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London Borough of Camden
Development Management
Camden Town Hall Extension
Argyle Street
London WC1H 8EQ

19/12/2016

Re: Objection against planning application: 2016/6194/P

Site Address: 49-51 Farringdon Road London

Application Description: *Internal and external alterations, extensions and reconfiguration of building to provide a replacement roof extension at fifth floor level; a first floor rear extension; internal reconfiguration and extension of retail (A1), healthcare (D1) and office (B1a) uses with an overall uplift of 115sq.m (GIA); restoration of facade and upgrading of shopfront; alterations to rear elevation and associated additions/alterations.*

Dear Mr McClue,

I write to you in relation to the above planning application involving the redevelopment of Signet House (49-51 Farringdon Road). For the last 10 years the lease holder and proprietor of Malmin Dental (Farringdon) Dr Talati, has operated a successful and viable dental, general medical and physiotherapy practice from the ground floor (D1) unit. Dr Talati first leased the property in 2006 when he subsequently renovated the unit which had been vacant for a long period of time. A significant amount of time and money has been invested in developing and running the practice and ensuring compliance with the Disability Discrimination Act. The practice currently employs 42 full time members of staff including 15 dental surgeons, 2 general medical doctors, 7 specialist surgeons, 12 nurses and 6 support staff. The practice has over 14,211 registered patients who live or work in the area. In the interests of the wellbeing of staff, patients, continuation of care and the operational requirements of the healthcare practice Dr Talati strongly objects to the above planning application. I am duly instructed to submit this representation on his behalf.

Having examined the proposals in depth and visited the site I wish to draw your attention to the proposed relocation of the dental and medical practice from the ground level to the lower ground floor level. It is this aspect of the proposals that Dr Talati objects as if relocated the conditions on the lower ground floor would cause significant harm to the amenity of both staff patients. Dr Talati also contests the claim made by the applicant that an offer of alternative accommodation has been made. This application would result

in the total loss of healthcare services and the disruption to the on-going provision of care for these patients.

The proposed submission documents show inaccuracies specifically drawing 239-204 Rev.D (Existing Section). This drawing indicates an existing rear skylight to the rear of Signet House serving the lower ground floor level. This skylight is in fact located above the ground floor level as shown in figures 3 and 4. Daylight is emitted to the ground floor and not the lower ground level. Figure 0 (below) shows the lower ground floor level as existing and there is clearly no skylight or indeed any daylight present at all. This space is only suitable for storage as it is completely reliant on artificial light and not suitable for community D1 use.

Figure 0: Existing Lower Ground Floor Level showing no skylight



The use of the lower ground floor level is also in dispute as this space is included in Dr Talati's lease and has been used mostly for storage.

I would like to draw your attention to Camden's adopted development plan and in particular policies **CS5** (Managing the impact of growth and development), **CS16** (Improving Camden's health and well-being), **DP15** (Community and leisure uses) and **DP26** (Managing the impact of development on occupiers and neighbours). In addition to the adopted

policies the draft Local Plan is also relevant: **C1** (Health and Wellbeing), **C2** (Community Facilities), **A1** (Managing the Impact of Development) and **D1** (Design).

Loss of Daylight, Sunlight and Outlook

The proposals include the relocation of the D1 floorspace from the ground floor to the lower ground floor level. A skylight is proposed to be installed between the rear elevation of Signet House and the adjoining 5 storey office building. The neighbouring building is located to the west at 32-38 Saffron Hill (see figure 1). The proposed skylight would 'sit' within a void approximately 4.5 metres deep between the neighbouring office block and Signet House. Due to the scale of 32-38 Saffron Hill and the other surrounding buildings the lower ground floor level would receive very little natural light.

The scale of the surrounding buildings encloses the rear of Signet House and would block daylight entering the lower ground floor. For this reason the proposed skylight (approximately 20.6 sqm) would fail to provide adequate levels of daylight, sunlight and outlook for the lower ground floor D1 use. The relationship between the proposed skylight and surrounding tall buildings is best illustrated in figure 1. The proposed lower ground level would fail to provide the necessary levels of daylight that are essential to providing the full range of dental, physiotherapy and medical services to patients especially the reconstructive work offered by specialists surgeons. The practice also serves as a referral practice for NHS and private practices for more advanced work which requires high levels of attention.

