UNIVERSITY HOSPITAL OF SOUTH MANCHESTER

EXTENSION APPLICATION

PLANNING STATEMENT



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1. Introduction

1.1 This Planning Statement has been prepared by Beaumont & Cowling Chartered Architects in support of a planning application submitted by the University Hospital of South Manchester at Southmoor Road, Wythenshawe, Manchester, M23 9LT.

1.2 The description of development ('The Proposed Development') is:

"Extension and alterations to the existing Cardiac Unit at Lower Ground and First floor levels with additional associated parking areas."

1.3 The purpose of the proposed development is to meet changes in clinical requirements and to accommodate new facilities to meet specific health care demand.

Structure of report

1.4 The report is structured as follows:

- Chapter 2 – Site and Surroundings – provides a description of the Application Site;
- Chapter 3 – Recent Planning History – update of recent planning permissions;
- Chapter 4 – Proposed Development – provides a description of the development proposals and the context for them;
- Chapter 5 – Planning Policy Framework – summarises the relevant planning policy requirements;
- Chapter 6 – Planning Analysis – analyses the relevant planning issues and the proposal's compliance with the Development Plan and other material considerations; and
- Chapter 7 – Summary and Conclusions.

1.5 Alongside this Statement, reference should also be made to the following:

- Planning application forms and ownership certificates, duly signed and completed;
- Location Plan;
- Existing Site Plan;
- Proposed Site Plan;
- Existing Elevations;
- Proposed Elevations;
- Proposed Sections;
- Existing Ground, First Floor Plans;
- Proposed Lower Ground, First Floor Plans;
- Existing and Proposed Roof Plans;
- Design and Access Statement;

1.6 Read together these documents provide a comprehensive analysis of and justification for the Proposed Development.

2. Site and Surroundings

2.1 The Proposed Development is an extension to the UHSM Cardiac Unit. The Unit was completed in the autumn of 2007 and houses a purpose-built Out Patient's facility and medical imaging suite to the ground floor and a HDU/ICU to the first floor. The Cardiac Unit is sited toward the Western boundary of the Wythenshawe Hospital complex. Located in south Manchester, the Hospital offers comprehensive NHS services to patients from the local area, Greater Manchester and across the North West.

2.2 The Hospital dates from the early twentieth century and has had alterations and extensions of varying scales.

2.3 The wider Hospital site is bounded to the West and South by Floats Road, to the East by Southmoor Road, to the North by Ledson Road and intersected by Hospital Road. The land to the North and West of the wider site is predominantly industrial in use, that to the South is green fields and the East is bounded by a line of mature trees with a housing estate beyond.

2.4 The hospital is accessed by vehicles via Southmoor and Floats Road. The site is accessible by regular bus services which also tie into Metrolinks and Rail services from the immediate, local and city centre areas and the airport. A Metrolink extension is planned at the intersection between Southmoor Road and Hollyedge Road as part of the Airport Line.

2.5 The proposed site for the extension (as defined in the Site Location Plan) proposes a two-storey (Lower Ground and First floor) extension to the West.

2.6 The application site measures 128.4 hectares.

Existing Healthcare Functions within the Cardiac Unit

2.7 The existing healthcare offer comprises:

- Out Patient's Accommodation to the Ground (and Lower Ground) Floor with the following functions:
    - Consultation
    - ECG Examination
    - Exercise Facility
    - Tilt Test Facility
    - Pacing Facility
    - Ambulatory Monitoring Analysis
    - Staff Supporting Accommodation
- MRI suite to the North West of the facility
- High Dependency/ Intensive Care Unit with 26N^{o}. In Patient beds, 6N^{o}. separate rooms with en suite and associated ancillary and support accommodation.

The Existing Cardiac Centre Building

2.8 It comprises a total floor space of 5,752 sq. m (Gross Internal Area) with 2,428 sq. m provided at ground/lower ground level, 2,506 sq. m at first floor level and 818 sq. m provided at rooftop plant level.

2.9 It comprises a total staffing level of 320N^{o}, with 70N^{o} located on the ground & lower ground floor and 250N^{o} on the first floor.

