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## Appeal Decision

Inquiry held on 14, 15 and 16 July 2015

Site visit made on 15 July 2015

by **Mike Robins MSc BSc(Hons) MRTPI**

an Inspector appointed by the Secretary of State for Communities and Local Government

Decision date: 19 October 2015

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**Appeal Ref: APP/R3325/A/14/2222697**

**Land to the rear of Wincanton Community Hospital, Dancing Lane, Wincanton, Somerset BA9 9DQ**

- The appeal is made under section 78 of the Town and Country Planning Act 1990 against a failure to give notice within the prescribed period of a decision on an application for outline planning permission.
  - The appeal is made by Hopkins Developments Ltd against the decision of South Somerset District Council.
  - The application Ref 14/00838/OUT, is dated 24 February 2014.
  - The development proposed is residential development of up to 55 dwellings, access works, relocation of NHS parking, provision of open space and other ancillary works.
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### Decision

1. The appeal is allowed and planning permission is granted for up to 55 dwellings, access works, relocation of NHS parking, provision of open space and other ancillary works on Land to the rear of Wincanton Community Hospital, Dancing Lane, Wincanton, Somerset BA9 9DQ in accordance with the terms of the application, Ref 14/00838/OUT, dated 24 February 2014, subject to conditions set out in the attached Schedule.

### Application for costs

2. At the Inquiry an application for costs was made by Hopkins Developments Ltd against South Somerset District Council. This application is the subject of a separate Decision.

### Procedural Matters

3. Although the Council did not reach a formal decision on this proposal, the Area East Committee resolved that they would have refused it for the following reasons: the location of the site, given the distance, topography and lack of public transport, would present no realistic alternative to the private car and would therefore constitute unsustainable development; unjustified loss of best and most versatile agricultural land; the proposed access arrangements would not be conducive to the safe operation of the hospital; increased traffic leading to detriment to pedestrian safety on Dancing Lane; and unacceptable impact on the tranquil outlook and setting of the hospital to the detriment of users.
4. Their second proposed reason for refusal regarding agricultural land was withdrawn part way through the Inquiry. In light of the soil resources report from Reading Agricultural Consultants, I see no reason to disagree that this should no longer be a main issue in this appeal.

5. A Statement of Common Ground (SoCG) was submitted, signed and dated 14 July 2015. This confirmed the planning history and policy position as well as the Council's putative reasons for refusal.
6. The application was initially submitted in outline with matters relating to layout and access to be determined. However, amendments were sought and a revised illustrative Masterplan submitted and formally consulted upon. Accordingly, layout became a reserved matter. Furthermore, although detailed plans have been submitted in relation to the access to the site through the hospital, the appellant did not wish to set out full details of the proposed internal accesses and routes. Accordingly, the appeal was made in outline with all matters reserved.
7. There was discussion at the Inquiry as to whether the submitted plans constituted sufficient detail for access to be considered at this stage, and reference was made to the appeal on a nearby site on Dancing Lane<sup>1</sup>, where similar circumstances occurred. In this case, the Inspector agreed with main parties that access, as a matter to be considered at that stage, would comprise only the section of access that would fall within the public highway.
8. "Access", in relation to reserved matters, is defined<sup>2</sup> and means the accessibility to and within the site, for vehicles, cycles and pedestrians in terms of the positioning and treatment of access and circulation routes and how these fit into the surrounding access network; where "site" means the site or part of the site in respect of which outline planning permission is granted or, as the case may be, in respect of which an application for such a permission has been made.
9. The submitted details of the hospital section of the access are central to the case, but clearly cover only part of what is defined as access. Notwithstanding the approach set out in the Dancing Lane decision, access should remain a reserved matter. Nonetheless, while I have considered all other plans to be illustrative, I have relied on the detail shown in the plans related to this part of the access, with the understanding of the main parties that these details could be secured as part of a reserved matters application by condition. With regard to this, a revised access plan<sup>3</sup> was submitted to the Inquiry to correct a minor error. I am satisfied that no party would be prejudiced by my acceptance of this plan.
10. The National Health Service (NHS) were the previous owners of the appeal site, but sold it to the developer<sup>4</sup> with agreement that access could be taken through the hospital site. The NHS were also objectors to this proposal, although not as formal parties to the Inquiry. Nonetheless, I accepted a further statement and the submission of evidence to the Inquiry from NHS representatives.
11. A legal agreement, signed and dated 16 July 2015, was submitted by the appellant under the provisions of the Town and Country Planning Act 1990. This was to address the provision of a Travel Plan at the site, affordable housing and a number of planning obligations sought by the Council. I have considered this later in my decision.
12. In addition to my accompanied site visit on the second day of the Inquiry, which I chose to access on foot from the town, I made further unaccompanied visits to new development at Bayford Hill and the development site of New Barns. I also took

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<sup>1</sup> APP/R3325/A/14/2224654

<sup>2</sup> The Town and Country planning (Development Management Procedure)(England) Order 2015 - 2 (1)

<sup>3</sup> 0115-PHL-101 Rev B

<sup>4</sup> Conveyance dated 4 November 1992

the opportunity to walk from these sites to the town centre, and observe the morning drop-off and access to the secondary school.