Figure 1: location of existing and proposed skylight to lower ground floor level



 Proposed Skylight Location

Policy DP26 seeks to promote a good quality of life for all building occupiers. Development should not cause harm to amenity and should safeguard access to daylight, sunlight and outlook. **Paragraph 26.3** of the supporting text requires applicants to consider the impacts to amenity by assessing the loss of daylight and sunlight following redevelopment. The adopted SPD *Planning Guidance 6 (Amenity) (2015)* is a material consideration in planning decisions and requires all buildings including D1 community uses to receive adequate levels of daylight and sunlight as well as provide for a pleasant outlook for occupiers. The SPD clearly states that planning applications that have the potential to reduce the levels of daylight and sunlight for existing and future occupiers must be accompanied by a daylight and sunlight assessment. The proposals to relocate the D1 use to the lower ground floor level would result in a significant and noticeable loss in daylight, sunlight and outlook (figures 2-9). No attempt has been made to assess the loss of daylight or sunlight to the proposed D1 unit and so therefore no consideration has

been given to the wellbeing of staff, patients or the operational needs of the community use.

Figure 2: clear glazing provides daylight, sunlight and outlook to the reception & waiting area

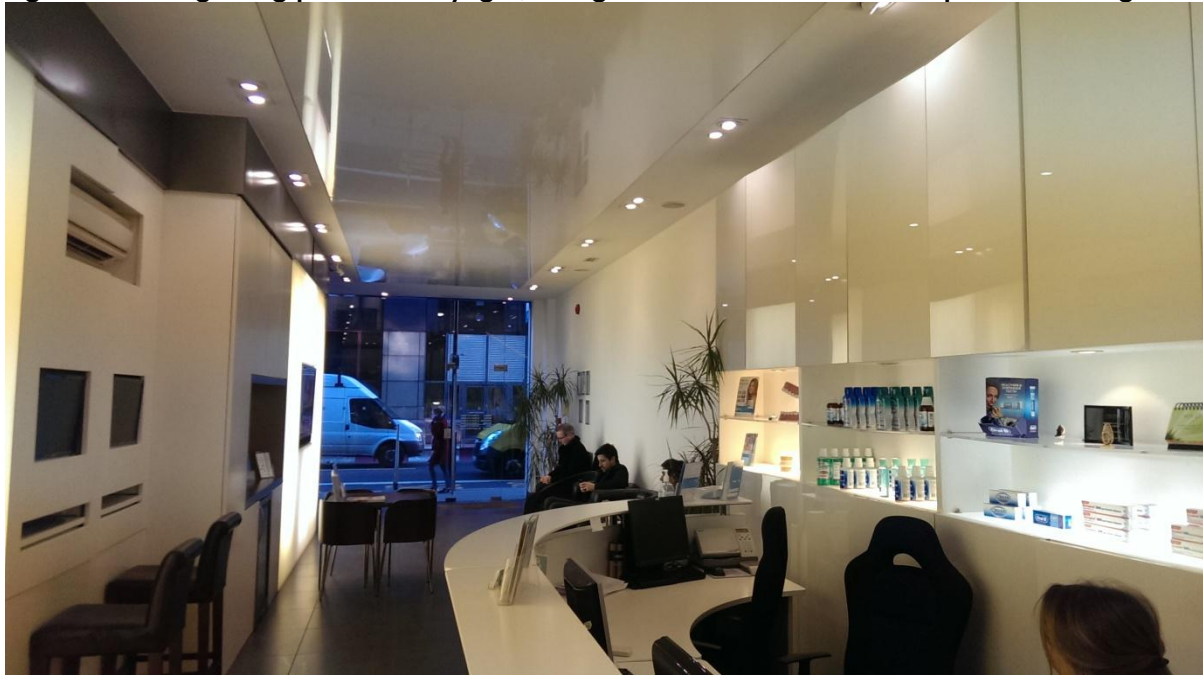


Figure 3: corridor skylights provide natural daylight to surgeries though glazed partitions



Figure 4(a): skylights provide light to the rear corridor (south to north)



Figure 4(b): skylight provides light to the rear corridor



Figure 5: skylight provides natural light, sunlight and outlook in surgery room (1)



Figure 6(a): skylight provides natural light, sunlight and outlook in surgery room (1)



Figure 6(b): skylight provides natural light, sunlight and outlook in surgery room (2)



Figure 7: skylight provides natural light, sunlight and outlook for consultation room



Figure 8: skylight provides natural light, sunlight and outlook for surgery room (3)



Figure 9(a): privacy glass enclosure transmits natural light from corridor skylights

