

Officer Report to Committee

Application ref: 21/0247
Ward: WATERLOO
Application type: FULL

Location: ARNOLD MEDICAL CENTRE, 204 ST ANNES ROAD, BLACKPOOL, FY4 2EF

Proposal: Erection of a single storey rear extension and extension of existing hard surfacing to the front and side of property to create replacement parking.

Recommendation: Refuse

Case officer: Bethany Thornton

Case officer contact: 01253 476312

1.0 BLACKPOOL COUNCIL PLAN 2019-2024

- 1.1 The Council Plan sets out two priorities. The first is ‘the economy: maximising growth and opportunity across Blackpool’, and the second is ‘communities: creating stronger communities and increasing resilience.
- 1.2 This application is considered to conflict with the second priority because, whilst it would deliver a community service, the proposed growth would be within a site that, due to the location and scale, cannot sustain the type of development proposed without compromising residential amenity. It has not been demonstrated that alternative opportunities for sustainable growth of the practice to benefit the community and ensure that development remains sustainable over its lifetime have been fully explored.

2.0 SUMMARY OF RECOMMENDATION

- 2.1 This application proposes the further development of the existing doctor’s surgery. The site is small and the practice has already been expanded significantly beyond the footprint of the original building. The proposal would therefore result in a detrimental impact on residential amenity. The need to develop the practice to benefit the community is acknowledged but it is not considered that the current application site is sustainable as a location for the type of development proposed and the growth desired. As such, the recommendation for this application is for refusal.

3.0 INTRODUCTION

- 3.1 This application is before Members because the scheme is of public interest and concerns a community health care facility.

4.0 SITE DESCRIPTION

- 4.1 A part two-storey, part single-storey building on the eastern side of St Anne's Road adjacent to the Lennox Gate, separated from the highway by a grass verge. There is hard standing and some soft landscaping at the front of the site and hard standing forming a car park to the rear. The practice was converted from a detached dwelling house in 1991 and has been significantly expanded by two-storey and single-storey extensions.
- 4.2 To the north the site shares a boundary with a semi-detached two-storey dwellinghouse with a long and narrow garden to the rear. To the east of the site is a pumping station, to the south of the site is a wide grass verge with pedestrian paths across it separating the site from the highway, and to the west across St Annes Road is a playing field. With the exception of the practice itself and the pumping station, the surrounding area is primarily residential.
- 4.3 The site falls within the airport safeguarding consultation area but is not subject to any other specific designations or constraints.

5.0 DETAILS OF PROPOSAL

- 5.1 Erection of a single-storey rear extension to create four additional consulting rooms. The extension would project 16.7m from the rear elevation to which it would be joined and would be 7.2m wide. It would be set away from the boundary by approximately 1.6m at its closest point and would have hipped roofing which would be 3.3m high to eaves level and 5m high to the ridge of the roof. The floor level would be 0.7m above ground level to match the floor level of the existing building and would have steps and a ramp up to the access on the southern side elevation. On the southern elevation would be the access flanked by full height windows and another window alongside it, and on the northern elevation there would be five windows serving treatment rooms and a toilet.
- 5.2 The scheme would include the creation of seven parking spaces at the front of the site with access from St Annes Road by installing additional hardstanding and the provision of thirteen spaces including a disabled space to the rear/side of the site with access from Lennox Gate, using space which currently forms the grass verge and a vehicle access to the rear of the site.
- 5.3 The application has been supported by:
- Design and Access Statement – though this has not been updated following amendments to the scheme.
 - Supporting Statement Letter.

6.0 RELEVANT PLANNING HISTORY

- 6.1 **09/0954** - Erection of single storey rear extension to form 2 additional consultation/treatment rooms and extension of car park – Granted.
- 6.2 **97/0911** – Erection of temporary portable building to be used as pharmacy – Granted.
- 6.3 **97/0272** – Erection of single storey extension to existing medical centre to provide chemists dispensary and waiting area, new access and disabled access ramp – Granted.
- 6.4 **97/0271** - Erection of first floor side/rear extension – Granted.