13. In light of my findings, I gave the main parties the opportunity to comment on a condition, regarding demarcation of the Hospital boundaries, which had not been discussed at the Inquiry. In their response, the Council also confirmed that, notwithstanding their position at the Inquiry, a subsequent review had shown that they did not have a five-year housing land supply (HLS). A copy of the update taken to the Council's District Executive was provided, which the Council confirmed had been endorsed and which set out the position effective as of 3 September 2015. I have taken the responses to the suggested condition and this revised position into account in my decision.

### **Main Issues**

14. In light of these matters, I consider that there are three main issues in this appeal:
- The effect of the proposal on the continued safe operation of the hospital including the effect on patients, with particular regard to privacy, noise, disturbance and security;
  - Whether the proposed development can be considered sustainable, with particular regard to accessibility; and
  - The effect of the proposal on highway safety for users of Dancing Lane.

### **Reasons**

#### ***Background and Policy Position***

15. The appeal site comprises an access through the existing hospital car park leading to an open field located on the edge of Wincanton. Currently laid to grassland and used for occasional grazing, the field lies just beyond the Wincanton Community Hospital with the gardens of properties along Cale Way backing onto the site to the south. The site slopes gently down towards the northern and eastern boundaries, which are made up of mature native hedging and trees and which separate the site from more open countryside, albeit there is housing in the neighbouring field and along Verrington Lane and Old Hill. The remaining part of the appeal site, which currently provides car parking and services for the hospital, is itself accessed off Dancing Lane.
16. There has been a previous appeal regarding development of this site (the 2012 appeal)<sup>5</sup>. This appeal, which took place shortly after the publication of the National Planning Policy Framework (the Framework), concluded that the Council could not demonstrate a five-year HLS, but that harm to the character and appearance of the area, the accessibility of the site, highway safety and the safe operation of the hospital were found to significantly and demonstrably outweigh the benefits associated with the housing scheme.
17. Although this decision was initially challenged successfully, that challenge was overturned in the Court of Appeal; the decision stands and is a material consideration in this case.
18. There have been a number of significant changes since that appeal decision, notably the adoption of the South Somerset Local Plan (the Local Plan), in March

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<sup>5</sup> APP/R3325/A/12/2170082

2015. All parties were able to comment on the policies set out in this plan and the matter was addressed in the SoCG. The Local Plan Inspector's report confirmed that the Council were now able to demonstrate a five-year HLS against an overall District requirement of at least 15,950 houses<sup>6</sup>, with at least 703 dwellings within Wincanton. Notwithstanding that it was acknowledged that approximately 700 new dwellings were already committed in Wincanton, the strategic approach required that development was supported prior to adoption of the Site Allocation Development Plan Document (DPD).

19. Accordingly, a strategic policy, Policy SS5, was set out that established a permissive approach to further housing development, and specifically adjacent to the existing built up area of Wincanton, with the Council to undertake an early review<sup>7</sup> of employment and housing provision in Wincanton. This policy is directly applicable to the case before me.
20. The SoCG indicates that parties felt it unnecessary to examine the deliverability of housing sites to reach a firm conclusion on the five-year HLS, as the permissive approach in Policy SS5 is *'not dissimilar to that set out in paragraph 14 of the Framework'*. However, the matter was raised at the Inquiry, with the appellant indicating that they did not consider that the Council could demonstrate a five-year HLS, in which case any harm identified would have to significantly and demonstrably outweigh the benefits of the scheme. To support their case the appellant referred me to a recent decision on two linked appeals<sup>8</sup> (the Chard appeal/decision).
21. This decision reached a conclusion that the Council could not demonstrate a five-year HLS on the evidence presented at that appeal, and opined that it was due to the application of the 20% buffer, as required by the Framework, to the shortfall or backlog in housing delivery. This decision was issued in June 2015, only a few months after the adoption of the Local Plan when the Council had been found to have a five-year HLS.
22. There has clearly been differing approaches to this matter, but the Council's revised position, as presented after the closure of the Inquiry, is that they cannot now demonstrate a five-year HLS.
23. Accordingly, while Policy SS5 sets out a permissive approach and expressly allows for development outside of the built-up area of Wincanton, any adverse effects should be weighed against the benefits in accordance with the presumption in favour of sustainable development, as set out in Policy SD1 of the Local Plan and paragraph 14 of the Framework. I am satisfied that this permissive approach is not constrained by a total target figure for Wincanton.

### ***The Effect on the Hospital***

24. Wincanton Community Hospital is reported to have up to 28 beds and to cater for post-operative or end-of-life patients in addition to its more general community hospital role. Also on the site is the Ridley Centre, which offers day care and respite for dementia sufferers and carers. The centre includes a small, separate enclosed garden area to the southeastern corner of the hospital grounds.

