.

But car parking itself is currently poor to inadequate. Visitors and out-patients at all times of the day spend a great deal of time touring the levels of the car parks looking for spaces. Time is precious. Car parks 1 and 2 have only one search pattern (requiring every car to drive through the entire car park, with no ability to skip a level which is full or likely to be full) and there is no indication of which car parks or levels have spaces, nor of the number of spaces free in the car park. Future car parks should address this. There should be the ability to skip levels. A sensor system should be installed with a light above each space showing whether a space is occupied (red light) or empty (green light). This should be retro-fitted to existing car parks. Signs should show how many spaces are free on each level.

Para 4.19 The Campus should “reduce its modal shift ambitions”. Surely it should be raising and not reducing its modal shift ambitions.

Para 4.19 “significantly enhanced public transport opportunities” What are they? There is no mention so far of anything apart from Cambridge South Station which will only improve medium to long distance accessibility. See also our comments on Chapter 2 para 2.7 above

Para 4d 1.1 – “prioritise pedestrian needs”. But that should surely be secondary to the needs of "blue light" vehicles.

Para 4d 1.3 “Routeing” not “routing” which has a completely different meaning.

Chapter 5

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Para 5.6. The first sentence, beginning with the word "Whilst" does not make sense. Either state what is to happen despite the main purpose or delete the word "Whilst".