- 6.5 **94/0239** – Erection of single storey extension to existing medical centre to provide chemist dispensary and waiting/display area with separate access – Granted.
- 6.6 **91/0854** – Erection of single storey extensions and conversion of premises to a doctors' surgery – Granted.
- 6.7 **91/0447** – Use as a doctors surgery. – GTD
- 6.8 There is a prior approval application (ref. 21/0986) for the erection of a single-storey extension at 202 St Annes Road currently under consideration, however the proposed extension would square off the rear of the ground floor and the projection distance of the existing extension adjacent to the boundary would not be altered.

7.0 MAIN PLANNING ISSUES

- 7.1 The main planning issues are considered to be:
- Amenity impact
 - Highway impact
 - Visual impact

8.0 CONSULTATION RESPONSES

8.1 Head of Highways and Traffic Management:

- 8.1.1 It is not anticipated that the activity arising from the proposals would be a concern in itself. However, the site is already short of spaces when weighed against the Council's standards; the additional four consulting rooms should come with sixteen additional spaces. The site is close to a bus stop, but most surgeries are and the site is not otherwise remarkably accessible. At the front of the site six spaces are proposed in tandem pairs with a seventh at the side of the site. It is likely that cars could be reversed out onto the footway to allow the trapped cars out – clearly this is not acceptable, although if the spaces were removed from the proposal it is likely that they would be used in the same way.
- 8.1.2 The first issue has no solution, it is a case of accept it or not. The second issue could be resolved by moving the access, which would mean moving the bus shelter and raised kerb at their expense. If you are minded to approve the application I would look for the issues to be addressed.
- 8.1.3 If the Council is minded to approve the application, I would want a condition that the extra parking is surfaced to base court level prior to commencement of construction and made available to the contractor for parking, storage, skips etc. That would minimise the effect on residents and disruption to the highway.
- 8.1.4 Following amendments to the scheme, the proposed 20 spaces are not considered to be enough to meet the demand leading to more use of on street space to the detriment of the residential area around the site. The original proposal indicated 9 existing spaces and 9 spaces on completion. (The Design and Access Statement indicated 2 to be lost, implying 7 on completion.) A rather larger number is now proposed. The Council's standards, which have not been arrived at arbitrarily, suggest 4 spaces per consulting room. As existing they have 9 rooms and will have 12 on completion. So, in order to meet their needs they would now have 36 spaces and would add another 12, making 48 to meet the standard.

- 8.1.5 The application form indicates that they only have 12 full time staff (or 12 FTE's) now and that future staffing levels are unknown. It would not be unreasonable to suppose that the resulting practice could have 20 staff and 20 patients in the building at any one time with mobile staff coming and going. In the absence of clearly substantiated staffing information, the only way to assess demand is to use the parking standards. There is considered to be no justification to reduce parking provision below relevant standards.
- 8.1.6 Regarding the 7 spaces at the front, it is considered that these would lead to people reversing out onto a classified road at a bus stop. Ordinarily a parking layout would be required that would allow/facilitate entry and exit in forward gear. The layout as proposed would not appear to work that way. Even if the proposal were to be amended the staff could/would still use the spaces by reversing out.
- 8.1.7 There appears to be a trend toward such sites becoming more intensively used and that the immediate target is building on the landscaping or on the car park if there is one. This inevitably and undesirably displaces staff and patients onto the nearby roads. The construction period, lasting several months, is potentially rather worse since the contractor will need storage and welfare space, displacing parked cars, and all the operatives will likely have their own vehicle.
- 8.1.8 Reference to other sites is noted and their history is well-known. Those in town centre or similar locations tend to be more sustainable for travel and also, crucially, tend to have less dispersed patient rolls. Perpetuating the limited parking at the town centre sites is not, then, necessarily inherently detrimental to the service or the neighbourhood's amenity. Further out from the centre the patient roll seems to be more dispersed with greater likelihood of private car use to access services. Expanding the use of these sites would, logically, prompt a greater number of car journeys and a need for more parking spaces not less.
- 8.1.9 If the greater number of car journeys is not accommodated in additional car parking the excess will end up parking on street. This would have obvious effects on residential amenity, traffic capacity and safety, depending on the location. It may also require patients with limited mobility to walk further to reach the building although accessible parking provision is proposed on site. Parking judged to be associated with the existing practice has been observed on several occasions on both sides of Lennox Gate extending up to or beyond Molyneux Drive, partially obstructing both footways and the carriageway. The remaining width between parked vehicles is insufficient for two cars to pass. On that basis there is a risk of vehicles being unable to enter from St Annes Road, leading to highway safety issues. As such, the proposed parking provision is considered to be unacceptable.
- 8.2 Head of Strategic Asset and Estate:** No comments have been received in time for inclusion in this report. However, it has been advised that the applicant has been in contact with the Council's estates team to discuss leasing part of the land to the side of the site included within the red edge.
- 8.3 Council Drainage Officer:** There are no drainage details on the proposed plans. I assume they will be using the existing system but they would need to provide simple details showing this. Other than that I do not see any issues with them using the existing drainage as the site is currently impermeable.
- 8.4 Blackpool International Airport:** No comments have been received in time for inclusion in this report. If any comments are received in advance of the Committee meeting they will be reported through the update note.