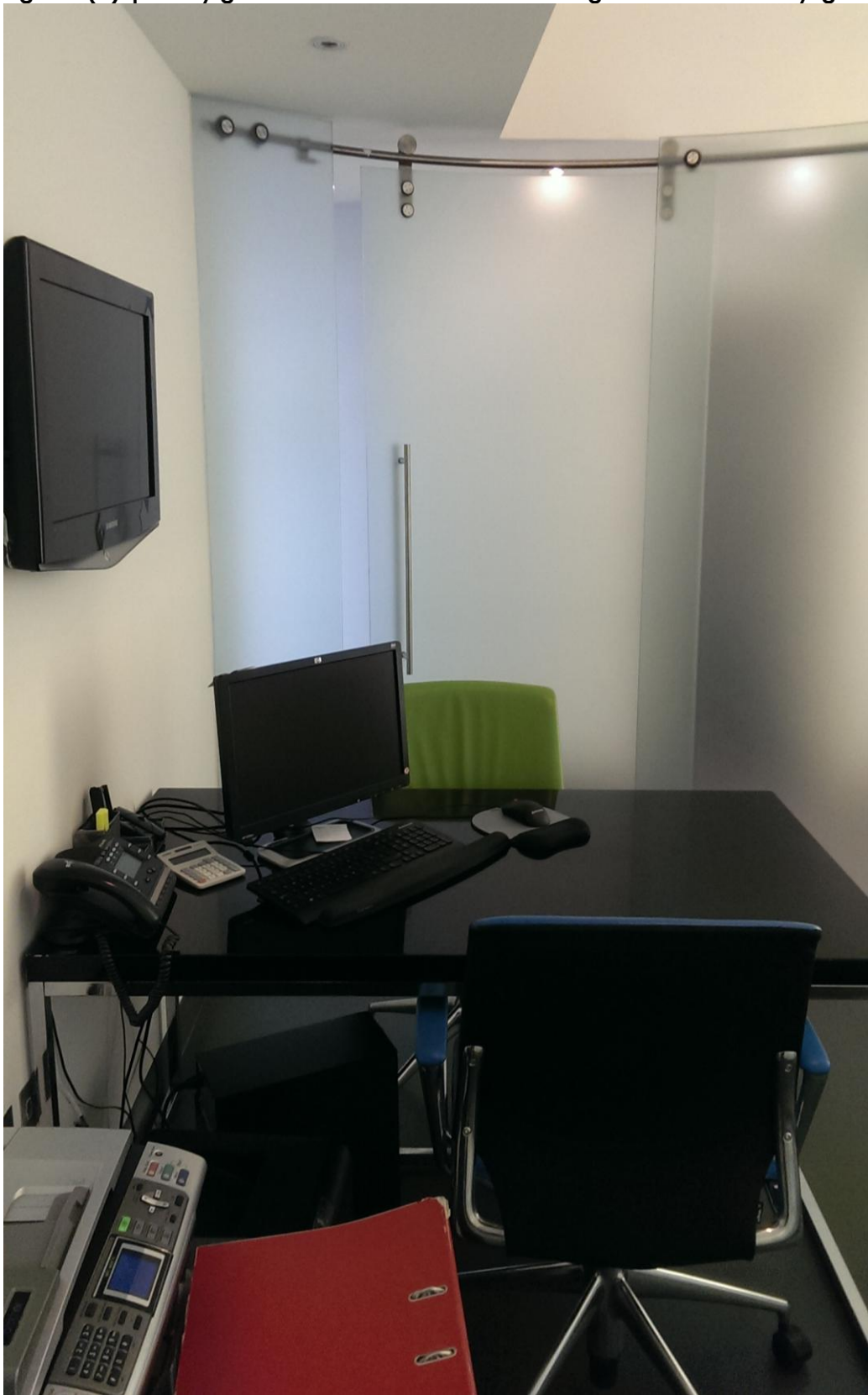


Figure 9(b): natural light strip above enclosure



Appendix B of the applicant's submission describes a previous project undertaken by their agents at a warehouse building located at 115 Golden Lane EC1V (London Borough of Islington). The applicant claims that the two sites are "similar" and that the amount of natural light achieved within the basement of 115 Golden Lane could be replicated within the lower ground level of Signet House. The two sites are not comparable as 115 Golden Lane is a detached warehouse which sits on a corner plot fronting Golden Lane and Baltic Street. Within this building daylight can penetrate to the lower ground level from all sides via windows at the ground and lower ground level. Whereas the lower ground level at Signet House would be completely reliant on one skylight located to the rear of the property within a void approximately 4.5 metres deep. The constraints at the two sites are not comparable and the proposals for the redevelopment of Signet House would fail to provide any daylight to the lower ground floor level.