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<sup>6</sup> Local Plan Policy SS4

<sup>7</sup> Within three years of adoption

<sup>8</sup> APP/R3325/A/13/2209680 and 2203867

25. Access to the hospital grounds from Dancing Lane currently splits at the entrance. Branching right to the main hospital entrance, there is some limited parking, a drop-off area and blue light vehicle access to the front of the hospital. The left branch leads to a service area, area for temporary screening units and car parking and extends around to the eastern side, adjacent to the appeal site, where there is overflow parking and the dedicated drop-off area for the Ridley Centre.
26. The service area includes the main boiler room, generator and waste storage areas. The car parking has block paving with no footways, and with entrances through low hedging or fencing and a row of substantial trees into the hospital grounds. To the eastern side of the grounds, the arms of the hospital wings partially enclose an open garden area with seating that currently looks out over the appeal site. Trees on the site are currently protected under a Tree Preservation Order (TPO).
27. Although it has been argued that the loss of the site would limit any expansion options at the hospital, I consider that very little weight can be given to this point in light of the NHS' role in selling the land, and indeed in renegotiation the up-lift clause in 2008. Furthermore, it is reported that there has been no approach to the developer regarding the purchase of all or any part of the site to allow for further expansion, nor have I been provided with any evidence to suggest that such expansion is planned for.
28. The proposed development would introduce up to 55 houses on the field accessed via the existing servicing and car park area for the hospital, albeit with some considerable changes from the existing situation and from the proposal put forward at the 2012 appeal. Although some of the existing car parking would be lost, additional parking would be provided for disabled users near the main entrance and for others along the eastern boundary, which would in total exceed the current provision.
29. Although the principle of the use of this route would appear to have been accepted by the NHS back in 1992, when the land was sold to the developer, considerable concern was raised regarding this element of the scheme, as well as the effect the scheme would have on the use of the hospital by patients; their security and what was referred to as the tranquillity of the setting. I consider there are two distinct elements to this concern; the effect on patients' outlook and their privacy and dignity, including security of the hospital grounds generally; and the safety of the proposed new road through the car park area.

#### *Effect on Patients and Hospital Security*

30. The hospital is currently at the end of a cul-de-sac; all users of the road beyond Dancing Lane are likely to be directly associated with the hospital as staff, visitors or patients. The new development would introduce additional vehicles accessing the housing, which would have no connection with the hospital, as well as pedestrians passing through the hospital site to reach the housing and future residents.
31. The adoption of the existing car park as a public road feeding the housing estate would include a noticeable increase in traffic, albeit overall levels would remain relatively low. This traffic would result in a change to the character of that area and an increase in noise. However, the road is separated from the hospital site by trees and service buildings, and is some distance from the main entrance and ward area, and in particular, the Ridley Centre. I consider that noise and disturbance

associated with the road access would not significantly affect the patients within the hospital itself.

32. The appellant has indicated that there would be a public open space (POS) backing onto the enlarged car parking area, which could provide for additional amenity space for hospital residents. In addition, the illustrative Masterplan indicates either extension of this POS or private garden space immediately alongside the small enclosed garden specifically associated with the Ridley Centre, with housing indicated only a very short distance from the garden boundary.
33. I have significant concerns about the relationship and resulting permeability between the hospital and public areas. I accept that the site is not secure presently, but nor is it accessed by anyone other than those likely to be directly associated. The boundary along the south of the access road could be formalised such that there is a clear definition between the public road and the hospital grounds, and this could be addressed in reserved matters. To the north of the proposed access, the permanent hospital facilities are not generally publically accessible and have only occasional staff access. However, I have some concerns regarding patient access to the mobile screening units and the relationship with general public access along the road, although this matter too could be addressed.
34. I have considerable concerns with the proposal for a public space backing directly onto the extended car park area to the east, and the significant interrelationship with the hospital's own grounds that this would engender, as well as specific concerns regarding the relationship with the Ridley Centre garden. I appreciate that the definitive layout of such open space would be for a reserved matters application, but such space is needed and in principle accepted by the appellant. To locate it here makes considerable sense and indeed is relied on in part, in arguments that the outlook from the hospital would be acceptable due to the buffer it would provide to the houses. However, the suggested interaction raises further concerns over the relationship with the car park and particularly with the existing grounds.
35. Patients will use hospital grounds when they are able, it does not require a medical qualification to appreciate that fresh air would be a positive aspect in recovery. It was evident from my site visit that this area is used, and has a relatively close relationship with the private rooms that open onto it. Furthermore, the enclosed garden space clearly has an important role within the care given to those attending the Ridley Centre.
36. Dealing with this relationship first, I consider that further private gardens or accessible POS, with housing in close proximity to the Ridley Centre would introduce a fully enclosing element that would be detrimental to the role this garden plays in the provision of health services. I fully appreciate that there are houses to the other boundary, and that the garden cannot be considered as completely divorced from noise and disturbance that would go with this relationship, despite the substantial boundary treatments and garden buildings that separate them. However, to enclose the other boundary similarly would leave no respite, considerably reduce the privacy available in this area and be detrimental to the outlook for users of this space.
37. However, this part of the scheme is not before me in detail and it would be possible to address increased separation to housing and a planting scheme that would provide a more robust and landscaped buffer along this part of the boundary, such

that the area would not be one easily accessible or in regular use, thereby mitigating any enclosing or intrusive relationship with the Ridley Centre garden.