9.0 REPRESENTATIONS

9.1 Neighbours notified: 22/03/2021

9.4 A representation have been received from the following properties:

- 2A Lennox Gate

9.5 This representation raise the following issues:

- Overdevelopment of the site as there have already been large extensions to the building.
- Lack of parking as the existing parking is being reduced and more treatment rooms added.
- No indication of where hazardous waste bins will be positioned.
- If the expansion is necessary a relocation or new purpose built surgery may be better.

9.6 A letter of support has been received from Health Education England which sets out that the extension would allow the practice to take additional trainees for the wider primary health care team to support the Department of Health plan to increase the primary care workforce. The practice would also be able to increase the numbers of medical students that they train and allow the practice to place more doctors in training. Providing a great training experience encourages doctors to stay locally after they complete training; Blackpool is an under doctored area and anything done to retain doctors is advantageous to the health of Blackpool's residents. The Chief Medical Officers report of Coastal Health highlights the health challenges that Blackpool faces.

10.0 RELEVANT PLANNING POLICY

10.1 National Planning Policy Framework (NPPF)

10.1.1 The National Planning Policy Framework was adopted in July 2021. It sets out a presumption in favour of sustainable development. The following sections are most relevant to this application:

- Section 2 – Achieving sustainable development
- Section 6 - Building a Strong, Competitive Economy
- Section 8 - Promoting healthy and safe communities
- Section 11 - Making effective use of land
- Section 12 - Achieving well-designed places

10.2 National Planning Practice Guidance (NPPG)

10.2.1 The National Planning Practice Guidance expands upon and offers clarity on the points of policy set out in the National Planning Policy Framework.

10.3 Blackpool Local Plan Part 1: Core Strategy 2012-2027

10.3.1 The Core Strategy was adopted in January 2016. The following policies are most relevant to this application:

- CS7 Quality of Design
- CS12 Sustainable Neighbourhoods
- CS15 Health and Education

10.4 Blackpool Local Plan 2001-2016 (saved policies)

10.4.1 The Blackpool Local Plan was adopted in June 2006. A number of policies in the Local Plan have now been superseded by policies in the Core Strategy but others have been saved until the Local Plan Part 2: Site Allocations and Development Management Policies has been produced. The following saved policies are most relevant to this application:

- LQ1 Lifting the Quality of Design
- LQ2 Site Context
- LQ4 Building Design
- LQ14 Extensions and Alterations
- BH3 Residential Amenity
- BH4 Public Health and Safety
- AS1 General Development Requirements (Access and Transport)
- AS7 Aerodrome Safeguarding

10.5 Blackpool Local Plan Part 2: Site Allocations and Development Management Policies (emerging policies)

10.5.1 The Blackpool Local Plan Part 2 has been submitted for Examination in Public with the Inquiry scheduled to commence in December 2021. At this point in time limited weight can be attached to the policies proposed in accordance with the provisions of the National Planning Policy Framework. Nevertheless, the following draft policies in Part 2 are most relevant to this application:

- Policy DM17: Design Principles
- Policy DM20: Extensions and Alterations
- Policy DM41: Transport Requirements for New Development

10.6 Other Relevant Policy Guidance

10.6.1 Extending Your Home Supplementary Planning Document (2007) – Though the development is not a residential extension, the site is within a residential area and shares a boundary with a residential dwelling. Therefore, the principles in this document which aim to safeguard residential amenity will be relevant to the proposed development.