Operational Requirements and Staff and Patient Wellbeing

Policies CS16, CS10, DP15 and DP29 seek to meet the demand for a range of accessible community facilities within the borough and therefore the loss of any existing and viable community uses should be resisted by the Council. Some weight should also be applied to the draft Local Plan policies that are currently under examination. Emerging **Policy D1** (Design) requires applicants to consider how the design of buildings can adversely impact on an occupant's quality of life, health and wellbeing.

The pre-application response letter from the Council (dated 29/06/2016) and the Design & Access Statement submitted by the applicant does not fully appreciate the impacts of the development and subsequent loss of amenity on the day to day operational needs of the existing dental and medical practice and the effect on the patients that it serves. Many patients are under long term care with treatments spanning several years including orthodontics or surgical reconstruction procedures. Little thought has been given to the impacts to other community D1 uses that may in the future occupy the proposed D1 unit. The need for adequate daylight, sunlight and outlook for uses such as crèches, education and training centres, places of worship and day nurseries cannot be overstated. Providers of education, health or pastoral care have a duty to safeguard and nurture the physiological and/or psychological wellbeing of service users and therefore consideration has to be given to the proposed layout and setting of the development in order to create a pleasant environment in which to visit, administer care and receive treatment.

The skylight at the western edge of the ground floor level would be only capable of transmitting small amounts of natural light. In order to maintain a relaxed environment, maintain privacy, including acoustic privacy, the practice needs to provide nine enclosed spaces for surgical and radiographic procedures, the safe decontamination of instruments and general consulting. The single proposed skylight would fail to provide enough natural light to the lower floor level. Without supporting evidence of a daylight assessment it would be hard to envisage that more than 5% of the lower ground floor would receive daylight given the constrained setting of the rear of the Signet House. Furthermore the requirement for privacy screens and enclosures means that further barriers would prevent the small amounts of light reaching the entire lower ground floor.

Patient waiting rooms require natural light to create a sense of ease and calm and the proposed relocation of the waiting room to the lower ground floor would result in an enclosed and uncomfortable environment for patients, particularly for first time or anxious visitors as well as young children. The existing skylights located within 3 of the 5 surgery rooms provides patients with a pleasant view out when inclined in the chair and offers a distraction

while undergoing long treatment sessions. Furthermore all surgeries, particularly those without natural light sources, receive natural daylight through internal glazed partitions from the skylights within the corridors (see figure 3 and 4). The skylights within the surgeries provide an important connection to the open environment outside and without this would result in patients and staff feeling confined and claustrophobic. Daylight, sunlight and views from within the surgeries provides respite for staff and allows views of weather changes which helps establish a time of day during long shifts. The skylights within the corridor spaces also provide an important visual connection to the outside and allow procedures that require natural light to be carried out.

Surgeons who carry out aesthetic work involving shade matching, gingival reencountering, tooth whitening require natural light to competently assess colour tones. Only natural daylight can produce the full spectrum of white light necessary for these procedures. Replicating daylight conditions using artificial light is very difficult and in dentistry the use of artificial lighting is only ever used as a complimentary measure. Poor quality light can distort how surgeons perceive colour resulting in poor results, costly rectifications and unsatisfied patients.

The existing D1 unit offers the most direct access for wheelchair users and patients with mobility problems. Community facilities have to be designed to be as accessible as possible. Specifically community facilities should provide wheelchair users with direct and barrier free access particularly in buildings where the use of wheelchairs is common. Referring to the proposed lower ground floor plan, it would appear that a wheelchair user accessing the development from street level would have to access a lift and pass through two doors in order to reach the D1 unit.

Having considered the proposals within the context of the surroundings and the Council's Local Development Framework it is apparent that little or no consideration has been given to the existing and future occupiers of the proposed D1 unit. The reprovision of the healthcare practice to the lower ground floor level would fail to provide enough daylight, sunlight and outlook for existing or future occupiers. The assumption that the healthcare practice could successfully operate without natural daylight or outlook fails to take into consideration the needs of patients and staff and must be reconsidered in light of facts presented within this statement. Not only would this application result in the loss of 32 sqm of viable D1 floorspace but would also place the existing healthcare practice in jeopardy. As stated above the applicant has not offered Dr Talati any suitable space within development upon completion.

In accordance with **policies CS5, CS10, CS16, CS10, DP15, DP26, DP29** and **Planning Guidance 6 (amenity)** of the adopted Local Plan I respectfully ask that the Council refuses to grant planning permission for this application.

Yours sincerely

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