38. Turning to the general permeability across the POS and the proposed extended car park. While I can see the attraction of presenting such interaction between the spaces as an extension to the hospital grounds, I consider that this would be an uncomfortable relationship. There would be a risk of the general public viewing the hospital grounds as part of the open space. In other circumstances this may be acceptable, but I consider that the privacy and dignity of hospital patients is paramount. There is a necessity for a substantial boundary here, and it would appear to me that such a boundary could be provided in association with a landscaped POS providing separation between the hospital and the housing, which could retain that privacy and dignity.
39. I accept that the public could enter the grounds through the road entrance to the extended car park or off the main access itself. However, there would be no incentive to do so subject to a suitable and robust boundary design, and no risk of this occurring accidentally or without appreciation of the demarcation between public space and hospital grounds. In any case, were someone intent on entering the grounds for criminal purposes there is nothing currently to stop them doing so.
40. The Council and NHS have advanced an argument that the existing field's association with the hospital gardens provides an open and tranquil setting beneficial to patient recovery, and refer to paragraph 123 of the Framework. I can understand their in principle concerns regarding disturbance to the quieter parts of the hospital grounds, but the site is already closely related to the residential estate of Cale Way. Furthermore, the existing open garden area gives onto car parking and the comings and goings of users of the Ridley Centre. Tranquillity, in terms of paragraph 123, would appear to me to relate to areas undisturbed by noise and valued for that reason, a definition that cannot be truly applied to the site here, albeit I have set out above my concerns regarding the relationship between the housing, the POS and the hospital.
41. I note the appellant's contention that there are many hospitals, in particular in urban areas, where there are tight relationships with roads and housing, and which are perfectly capable of providing good health services. I accept that, but also consider that those hospitals are likely to provide greater immediate security around main entrance doors, for example, and also to seek to provide amenity spaces in courtyards, roof-spaces and other private areas where they can be found within the larger general hospital complexes typically found in such areas.
42. While my findings on this matter would have weighed significantly against the scheme, I am conscious that the layout and landscaping of the housing and the POS is a reserved matter and I see no reason why it cannot be properly addressed at that stage, with the necessity of this approach secured though a condition.

#### *Access Safety*

43. There have been significant changes to the proposal considered in 2012, and this part of the scheme has been addressed in some detail. A two-way route with some traffic calming through one-way build outs on Dancing Lane would be provided, with a footway to the southern edge. Priority junctions would be introduced to the branch leading to the main hospital entrance, to the retained northern part of the car park and to the enlarged eastern car park, as well as a new crossing point between the retained parking to the north and the main hospital site. A lay-by

would be provided for loading and unloading, while the area where the temporary screening units are placed would be unchanged.

44. The appellant argues that the design accords with local estate road guidance, has been considered by the highway authority and found acceptable and has been subject to a Road Safety Audit. Nonetheless concerns were still raised as regards the safety of patients and staff crossing the road, but also the possibility of delays through increased traffic use and restriction to vehicle movement during deliveries or the arrival/departure of screening units.
45. The existing situation provides no specific loading or unloading areas; much of the car park operates as a shared space. Under these proposals there would be a dedicated lay-by and sufficient manoeuvring room for HGVs delivering the mobile screening units. The appellant's submitted evidence, following further surveys, indicates a combined maximum flow, including hospital traffic, of 70 vehicles per hour, approximately 1 every minute. Traffic would be less than this at other times, and some of the hospital traffic would not enter the car park service area but would instead turn right towards the main entrance. This evidence was not challenged by the Council, and represents relatively low traffic volumes in a situation where footways and dedicated crossing points will have improved circumstances for pedestrians. There is very good forward visibilities and speeds would be kept low by the controls on Dancing Lane and by the nature of the road. Overall, I consider there would be no material increase in highway safety risk from the proposal here.
46. I accept that staff may need to cross the road with waste for the storage facility a number of times during the day, but similarly find that the total traffic movements would be sufficiently low to allow time and opportunity to cross safely.
47. Such low traffic movements would mean that even were there to be a short delay while a lorry or HGV manoeuvred within the carriageway, there would not be significant tail backs so as to compromise the junction into the main hospital. A further point was introduced by the NHS at the Inquiry in relation to access to services under the road, for example should there be an interruption in power or heating. I consider that this circumstance would be little different to the existing position, and were emergency works required, I can see no reason why they could not be expedited on an adopted road, in the same way as they could at present.

#### *Conclusion on the First Main Issue*

48. I do not underestimate the concern expressed to me by people working at and connected with the hospital, but I have not found that the proposed road access through the hospital car park would increase highway safety risks. Nevertheless, I have noted that the proposal set out before the Inquiry in the illustrative Masterplan presents an uncomfortable and potentially harmful relationship between public areas and the hospital grounds. However, I consider that these matters could be addressed through conditions leading to a reserved matters application that would provide for suitable demarcation and the provision of a landscaped POS with adequate boundaries to the hospital and an area of land retained to provide adequate outlook and privacy to the Ridley Centre Garden.

#### **Accessibility**

49. Wincanton is accepted by the main parties as being a sustainable settlement suitable for housing. At issue, and addressed in the 2012 decision, is whether



development on the appeal site would have acceptable levels of accessibility to the town centre and to various services, facilities and public transport options.