NB. These figures are based on whole time equivalent (WTE) and thus approximate.

3. Recent Planning History

3.1 The Hospital has been extended and altered over time to accommodate the changing nature of the healthcare demand within the area.

3.2 The Cardiac Unit had planning permission granted (Reserve Matters) in 2006

(ref: 079593/MO/2006/S2).

4. The Proposed Development

4.1 The proposed description of development is:

4.2 *"Extension and alterations to the existing Cardiac Unit at Lower Ground and First floor levels with additional associated parking areas"*

4.3 The proposed development comprises the following works:

- Two storey extension of existing Cardiac building into existing soft landscaping and car parking area. The extension will provide a second state-of-the-art MRI scanner and a new CT imaging facility to the ground floor and an improved administrative/service facility to the first floor.
- The associated mechanical and electrical plant for the medical imaging facility will be obscured from view at roof level matching the approved Cardiology building.
- A new glazed walk-way will connect the existing MRI reception with the new extension, allowing the existing facility to remain in-use and unaffected by the proposals. The walk-way will also provide access to the stair and lift core for access by staff and visitors to the first floor level.
- As the proposed works will be built over a portion of the existing parking area, the remaining parking area has been rearranged to maximise the number of bays and create an efficient vehicular flow. Two further parking areas are proposed to make up the shortfall of those removed and provide adequate bays for the new facility.

4.4 Gross External Floor Area:

The development comprises a total additional floor space of 863 sq. m rounded (gross external floor area) with 416 sq. m provided at lower ground floor, 363 sq. m provided at first floor and 84 sq. m provided roof level.

4.5 Gross Internal Floor Area:

The development comprises a total additional floor space of 790 sq. m rounded (gross internal floor area) with 386 sq. m provided at lower ground floor, 336 sq. m provided at first floor and 68 sq. m provided roof level. In total the Cardiology Building will extend to some 6,542 sq. m (Gross Internal Area) as a result of the proposed development.

4.6 The development will have a maximum height of approximately 10,900 m from ground floor finished floor level (11,900 m from lower ground finished floor level). Lower ground is 1m less than ground floor finished floor level.

4.7 Vehicular Parking

The development seeks to improve the parking facility associated with the proposal by creating a total of 9N^{o} new bays.

Proposed Healthcare Functions within the Cardiac Unit

4.8 The proposed development would result in the following additions/alterations to the existing healthcare offer:

Lower Ground Floor

- 2N^{o} MRI Scanners (from existing 1N^{o} MRI scanner);
- 1N^{o} CT Scanner
- Associated clinical spaces
- Sub-wait areas
- Glazed access link

First Floor

- Staff room and changing facilities
- Teaching/seminar rooms
- Administrative offices

4.9 In all other respects the proposed healthcare functions will be the same as the existing.

Clinical Need

4.10 As a major cardio-thoracic centre, UHSM must ensure that it is able to provide facilities compliant with the most recent National Institute for Health and Care Excellence (NICE). The 201 NICE guideline CG95 requires that patients submitting with chest pain but a low probability of heart disease should be assessed with a cardiac CT scan (cCT). Over and beyond this requirement, the cCT has been shown to be a cost-effective way of investigating acute and chronic chest pain and allows the highest through put and turnaround times, allowing shortening of A&E stay for sufferers.

4.11 In 2012/13, the existing cardio MRI (cMR) facility increased the number of scans by a third from the previous year reaching the maximum capacity that can be achieved with a single scanner.

4.12 In order to facilitate sufficient capacity and access to cMR for the Greater Manchester population there is a need for at least 2N^{o} further scanners.

4.13 The Hospital is deficient in a number of areas. This includes:

- A cCT imaging facility
- The availability of additional MRI facilities to meet increasing demand; and
- Associated administrative and staff welfare facility for the proposed scanner extension.

Local Employment

4.14 The proposed development seeks to provide a longer term development strategy for the Hospital employing a further 16 N^{o} employees whilst responding to changes in healthcare legislation and clinical requirements, meeting new and specific health care demand.

