

## Chellaston Residents' Association

### Minutes of Annual General Meeting and Forum held on Monday 31<sup>st</sup> March 2008 at Chellaston Community Centre

The meeting was opened at 7.50pm by the Chairman, John Bowden, who welcomed approximately 90 residents to the 2008 AGM and Forum.

#### **Annual General Meeting**

Mr Bowden gave a resume of the 2007 minutes and they were accepted as a true record.

The Treasurer, John Crone, presented the accounts, highlighting the fact that £3700 is being held in the deposit account for CRAG for the proposed youth shelter. Mr Crone said that outgoings are increasing due to website costs and publicity. He encouraged the committee to seek website advertising from local businesses.

The committee members present introduced themselves and the Chairman proposed that the committee be re-elected for 2008-09. This was unanimously accepted by the meeting. The Chairman reiterated the aims of the Association and invited those present to consider joining the committee.

#### **Forum**

##### **Introduction**

In his introduction, John Bowden said that in the census of 1921, Chellaston had a population of 820, with 3 shops (including the Co-Op and a Post Office), 3 public houses, but no doctor. In 2008, the population has risen to over 14000 and the facilities have not changed much in 80 years. The CRA is concerned that the level of facilities provision falls well short of the requirements of an ever increasing population particularly when compared with Littleover and Allestree. Indeed, the heart is being ripped out of the centre, with the closure of the Red Lion, potential loss of the Lawns and British Legion Club and the potential relocation of Hightrees Surgery to west Chellaston. Developers have expressed a desire to build flats and apartments for the elderly on three sites within the central area, plus a care home at west Chellaston.

##### **Planning policies – Development in and adjoining Chellaston**

Jonathan Guest, Director of Regeneration and Community and Paul Clarke, Head of Development Control and Land Searches, Derby City Council.

Mr Guest said that they have to follow the national policies regarding planning control. The city produced a Local Plan, adopted in 2006, which becomes the 'Bible' for Derby, giving a 10 year vision for the city. This concentrates on the major changes, such as the development at west Chellaston and the Chellaston Business Park. He said that west Chellaston has over 1000 new dwellings and would soon have a facility which includes 6 retail outlets, a care home, 49 apartments and a medical centre. He added that an award had been received for the design of the development. In addition, there are proposals for the complete restoration of the former Derby Canal 20km in length from Sandiacre via Derby to Swarkestone and Chellaston Business Park, including the new T12 road and the bridging of the canal route. An application for the business park is expected in June of this year.

Questions from the floor:

Q. Why is Hightrees Surgery allowed to relocate to west Chellaston, leaving the centre without a surgery?

A. The council cannot compel the Partners to maintain an existing facility.

Q. Why does the council not provide bins etc in west Chellaston?

A. Roads, sewers etc have not yet been adopted by the council.

Q. Why aren't facilities provided upfront of a development?

A. Developers need to get the houses up first.

Q. Why are there no bungalows on modern developments?

A. This is a question of market demand.

Q. Has a risk assessment been carried out for the T12 road?

A. A traffic impact assessment will be carried out. The road is not a bypass for Chellaston, but it will carry HGVs to and from the business park. With regard to noise, the dwellings fronting the road have acoustic glazing. (Note: This latter remark came as a surprise to attendees who live along the route)

Q. Are planning applications viewed in their own right or could an holistic approach be adopted, particularly with respect to the multi application for homes for the elderly.

A. If the applications are in line with planning policy, there is little that can be done to reject them. Appeals are a costly process.

Q. With regard to the Catholic Church, what has been proposed?

A. The plans have been changed from a 24/7 nursing home to standard nursing home.

Q. What is the use in consulting the residents? East Chellaston was a prime example of the Council ignoring the wishes of those consulted.

A. You cannot please everyone. Developers who comply with planning policy are likely to get the green light.

Councillor Mark Tittley said that strong views had been given to the Council Planning representatives and he hoped that they would take heed of this message. He also urged the Council to sort out the adoption problems quickly within west Chellaston.

### **Hightrees Surgery**

Annette Jennison, Manager of Hightrees stepped in at the last minute to deputise for Dr Black, who was ill. The CRA invited a PCT representative, but the invitation was rejected.

Ms Jennison said that Hightrees Surgery in its present location is too small and they are actively seeking a new home, preferably within the centre of Chellaston. She went on to give a history of the present surgery:

1990: Surgery opens in Manor Road.

1998: Surgery extended.

2001: They were approached by a developer, since the Partners had talked of wanting new premises. Developer was asked to look for land in the centre. At this time there were 5500 patients on the register.