50. There was general agreement over the distances to such facilities and a number of guidance documents were referred to, notably from Manual for Streets (MfS) and the Institute of Highway and Transportation (IHT). Despite references also to a number of other appeal decisions, I consider that such matters must be addressed on their merits taking account of the specific circumstances involved, including distance, topography or other factors, which may make a route unattractive for walking or cycling.
51. In this case, in addition to access to the hospital, the site is within a short walking distance of the secondary school and the sports centre; this weighs in favour of the site's accessibility. Other facilities, including primary schools, the town centre, retail and employment opportunities are beyond the 800m recommended in Manual for Streets, but considerably less than the 2kms often quoted as offering the potential to replace car journeys.
52. The route from the site to the town centre would be along Dancing Lane and down Springfield Road, which at points has a relatively steep gradient, before crossing the River Cale and approaching the town up a further slope. It is this topography that the Council and interested parties particularly refer to, suggesting that this would be a considerable disincentive to walking or cycling, especially with children, as well as for the elderly or disabled or those carrying shopping. Public transport options would include buses, although the stops are on West Hill and separated from the site by the slope of Springfield Road or Football Lane. These would not offer a realistic alternative to trips to the town, but would offer access to areas outside of Wincanton. A community bus is also currently available.
53. While the appeal site would benefit from relatively close access to some facilities there is no doubt that the distance and topography would be a disincentive to some to walk to town or to the primary schools for example. However, the distances involved cannot be considered as preventing such access and having walked the route, I consider it to be both possible and well-served in terms of footways and relatively quiet streets for the most part, with the only issue being some of the options for road crossings.
54. Nonetheless, there is some merit in the concerns raised, and I note that the 2012 decision found that future occupiers are likely to be dependant on the private car. However, to my mind, this is not the sole matter when considering the accessibility of a site in the context of sustainable development.
55. This matter was also addressed in the recent Dancing Lane decision, which unlike the 2012 decision, also considered the newly adopted Local Plan. While this decision drew some distinction between that site and the one before me, the route, in particular the steeper sections on Springfield Road, is common to both sites. My colleague in that case found the site would be likely to have a higher dependency on the private car than national or local policy might seek to achieve, but that residents would by no means be wholly or excessively reliant on that mode of transport. Positive weight was also placed on provision of a Travel Plan, which was acknowledged in that decision not to have been part of the 2012 proposal.
56. The site before me is a short additional walk along a flat route from the Dancing Lane site. It would add a few minutes to a route, which is a factor, but I am not convinced that it would necessarily alter decisions on whether to walk or cycle from

the site. Furthermore, in the case before me, a Travel Plan has also now been submitted, and secured by legal agreement. This plan has been assessed by the Highway Authority who are content with its provisions, such that they have not raised objections based on the accessibility of the site. I accept that such a plan cannot significantly increase public transport or make the walk to town more attractive. However, the provisions, including promotional and information material, funding for public transport, travel vouchers, provision of electric charging points and targets for changes in mode share, will all contribute to providing future occupiers with an enhanced choice to move to more sustainable forms of transport.

57. A balance must be taken between the wider location of the site in Wincanton, which is acknowledged to be a sustainable settlement, and the specific location relative to facilities within the town. This is especially the case where a significant increase in housing is envisioned for a District, and the growth of towns will inevitably lead to development on their edges and therefore somewhat removed from some facilities.
58. This is evident in terms of the existing recent development sites in the town and I noted similar relationships between the Bayford Hill development and some local facilities, or from New Barns and its access to the secondary school, for example.
59. Overall, while I accept that the site is relatively remote from some facilities and therefore not as high on the spectrum of accessibility as a more central or urban location, I am satisfied that it offers opportunities for walking, cycling or using public transport instead of a complete reliance on the private car, and furthermore, any such journeys would be limited by the location adjacent to a sustainable settlement. Thus, in the context of Wincanton, I find the site responds to the approach set out in paragraph 34-36 of the Framework, which says that such sites should maximise opportunities for more sustainable travel modes and note that provision of a Travel Plan is a key tool to facilitate this, but accept that it would not entirely minimise the need to travel. While accepting there are some issues with its accessibility, the proposal is also consistent with those aims of Local Plan Policies TA1 and TA4, which seek to promote low carbon travel and Travel Plans.
60. I consider this matter further in my overall planning balance and assessment of whether this proposal can be considered to be sustainable development as sought by Local Plan Policy SD1.

### **Highway Safety – Dancing Lane**

61. In addition to specific concerns regarding the access through the hospital site, concerns were raised by the Council in relation to harm to the highway safety of users of Dancing Lane. During the Inquiry it was conceded that traffic flows would be low and there was no one element that on its own was sufficient to refuse the scheme, but that a combination of factors combine to militate against it. These include the passage of HGVs, increased traffic passing through the 'S' bend near to the Dancing Lane appeal site and increased risk to pedestrians, particularly where there are no footways on Dancing Lane near to the school.
62. While it was accepted that some of these matters had been addressed to the Inspector's satisfaction in the Dancing Lane scheme, the Council emphasised the cumulative increase in traffic from the 25 houses there with the 55 houses proposed in the scheme before me.
63. As a result of the relatively low traffic flows currently associated with Dancing Lane, the cumulative increase of both of these developments would appear to be

significant. Analysis of the submitted Transport Assessments led to reported increases in peak hour movements of 181% for the appeal before me and 252% for the combined flows with the Dancing Lane development. However, vehicle numbers overall would remain low and well within the capacity of the road network here. It was reported that there have been no recorded injury accidents associated with the road.