11.0 ASSESSMENT

11.1 Principle

11.1.1 Policy CS15 of the Blackpool Local Plan Part 1 concerns health and education and sets out that development will be supported that encourages healthy and active lifestyles and addresses the Council's health priorities. It states that in order to provide accessible healthcare to Blackpool's communities, proposals will be supported that complement existing facilities including local delivery primary care units. The policy sets out that to ensure future provision is located in the most sustainable and accessible locations, facilities should be appropriately located in accordance with their scale and catchment. The National Planning Policy Framework sets out a presumption in favour of sustainable development and states that policies and decisions should aim to achieve places which enable and support healthy lifestyles and ensure that established facilities and services are able to develop and modernise and are retained for the benefit of the community.

11.1.2 The key consideration in this case, therefore, is whether or not the practice can expand on its existing site without having an unacceptable impact on its surroundings.

11.2 Impact on Residential Amenity

11.2.1 The application site is within a primarily residential area and shares a boundary with a neighbouring residential dwelling. The building itself was in use as a detached residential dwelling before its conversion to a medical practice in 1991. As such, whilst the proposed development is not an extension to a dwelling, it would impact the neighbouring residential dwelling in the same way that any residential extension would and so the principles contained in the Council's Extending Your Home Supplementary Planning Document to safeguard residential amenity are applicable here. The guidance sets out that single storey extensions are typically acceptable where they project no more than 3m beyond the relevant rear elevation of the adjoining dwelling plus any distance that it is set off from the boundary. In this case, the existing extensions at the practice accord with this guidance, as the neighbouring dwelling has its own rear extension and the practice extension closest to the boundary projects less than 3m beyond the rear elevation, set 0.5m from the boundary. The proposed extension would be sited approximately 1.6m from the boundary at its closest point and 2.2m from the boundary at its furthest point. This means that in accordance with the SPD guidance at its furthest point the extension should project no more than 5.2m beyond the rear elevation of the extension at the neighbouring dwelling.

11.2.2 As proposed, the extension would project approximately 19m beyond the relevant rear elevation. This is significantly beyond what would typically be permitted for any rear extension in a residential context. Furthermore, the extension is also taller than a typical single-storey extension due to the raised floor level, meaning that the elevation closest to the boundary would be 3.3m high to the eaves and the overall roof height would be 5m for most of the length of the 20m projection. Not only would this create an enclosed and overbearing impact on the neighbouring property, but the extension would also be sited to the south of the neighbouring property and so would cause a significant amount of overshadowing to the rear of the dwelling and garden. This weighs strongly against the application.

11.2.3 It is acknowledged that there is substantial greenery along the boundary and that a 2m high fence could be erected without the need for planning permission. However, the height and scale of the extension significantly exceeds the potential impact of a 2m high boundary treatment and the Council has no control over the retention of the greenery to screen the development as it is outside of the application site.

11.2.4 Notwithstanding the impact of the scale of the extension on the neighbouring property, the windows proposed on the side elevation of the extension facing the neighbouring property would be less of a concern as it can be conditioned that they are obscured and non-opening. To the rear, the close proximity to the rear boundary would not impact residential amenity at the neighbouring site is a commercial pumping station.

11.3 Access, Highway Safety, and Parking

11.3.1 As existing the medical centre has 9 consultation rooms; the proposals would result in the creation of an additional 4, and one of the existing rooms would be converted into an office, therefore the resulting development would consist of 12 consulting rooms. At present therefore the surgery should have up to 36 parking spaces, and following the development proposed this should increase to 48.