2003: Alvaston Medical Centre would no longer take Chellaston and Shelton Lock patients. Chellaston patients joined Hightrees, those from Shelton Lock joined Meadowfields.

2003/4: PCT asked for support for a new central location surgery. Chellaston was way down the list at 14<sup>th</sup>, with the inner city getting the priority. At this point there were negotiations with the Catholic Church on Swarkestone Road, but the offer was ultimately withdrawn by the Church on moral grounds.

2004: Becomes a GP training centre and an extension is built to give dedicated rooms.

2005: Dr Chowdry retires and the practice takes on an addition 1000 patients. There are now 7500 patients on the list. PCT again asked for support for new premises.

2006: Developer approaches practice regarding a plot of land in west Chellaston. A business plan is submitted to the PCT, but is refused on the grounds that there is not enough public support. Projections show that there will be 9500 patients on the list by 2016.

2007: New registrations ceased except for close relatives of families already on the list.

2008: Red Lion public house identified, but sold quickly to another developer. The premises are owned by the GPs and the PCT pays rent to the GPs. Hence support from the PCT is vital. They have moved up the priority list and are now 4<sup>th</sup>.

Options:

Extend the existing premises – but the car park is too small. The existing car park holds 13 cars, whereas 47 places are needed.

Take over Dr Chowdry's premises in addition to Manor Road – logistical problems.

Stay put and do nothing – list would remain closed.

Move to new premises in west Chellaston.

**Influencing Factors:**

List size is presently 1:2800 (Dr: Patient). Optimum is 1:1400  
The present surgery has a floor space of 340m<sup>2</sup>. Optimum is 993m<sup>2</sup>.  
There is a 93% room use capacity and results in doctors 'hot-desking'.  
There is only one treatment room.  
Access by the disabled is difficult

A new facility would enable minor surgery to be carried out and there would be an adjacent pharmacy.

They are presently lobbying the PCT, because funding needs to be in place before they can proceed. If west Chellaston becomes the preferred option, then additional public transport would be needed to enable easy access from the centre.

**Questions from the floor:**

Q: Planning permission has been granted for the west Chellaston site. Is it really the case that they are committed to this location?

A: There is currently no commitment to the west Chellaston site.

Q. The ratios quoted appear to be unacceptable. What is the reaction of the PCT?

A. The PCT think that it is OK.

Q. Are you prepared to keep the Manor Road surgery open as a satellite if the move to west Chellaston takes place?

A. No, due to logistics. It is intended that Chellaston will become the hub with Melbourne acting as a satellite unit.

Councillor Harvey Jones informed the meeting that he had spoken with Jonathan Guest to identify suitable central sites for a new surgery. This would be progressed over the coming months.

**Chellaston Business Park**

Neil Hartley, Development Director and David Ward Planning Director, Wilson Bowden Developments.

The partnership for delivery of the business park is Wilson Bowden Developments and Miller Birch, supported by the East Midlands Development Agency (EMDA), in conjunction with SGP (Architects and Master Planners), BWB (Engineers) and Indigo Planning (Planning).

Examples of business parks, offices and industrial units developed by Wilson Bowden and Miller Birch were shown and the upfront infrastructure was highlighted.

The site has been allocated in the Local Plan for many years and is an important site for the city both in terms of employment and prosperity. The proposals are for a mixed use business park with offices, industrial units, warehousing, a hotel and leisure facilities. It was emphasized that the T12 link road would be built first.

**Timetable:**

Pre consultations are ongoing.

Public exhibition - May

Application submission - June

Start on site - early 2009

**Questions from the floor:**

Q. What about the wildlife?

A. The Moor plantation will remain and we are anxious to preserve the natural habitat.

Q. Where will the link road be taken from?

A. From the left hand spur of the roundabout close to Rowallen Way.

Q. Is the present road wide enough, considering the traffic concerned?

A. The road is 8m wide and is wide enough for HGVs

Q. Why can't the road be taken from the previous roundabout, where it is dual carriageway?

A. There would be an additional cost of around £3m. The existing road has always been identified as the T12 route and residents in the area should have been informed by their solicitors of this when they purchased.

Q. Would the warehousing create 24/7 traffic?

A. Yes

Q. What would be the hours of construction?

A. Normal daylight hours

There was a great deal of apprehension from several attendees who live along the T12 route, but the questions had to be curtailed due to lack of time.

Chairman John Bowden thanked all the speakers who had attended the meeting and the meeting closed at 10.15pm.