64. Turning to the specific concerns, there is a narrow section along Dancing Lane approaching the hospital that would be tight for two HGVs to pass. However, I consider that such a meeting would not be particularly likely, and passage would still be possible utilising the open verge or the footway with mirrors adjusted. I can see no material risks here.
65. The 'S' bend element, where Springfield Road turns into Dancing Lane, would present sufficient forward visibilities that in the low traffic conditions that would prevail, it would not represent a significant highway safety risk.
66. Finally, while I note that the footway does not continue along the full length of the road past the secondary school, there are at least three entrances, including those on West Hill, and all can be separately accessed along footways. There is also traffic calming and a 20 mph restriction outside the school. Parking for school drop-offs may occasionally take place within this stretch, but the small overall increase in traffic potentially associated with vehicles leaving either or both of the development sites and choosing to use this arm of the road would not, in my view, materially increase risks.
67. The matter of the combined impact of a number of separate highway safety issues was addressed in the Dancing Lane decision and I concur with the Inspector in that case; if individual elements are found to be safe, there is no reason why they should add up to create an unsafe environment.
68. On the evidence before me, I consider that the proposal would not result in increase traffic sufficient to lead to material harm to the highway safety for users of Dancing Lane. The proposal would comply with Local Plan Policy TA5 in this regard, and the requirements of the Framework. These policies seek to ensure that new development does not compromise the safety and/or function of the local and strategic road network. While the Framework also seeks safe and suitable access for all, it notes that development should only be refused on transport grounds where the residual cumulative impacts of development are severe.

### **Other Matters**

69. I note the concerns of some residents regarding the effect on the character and appearance of the area generally. Although not a matter of concern between the main parties in this case, this was an issue which weighed in the previous 2012 decision on this site, although that decision was taken prior to the adoption of the recent Local Plan, which included Policy SS5. This policy is expressly permissive of development beyond the built-up area of Wincanton. Thus any harm to the character and appearance of the area, such as through the introduction of built form into currently open grassland, must be considered in this context.
70. The appellant has informed this later application with a landscape and visual assessment<sup>9</sup>, which was not available to the previous Inspector, and I further note the conclusions of the Council's own landscape architect, who considered that the

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<sup>9</sup> Dated 27 November 2013

scheme would have a limited visual profile and would be acceptable in landscape terms.

71. I took views of the site from the surrounding road network, including Old Hill and Verrington Lane. The appeal site is well-contained and the development would be relatively well-integrated into the existing built form of the town with development to two sides and with robust hedge and tree boundaries. As my colleague found in the 2012 decision, the proposal would result in the loss of an open field, would introduce built form into a rural setting and would be prominent when seen from houses along Cale Road that back onto the site.
72. However, subject to an appropriate standard of design in the layout, landscaping and design reserved matters, including the confirmed delivery of public open space and a landscaping scheme to include the surrounding trees and hedging, I consider that any final scheme should relate well to its setting with limited harm to the landscape characteristics of the area. In light of the clear policy position now prevailing, which differs from that in 2012, such harm to the rural character and appearance of the area must be considered in light of the expectation that there will be edge of town development extending the built form into the countryside.
73. The revised access design through the hospital grounds would necessitate the removal of a tree, referenced as T25, and protected under the TPO. While the group of trees here has a value to the character and appearance of the area, the loss of this one tree, while regrettable, would not on its own be sufficient to warrant dismissal of the appeal. It would have a limited impact on the role the group plays, and I note that the appellant's arboricultural report indicates that it may allow for a more balanced crown spread for other nearby trees. I concur with the Council that the removal of this tree would be acceptable in this case.
74. I also note some concerns from the NHS that the proposed parking to the east of the hospital could be utilised by residents of the housing. The appellant is intending to provide parking in full accordance with the local standards, including the provision of visitor parking. Furthermore, as I have set out above, I consider it necessary that the boundary along the rear of this parking area is a robust one with limited permeability to the POS and clear definition of public space and hospital grounds. Thus any resident parking here would have to walk back to the access road and down past the POS to enter the housing estate. Such parking cannot be discounted, but the evidence weighs against it being a likely scenario.
75. Although not a matter raised by either of the main parties, the potential for future conflict with the Wincanton Neighbourhood Plan (NP) was raised. The submission presented to me highlighted concerns regarding pressure on infrastructure, while a recent consultation exercise had resulted in a number of comments that there was a perceived threat to the future viability of the Wincanton Community Hospital from additional residential development. Nonetheless, it was acknowledged in the submission that the NP was at an early stage, having been designated in 2014 with a steering group established in January 2015. Furthermore, I have specifically considered the effect on access to the hospital and have concluded that there would be additional parking provided and a safe access retained. In such circumstances, I can give limited weight to the emerging NP.

## **Planning Balance**

76. This proposal would provide up to 55 houses with a significant proportion of affordable dwellings within a district that has an acknowledged requirement for a

significant boost in housing provision. Such matters weigh in favour of the proposal.