- 11.3.2 The existing car park to the rear has 9 designated parking spaces; at the front of the site no spaces are marked but there is hard surfacing that can be used for parking and appears to be able to accommodate 3 or 4 cars. In comparison to the Council standard of 4 spaces per consulting room, with around 12 spaces the practice already falls short by 24 spaces. As originally submitted, the proposals would have resulted in the loss of parking at the rear (down to 2 spaces) and the use of the hard surfacing to the front as 7 designated spaces, though 3 of these would be tandem parking. Overall the scheme would have resulted in the loss of parking at a site which already had very limited on-site parking provision. In response to these concerns, the applicant engaged with the Council's Estates team regarding the use of some of the Council owned land to the side of the site for the provision of additional parking. It is now proposed that this land be used to provide additional parking for use by the practice. The revised scheme would provide 11 additional spaces including a disabled space. This would bring total provision on site up to 20 spaces, 6 of which would be arranged tandem.
- 11.3.2 This amount of on-site parking would still fall below the Council standard of up to 48 and limited justification has been given as to why this would be acceptable. The applicant has set out that there is a bus stop just outside and there is some on-street parking available, however this is the case for most surgeries and the site is not otherwise in a particularly accessible location which would warrant a significant departure from adopted parking standards. The increase in the intensity of the use of the site would increase the parking need and the Council's Head of Highways and Traffic Management has advised that the proposed 20 spaces is not enough to meet the demand and would lead to a greater amount of on-street parking both to the detriment of public amenity in the residential area around the site, and the patients accessing the site who would have to park further away. As such, the lack of off-street parking provision to meet the needs of the practice weighs strongly against the proposal.
- 11.3.3 In addition to the above, the revised proposals would still include tandem parking to the front of the site with access from St Annes Road. Three of the spaces would be located behind other spaces and so for the vehicles parked there to be moved the vehicles in front would need to move. Ideally this would be achieved by pulling into the space at the side of the building but this area has also been designated as a parking space. As such, when not available, cars would have to reverse onto the footway to let the tandem parked cars out. This would not be acceptable given that St. Annes Road is a busy classified road and given the proximity of the adjacent bus stop. This issue could be resolved by reconfiguring the spaces so they do not involve tandem parking. However this would mean moving the access and subsequently relocating the dropped kerb and bus stop and would likely further reduce the number of spaces available. Were the Council minded to support this proposal, this issue would need to be addressed prior to determination.
- 11.3.4 Again, were the Council minded to support the scheme, a condition would need to be imposed requiring the extra parking to be surfaced to base course level prior to commencement of construction and made available to the contractor for parking, storage, skips etc. to minimise the disruption to the highway.

11.4 Visual Impact

- 11.4.1 The proposed extension would be to the rear of the building and would not be visible from St Annes Road. However, as the building is on a corner plot some of the extension would be visible from Lennox Gate. The extension would have hipped roofing to match the existing single-storey extensions to the building and reflect the roofing of the original build. The materials used would match those of the original building and the windows would reflect the style of the existing ground floor windows, aligned directly below the eaves and spaced well.
- 11.4.2 The existing building has already been extended multiple times. Further extensions would add to the mass of the building and could make it appear disproportionate to the surrounding dwellings and overly large within the context of the site. However, in this case the extension would be single-storey and well-set back from the road. Due to the existing L-shaped arrangement of the building, only an additional 10m would be visible when viewed from Lennox Gate and it would be set 22m away from the highway. As stated, the extension has been designed sympathetically to the host building. As such, on balance, no substantively detrimental impacts on the quality or appearance of the site or street scene are anticipated.
- 11.4.3 To the front of the site the scheme proposes the hard surfacing of some existing soft landscaping to provide additional parking. The plans show the retention of some shrubbery and planting around the border of the frontage, and this along with the presence of the grass verge alongside the site means that some green infrastructure would be retained and would contribute to the appearance of the site and the street scene. As mentioned above if the scheme were to be considered acceptable in principle the parking and access arrangement would need to be amended, however regardless of the parking arrangements the Council would expect to see some soft landscaping retained.

