The Planning Inspectorate

Appeal Decision

Site visit made on 25 October 2022

by M Aqbal BA (Hons) DipTP MRTPI

an Inspector appointed by the Secretary of State

Decision date: 21 December 2022

Appeal Ref: APP/Y0435/W/22/3295707
99 Stamford Avenue MK6 3LG

- The appeal is made under section 78 of the Town and Country Planning Act 1990 against a refusal to grant planning permission.
- The appeal is made by GND Support Limited against the decision of Milton Keynes Council.
- The application Ref 21/01169/FUL, dated 9 March 2021, was refused by notice dated 20 December 2021.
- The development proposed is described as: 'from C3 dwelling to C2 residential care home.'

Decision

1. The appeal is allowed and planning permission is granted from C3 dwelling to C2 residential care home at 99 Stamford Avenue MK6 3LG in accordance with the terms of the application Ref 21/01169/FUL, dated 9 March 2021, and subject to the following conditions:

   1) The development hereby approved relates to the following drawings: Location plan 1;1250@ A1 Block Plan 1; 500@ A1 Site Plan 1;200 @ A1 and Proposed plans – Drawing number DN-02 REV2.

   2) The area between the principal elevation of 99 Stamford Avenue and the highway shall be retained for the parking and manoeuvring of vehicles for the lifetime of the development hereby approved.

Main Issues

2. The main issues are:

   i) Whether or not there is a need for the supported living accommodation; and,

   ii) Whether or not the proposal provides adequate information to assess the impact of the development on occupiers and the capacity of health services.

Reasons

Background

3. The proposal is for the change of use of the property from use class C3 (dwelling) to use class C2 (residential institution). This provides 5 bedrooms for supported living accommodation for a variety of users with various needs including, but not limited to, those with learning needs. In addition, the appellant has advised that at present, the occupants using the appeal property

are those who have been discharged from hospital but continue to need supported living accommodation. There would be up to five residents and one staff member in any 24-hour period staying at the property.

Need

4. As part of the wider housing strategy for Milton Keynes, Policy DS2 of the Plan:MK (2019) supports the provision of additional housing accommodation for older persons and those with specialist needs through bed spaces within residential institutions (Use Class C2). Based on the Strategic Housing Market Assessment 2017 ('SHMA') there is a forecast for some 1200 bedspaces over the plan period. Policy DS2 also advises that Policy HN3 of the Plan:MK (2019) will inform specific development proposals.

5. Policy HN3 of the Plan:MK (2019), amongst other things requires that the proposal meets the housing needs of older people and households with specific needs that are evident at the time of the proposal. Part d) of Design Policy 1 of the Campbell Park Neighbourhood Plan (2018) ('NP') requires that housing needs are reflected in local adopted surveys by the Parish Council or Milton Keynes Council.

6. Although the SHMA provides estimates of vulnerable and older people needs for Milton Keynes between 2011-2021, this does show that over the survey period there has been some increase in need associated with the vulnerable and elderly. This, together with Policy DS2 of the Plan:MK (2019) highlight and support a need for C2 bedspaces.

7. Moreover, the Council has not referred me to any specific surveys identifying specialist housing need or existing supply. Indeed, the supporting text to Policy HN3 of Plan:MK (2019) highlights the complexity and difficulties to project with any certainty the precise housing needs associated with this type of accommodation over the plan period and that it would be inappropriate to set fixed targets for allocations within Plan:MK (2019) to provide some evidence of need for C2 bedspaces.

8. Against the above background, and notwithstanding whether or not the residents of the development are from within Milton Keynes Council, the appellant advises that the appeal property meets the needs of both old and young persons and that two of the ground floor ensuite equipped rooms are disabled access compliant. Therefore, the accommodation is suitable for a range of residents. Also, as already stated, at present the occupants are those who have been discharged from hospital and require supported accommodation. Whilst I do not condone the development of sites without planning permission, this does suggest that the facility is needed. Furthermore, the consultation response from Campbell Park Parish Council recognises and supports the need for this type of accommodation.

9. In light of the above reasons, I am satisfied that there is a need for this type of small scale supported accommodation, for which there is strong support under Policy HN3 of the Plan:MK (2019). The proposal also accords with Part d) of Design Policy 1 of the NP to the extent that the proposal is supported by the Campbell Park Parish Council.