77. The development plan is consistent with the Framework in that Policy SD1 seeks to promote sustainable development, albeit the Council recognise that they now cannot demonstrate a five-year HLS. Whether a development can be considered to be sustainable needs to reflect the policies of the development plan and the Framework as a whole, and the three principal dimensions forming the definition in paragraph 7; social, economic and environmental.
78. In social terms, the scheme would deliver much needed housing and affordable housing, but this dimension also requires consideration of the resulting built environment, and accessible services that meet the community's needs. I have set out my concerns regarding the illustrative planned relationships between the housing and the hospital grounds, but consider that this could be addressed in reserved matters. I have also noted that the scheme, while still providing access to some key facilities and the opportunities for access to others, would not be as accessible as some, although the submitted Travel Plan would serve to support alternative sustainable transport choices.
79. In economic terms, the scheme would deliver short term benefits through the construction phase. Environmentally, there would be a change to the character of the field, but no significant harm has been set out in relation to other environmental factors. I am satisfied that the reserved matters would allow for landscaping proposals and the overall design ethos and layout to address the sites location on the urban fringe.
80. Taking these matters into account, I consider that my concerns can be addressed through reserved matters and that the site's limited accessibility and any small measures of residual harm would not significantly or demonstrably outweigh the benefits that would arise from a scheme that would assist in meeting the Council's need for housing. The proposal would therefore be sustainable development, which would accord with Local Plan Policies SD1 and SS5, and the Framework, in this regard.

### **S106 Agreement**

81. The S106 agreement between the appellant, the County Council and the District Council appropriately sets out the matter of delivery of the Travel Plan that I have addressed above.
82. The Council have also accepted that the submitted legal undertaking would ensure appropriate provision of the affordable housing; I see no reason to disagree and find this to be in accordance with Local Plan Policy HG3. The agreement also addresses contributions to education, youth facilities, changing rooms and playing pitches associated with the Wincanton Sports Centre, and I have considered these matters in light of the Framework, paragraph 204, and the statutory tests introduced by Regulation 122 of The Community Infrastructure Levy (CIL) Regulations, 2010.
83. I have reviewed the evidence of the Council in relation to these contributions, including the revised summary of the contributions sought that was submitted to the Inquiry. I am satisfied that primary schools are at or approaching capacity in Wincanton and that the additional contributions arise from detailed assessments identifying deficits within open space, sport and recreational facilities.

84. I note that earlier requests for contributions have been reviewed in light of Regulation 123 of the CIL Regulations coming into effect from 6 April 2015. As a result, the Council have confirmed that the swimming pool contributions have reached their limit and are no longer sought. I am satisfied that the other individual projects set out in this agreement are in accordance with Regulation 123.
85. The main parties are in agreement over the sums sought and, on the evidence before me, I am satisfied that the contributions meet the relevant tests and properly address infrastructure needs within the district and are in accordance with the development plan. I have therefore taken the agreement into account.

### **Conditions**

86. I have considered the conditions put forward by the Council and the appellant in the SoCG against the requirements of the national Planning Practice Guidance and the Framework. As an outline application I have set out the necessary implementation conditions (1, 2, 3), and restricted development to a maximum of 55 dwellings (4)
87. In addition to these, I have set out above explicit requirements regarding the access through the car park area and the demarcation of public areas and hospital grounds (5, 6, 7), to ensure the safe and secure operation of the hospital and the privacy of patients. I have imposed further requirements for the reserved matters application in relation to biodiversity enhancement to protect ecology (8).
88. For reasons of highway safety, I have set out requirements for hard surfacing elements, including parking, within the site (9), and a condition to ensure that internal roads are delivered alongside occupation of the approved dwellings (10). The relationship with the hospital and the nearby residential dwellings requires the imposition of a Construction Management Plan condition, with a clear focus on the continued access to, and full operation of the hospital during construction (11). To protect the character and appearance of the area, I have required tree and hedgerow protection of the existing natural boundary features (12). With regard to potential off-site flood risks I have sought a drainage scheme based on sustainable drainage principles (13), and finally, for the protection of public health, a scheme for the disposal foul drainage needs to be fully addressed and implemented (14). Where necessary and in the interests of clarity and precision and to avoid duplication, I have altered the suggested conditions to better reflect the relevant guidance.

### **Conclusion**

89. For the reasons given above and having regard to all other matters raised, I conclude that the appeal should be allowed.

*Mike Robins*

INSPECTOR

## APPEARANCES

### FOR THE LOCAL PLANNING AUTHORITY:

Mr Fletcher  
of Counsel

Instructed by South Somerset District Council

He called

Mr Baker BSc MICE  
C Eng FCIT FCILT EurIng

Transport Consultant  
MBC Traffic Engineers and Transport Planners

Mr Muston BA(Hons)  
MPhil MRTPI

Planning Consultant  
Muston Planning

### FOR THE APPELLANT:

Mr Choong  
of Counsel

Instructed by Hopkins Development

He called

Mr Awcock C Eng MICE  
MIHT MCIWEM

Transport Consultant  
AwcockWard Partnership

Mr Kendrick BA(Hons)  
MSc MRTPI

Planning Consultant  
Grass Roots Planning Ltd

### INTERESTED PERSONS:

Mr Mahoney

Local Resident and Chairman of Friends of  
Wincanton Hospital

Cllr Winder

Ward Councillor, South Somerset District Council

Cllr Colbert

Ward Councillor, South Somerset District Council

Cllr Vagg

Wincanton Town Councillor

Cllr Carroll

Councillor, South Somerset District Council

Mr D'Arcy

Local Resident

Mr Downton

Local Resident

Miss Edwards

Deputy Head of Division - NHS

Mr Owen

Estates manager - NHS

## **DOCUMENTS**

- 1 Council's letter of notification dated 23 June 2015
- 2 Draft Section 106 Agreement
- 3 Travel Plan comparison with Dancing Lane Appeal
- 4 Distance to facilities - comparison with Dancing Lane Appeal
- 5 Site Accessibility Plan
- 6 Appellant's Opening Statement
- 7 Interested party statements
- 8 Council Supplementary Proof re infrastructure contributions
- 9 NHS Statement
- 10 Cost Application
- 11 Details of Community Bus Scheme
- 12 Council Closing Submissions
- 13 High Court case : Dartford BC v SoSCLG and Landholding Capital Ltd [2014] EWHC 2626 Admin
- 14 Appellant's Closing Submissions