11.5 Community benefits

- 11.5.1 The extension is proposed in response to the increase in patients registered at the practice, the need for ensuring a flow of access following COVID-19, extra clinicians and services being added to the site, and the need for additional space to train local medical students. The supporting information for the application outlines that if the practice is not extended it will not be able to serve the local community, cannot take on additional patients and, in the worst case scenario, could close down.
- 11.5.2 It is acknowledged and accepted that there is a need to expand and improve existing health care facilities both to meet modern standards and serve the increasing population. Blackpool is an extremely deprived local authority area and health deprivation is known to be significant with the area suffering from some of the worst indicators in the area. As such, development that proposes the improvement of existing health services and aligns with the Council's aim to address local health priorities should be afforded significant positive weight in the planning balance.

11.6 Other Considerations

- 11.6.1 The site falls within Flood Zone 1 and as such a Flood Risk Assessment is not required. However, the scheme does include the hard surfacing of areas which are currently soft landscaping and therefore surface water drainage may be affected. As such, if the scheme were to be considered acceptable a condition requiring the materials used for surfacing to

be agreed should be imposed to ensure that they are permeable. It is assumed that the existing drainage system would be used for the extension and associated development; should the scheme be considered acceptable simple details to this effect should be included on the plans.

- 11.6.2 The proposal would not affect any features of particular ecological interest or trees of significant value. Whilst the proposed extension would be in close proximity to greenery along the border, there would be a couple of metres clearance and the greenery is early mature therefore with the fence and hardstanding already in place it is not considered that a survey would be required or the any major roots would be disturbed. As such, no unacceptable biodiversity impacts are anticipated.
- 11.6.3 The proposal would not have any impact on air, land or water quality and there is no reason to suppose that the development would be at undue risk from contamination.
- 11.6.4 The application has been considered in the context of the Council's general duty in all its functions to have regard to community safety issues as required by section 17 of the Crime and Disorder Act 1998 (as amended).
- 11.6.5. Under Article 8 and Article 1 of the first protocol to the Convention on Human Rights, a person is entitled to the right to respect for private and family life, and the peaceful enjoyment of his/her property. However, these rights are qualified in that they must be set against the general interest and the protection of the rights and freedoms of others. This application does not raise any specific human rights issues.
- 11.6.6 Through the assessment of this application, Blackpool Council as a public authority has had due regard to the Public Sector Equality Duty ("PSED") under s.149 of the Equality Act and the need to eliminate unlawful discrimination, advance equality of opportunity between people who share a protected characteristic and those who do not, and to foster or encourage good relations between people who share a protected characteristic and those who do not. The application is not considered to raise any inequality issues.

11.7 Sustainability and planning balance appraisal

- 11.7.1 Sustainability comprises economic, environmental and social components.
- 11.7.2 Economically, the scheme would expand the functionality of the medical centre and allow for the business to develop.
- 11.7.3 Environmentally, the appearance of the proposed extension would be sympathetic to the existing building. Some soft landscaping would be lost, however the scheme would include some planting around the border of the forecourt and most of the grass verge to the side of the site would be retained. As such, the visual impact would be considered acceptable. The scheme would slightly increase the impermeable area, however porous materials and simple drainage details could be conditioned. No unacceptable impacts on biodiversity or environmental quality are anticipated.
- 11.6.4 Socially, the scheme would increase the capacity of the medical centre in response to local demand and would benefit the community by increasing the services delivered and allowing on-site training for local medical students. This would benefit wider health provision in Blackpool. These positive benefits clearly weigh strongly in favour of the proposal. They must be balanced against the detrimental impacts on the residential amenity of the

neighbour and the lack of parking provision which would compromise general public amenity.