The provision of adequate information to assess the impact of the development on occupiers and the capacity of local primary health care providers.

10. Policy HN3 of Plan:MK (2019) requires that local primary health care providers sustainably accommodate the increase in demands associated with supported and specialist housing. In particular, Plan:MK (2019) Policy EH6, states that all Use Class C2 developments are required to prepare a Health Impact Assessment (HIA) which will measure the wider impact on healthy living and the demands that are placed upon the capacity of health services and facilities arising from the development.

11. The overarching aims of the above policies are to ensure that the design and location of supported accommodation is informed by the availability and accessibility of facilities and public transport, to enable residents to live independently where possible and allow others to visit them in a comfortable and suitable environment. Also, that such accommodation considers the capacity of local primary health care providers.

12. Guidance on how Policy EH6 of the Plan:MK(2019) is implemented is provided in the Health Impact Assessment Supplementary Planning Document (SPD).

13. Whilst there is no set methodology for a HIA, the SPD suggests that the majority follow the five stages of Screening, Scoping, Appraisal, Reporting and Recommendations and finally Evaluation and Monitoring.

14. During the appeal, the appellant has submitted an assessment. This assessment is based on the 12 categories of the Screening/Scoping Template (Appendix 4 of the SPD) and does not follow the stages set out in the SPD.

15. However, as already stated, the SPD is guidance and this also states that the level of detail required in the HIA will be appropriate to the scale and nature of the development. I am also mindful that this type of accommodation is assessed and monitored by other regulatory authorities to ensure that the desired positive outcomes for residents are delivered. Therefore, and given the modest scale of the proposal (5 bedrooms of supported accommodation) the submitted information is proportionate to the scale and nature of the development.

16. Based on my observations, the appeal property has recently been extended and adapted to specifically provide supported accommodation in an established residential area, which is accessible to public transport and other facilities. This enables patients to be discharged from hospital into a community setting, with the provision of additional support to deliver positive outcomes for them.

17. With regard to the capacity of health services, I acknowledge that a group of residents discharged from hospitals and/or requiring accommodation with a degree of support, are more likely to be reliant on local primary health care providers than a family occupying the appeal property. Nonetheless, the proposal is of a modest scale and there is no concentration of this type of accommodation in the area. The appellant has also confirmed that the residents are already registered with a local GP surgery.

18. Drawing on the above reasons, and in the absence of any evidence to the contrary, the development is designed and located to deliver a positive impact on its residents and it is also unlikely that this would unacceptably affect the

capacity of local primary health care providers. Accordingly, I find no conflict with the overarching aims of Plan:MK (2019) policies HN3 and EH6.

Other Matters

19. Third parties have raised concerns about the implications of the development with regard to the risk of crime, the negative effect on local amenity and parking, and the effects of 24 hour working on the premises within a residential area. These matters were largely addressed in the Council's Report and did not form part of its reason for refusing the proposal. I have also considered these matters and on the evidence before me, I see no strong reason why these factors, whether alone or in combination, would justify resisting the scheme.

20. Approval is also sought for other alterations to the appeal property carried out to facilitate the change of use. These include lengthening of the single storey rear extension for a ground floor bedroom, a garage conversion for a further ground floor bedroom and boiler room and altering the hardstanding the front of the dwelling to provide ramped access to the entrance. The Council has concluded that these alterations are acceptable. I have also considered these and have no reason to take a contrary view.

Conditions

21. As the use has already commenced, it is not necessary to impose the standard implementation condition. To ensure that the proposal accords with the approved drawings I have specified a condition detailing these, in the interests of certainty.

22. The area in front of the appeal property is paved and can accommodate three independently accessible parking spaces which meet the Council's parking space dimensions. However, the Highways Officer raised a concern that the parking plan is not accurate and does not show the required circulation space. To this end, the Council has suggested a condition requiring a revised parking plan for approval. However, the Council's evidence suggests that the slight shortfall of circulation space between the parking spaces and the house wall is due to the original layout of the property and would have been the case under the previous C3 use and further advise that given this situation, it would be unreasonable to object to the development over the shortfall in circulation space. In light of this, it is only necessary to specify a condition which requires that the area between the principal elevation of the appeal property and the highway is retained for parking and the manoeuvring of vehicles.

Conclusion

23. For the above reasons, I conclude that appeal should be allowed.

M Aqbal

INSPECTOR