## **PLANS**

- 1 Set of plans
- 2 Corrected access plan 0115-PHL-101-Rev B
- 3 Access details for Dancing Lane appeal site
- 4 Lay-by swept path plan for 10m HGV

Richborough Estates



## **SCHEDULE OF CONDITIONS**

- 1) Details of the access, appearance, landscaping, layout, and scale, (hereinafter called "the reserved matters") shall be submitted to and approved in writing by the local planning authority before any development begins and the development shall be carried out as approved.
- 2) Application for approval of the reserved matters shall be made to the local planning authority not later than three years from the date of this permission.
- 3) The development hereby permitted shall begin not later than two years from the date of approval of the last of the reserved matters to be approved.
- 4) The development hereby approved shall comprise no more than 55 dwellings.
- 5) As part of the reserved matters application set out in Condition 1, details shall be submitted in relation to the vehicular access to Dancing Lane and revised parking arrangements to serve the hospital. These shall be in general accordance with Drawings 0115-PHL-101-Rev B and 0115-PHL-104-A.
- 6) No work shall commence, including groundworks, for the housing hereby permitted until the works within the public highway and hospital car park shown on Drawings 0115-PHL-101-Rev B and 0115-PHL-104-A and any further details secured under Condition 5, have been fully implemented.
- 7) As part of the reserved matters application set out in Condition 1, details of measures for the clear demarcation between public areas, including the proposed access road, the public open space, and hospital grounds, shall be submitted to and approved in writing by the local planning authority. These measures shall include the provision and maintenance of a boundary along the eastern side of the proposed extended car park area and hospital grounds and provision of a buffer strip between the proposed housing and the garden area associated with the Ridley Centre. The measures shall be implemented in accordance with the approved details.
- 8) As part of the reserved matters application set out in Condition 1, details of measures for the enhancement of biodiversity, to include a landscape and ecology enhancement and management plan, shall be submitted to and approved in writing by the local planning authority. The measures shall be implemented in accordance with the approved details.
- 9) No development shall take place until details of the estate roads, footways, footpaths, tactile paving, cycleways, verges, junctions, street lighting, sewers, drains, retaining walls, service routes, surface water outfalls, vehicle overhand margins, embankments, visibility splays, accesses, carriageway gradients, drive gradients, car, motorcycle and cycle parking (in accordance with the Somerset County Council Parking Strategy), and street furniture have been submitted to and approved in writing by the local planning authority. Details shall include plans and sections, showing as appropriate the design, layout, levels, gradients, materials and methods of construction, Development shall be carried out in accordance with the approved plans and any parking spaces shall thereafter be made available at all times solely for the parking of vehicles in association with those dwellings.

- 10) Any proposed internal roads approved at the reserved matters stage, including footpaths and turning spaces where applicable, shall be constructed in such a manner as to ensure that each dwelling, before it is occupied, shall be served by a properly consolidated and surfaced footpath and carriageway constructed to at least base course level between the dwelling and the existing public highway of Dancing Lane. The roads shall subsequently be completed in accordance with an approved timetable, which shall be submitted in writing to the local planning authority before any dwelling so served is first occupied.
- 11) No development shall take place, including any works of demolition, until a Construction Management Plan has been submitted to, and approved in writing by, the local planning authority. The Plan shall explicitly address maintenance of full access and operation of the adjacent hospital throughout the construction period, and include details of construction vehicle movements, construction operating hours, construction vehicle routes to and from the site, construction delivery hours, expected numbers of construction vehicles per day, vehicle parking for contractors and specific measures to be adopted to mitigate construction impacts in pursuance of compliance with the Environmental Code of Construction Practice. The approved Plan shall be adhered to at all times throughout the construction period.
- 12) No development shall take place until full details of a scheme for the protection of trees and vegetation around the periphery of the site has been submitted to and approved in writing by the local planning authority. The scheme as approved shall be adhered to in full throughout all phases of construction activity relevant thereto.
- 13) No development shall take place until details of the implementation, maintenance and management of a surface water drainage scheme, based on sustainable drainage principles, has been submitted to and approved by the local planning authority. The scheme shall be implemented and thereafter managed and maintained in accordance with the approved details. Those details shall include:
  - i) An assessment of the hydrological and hydrogeological context of the development;
  - ii) a timetable for its implementation, and
  - iii) a management and maintenance plan for the lifetime of the development which shall include the arrangements for adoption by any public body or statutory undertaker, or any other arrangements to secure the operation of the sustainable drainage scheme throughout its lifetime.
- 14) None of the dwellings shall be occupied until works for the disposal of sewage have been provided on the site to serve the development hereby permitted, in accordance with details to be submitted to and approved in writing by the local planning authority.