- 11.6.5 The CCG has indicated that the surgery could close if this latest extension is not supported. However, no viability assessment or financial evidence has been provided to demonstrate this. The supporting information states that the applicant has previously looked at relocating the practice but found nowhere suitable which would serve the same catchment area. The possibility of moving into the South Shore Primary Care Centre was considered some years ago but there was not enough space at the site for this practice alongside those existing. However, no substantial evidence of recent consideration of alternative suitable sites or options has been provided. Medical students could, for example, be trained at other centres across the borough. The South Shore Primary Care Centre is only around 1.5km away and would appear to be well situated to serve at least some of the practice catchment to meet new demand. There may also be potential to expand the site by acquiring more of the land to the side for an extension. This would not have an amenity impact on the neighbours and could facilitate greater parking provision. However this has not been fully explored.
- 11.6.6 It is evident both from the applicant's reasoning for the need to expand and the fact that the practice has been expanded significantly since its approval in 1991 that modern circumstances call for the constant development of health care facilities if they are to continue to increase the services offered and the number of patients they intake. The building has already been expanded to almost double its original footprint since permission was granted for the use as a medical centre. Whilst Policy CS15 supports the development of local health care facilities, it also sets out that facilities should be appropriately located in accordance with their scale and catchment to ensure future provision is located in the most sustainable and accessible locations.
- 11.6.7 Both the National Planning Policy Framework and The National Design Guide emphasise the importance of ensuring that development remains sustainable over its lifetime. When permission was initially granted for the use of the site as a medical practice the building was sufficient for the proposed use with just some minor additions. Over time further extensions have been permitted in the interests of community benefit, having been weighed against potential issues with overdevelopment, amenity impact, and parking provision. It may be that the practice has now reached a point where further intensified use and future development cannot be sustained within the confines of the site without compromising other material planning considerations to an unreasonable extent.
- 11.6.8 The site is relatively small and within a residential setting. The extension would be sited alongside the boundary with residential dwelling and would substantially exceed what would usually be permitted in a residential setting. The parking provision would be slightly increased to reflect the increased capacity, but would still fall significantly below the Council's parking standards. The development proposed would therefore impact unacceptably on the residential amenity of the neighbour and inadequate parking would be provided to meet the needs of the expanded practice.
- 11.6.9 Overall, whilst the expansion and improvement of existing health care facilities are supported in principle and weight is afforded to the benefit to the health of the community, this consideration cannot be overriding at the expense of all other planning considerations. Permitted development allowances prescribed by the government do not allow for health care facilities to expand without limit and, where planning permission is sought, all material planning considerations must be given appropriate weight and balanced with one another. The practice has been permitted to expand and grow since its original conversion to deliver

health benefits to the local communities where necessary and appropriate, however the current proposal is considered to be unacceptable. The applicant has not satisfactorily demonstrated that site can sustain further expansion and alternative options to meet community needs have not been satisfactorily explored.

11.6.10 When weighed in the planning balance, though the scheme would provide some benefit to the community and significant weight is afforded to this material consideration it cannot be overriding in all circumstances at the expense of all other planning considerations. In this case, for the reasons set out in this report it is not considered that the benefits of the scheme would outweigh the detrimental impacts resulting from the overdevelopment of the land or ensure that the development remains sustainable in the long term. Whilst the development of medical facilities is necessary and encouraged, it is not felt that the development can be achieved on the application site with compromising other material planning considerations to an unacceptable extent.

8.0 CONCLUSION

8.1 As set out above, the scheme is not considered to represent sustainable development and no material planning considerations would outweigh this assessment in the planning balance. On this basis, planning permission should be refused.

9.0 RECOMMENDATION

9.1 Refuse for the following reason:

The proposed extension would significantly exceed what would typically be permitted within a residential setting and would have a detrimental impact on residential amenity by virtue of an overbearing and overshadowing impact on the neighbouring property due to its projection distance, proximity to the boundary, and height.

The parking provision proposed would be insufficient to meet the needs of the resulting surgery which would likely lead to unsafe or inconsiderate car parking on-street to the detriment of public amenity and highway safety. Furthermore, the proposed parking provision and vehicle access at the front of the site would have an unacceptable impact on highway safety as the configuration of parking spaces would require vehicles to reverse onto a busy highway to allow cars that were parked in tandem to egress which would compromise public safety and have detrimental impacts on highway function.

It has not been adequately demonstrated that alternative options are unsuitable and that this development is essential in order to meet community needs. As such and in light of the above, the proposals are considered to constitute excessively intensive and inadequately justified over-development of the site to an unsustainable extent. They are therefore contrary to the provisions of Policies CS7, CS12 and CS15 of the Blackpool Local Plan Part 1: Core Strategy 2012-2027, Policies LQ1, LQ14, BH3 and AS1 of the Blackpool Local Plan 2001-2016, and Sections 2 and 12 of the National Planning Policy Framework.