5. Planning Policy Framework

5.1 The site lies within Manchester City Council administrative area. The key planning documents considered to be material to this application are:

- National Planning Policy Framework (March 2012).
- Manchester's Core Strategy (July 2012);

National Planning Policy Framework (March 2012)

5.2 The NPPF advises that the 'golden thread running through both plan making and decision taking' should now be '*a presumption in favour of sustainable development'* (paragraph 14). In terms of plan-making it states:

Building a strong, competitive economy

5.3 The NPPF gives significant weight to ensuring the planning system does not act as an impediment to sustainable growth and supports economic growth (Paragraph 19). This includes supporting existing business sectors, taking account of whether they are expanding or contracting as set out in Paragraph 21. It also reiterates policies must be flexible to accommodate the needs not anticipated in the plan and respond rapidly to changes in economic circumstances.

Good Design

5.4 The NPPF also highlights planning policies and decisions should aim to ensure that developments "*respond to local character and history, and reflect the identity of local surroundings and materials, while not preventing or discouraging appropriate innovation*" and are "*visually attractive as a result of good architecture and appropriate design.*" (paragraph 58).

Promoting Healthy Communities

5.5 The NPPF guards *"against the unnecessary loss of valued facilities and services, particularly where this would reduce the community's ability to meet its day-to-day needs."*

5.6 The NPPF core principals empower the planning authorities to *"take account of and support local strategies to improve health, social and cultural wellbeing for all, and deliver sufficient community and cultural facilities and services to meet local needs."*

5.7 Local Planning Authorities are required to approach applications for economic development positively and proactively. Moreover, the adverse impacts of development should only carry weight where the adverse impacts of allowing the development would significantly and demonstrably outweigh the benefits of the proposal.

Manchester's Local Development Framework (Core Strategy) 2012

5.8 The Manchester Core Strategy was formally adopted on 11th July 2012.

5.9 As stated in Policy EC 10 (point 2) "University Hospital South Manchester [is] suitable for growth related to healthcare and biosciences and ancillary offices".

5.10 The core strategy vision of Manchester in the year 2027 (section 4.1)will be:

> *"A City with an increased and sustainable healthy population and community which both benefits from and drives the City's productivity upwards."*

Other Policies

The Wythenshawe Strategic Regeneration Framework

Section 11.14 (Knowledge Capital & the Health Sector) states:

> *"There is a need for greater emphasis on the one true centre of excellence in Wythenshawe – the hospital. This major general hospital is a university teaching location, employing over 4,000 people on site and attracting the best business in a number of key health sectors. The objectives of the Knowledge Capital strategy need to be taken forward in Wythenshawe through physical development that provides both a further/higher educational learning centre and also a focus for economic investment."*

6. Planning Analysis

6.1 This section considers the development proposals against the background of the planning policy context provided above.

6.2 The proposals seek to enhance and upgrade health facilities available at the hospital and involve the development of an extension to the hospital comprising 790 sq. m (GIA in total) and additional parking facilities.

6.3 The clinical need and health demand for the proposals has been considered in Section 4. There is a clear need to address emerging deficiencies within the hospital services and meet the continual growth of NHS patient demand for further clinical and administrative facilities. As a result of this, the proposed development will employ an additional 16N^{o} people and therefore does not seek to intensify the use of the Cardiac unit, rather improve the existing facilities, so they can more effectively deal with current demand and use.

6.4 The adopted Core Strategy supports the "continued growth and development of the hospital" (Policy EC12). The NPPF also states that planning policies and decisions should ensure that established facilities and services are able to develop and modernise in a way that is sustainable (paragraph 70).

6.5 Accordingly, the NPPF requires Local Planning Authorities to approach applications for economic development positively and proactively. The adverse impacts of development should only carry weight where the adverse impacts of allowing the development would significantly and demonstrably outweigh the benefits of the proposal (paragraph 14).

6.6 In this context, the main planning issues associated with this proposal are, in our view:

- Impact on design and visual amenity;
- Impact on neighbouring amenity.

Impact on design and visual amenity

6.7 The proposal has been driven by the requirement to link the existing and proposed MRI exam rooms via a shared control room for clinical collaboration; allowing for the required clinical and support spaces within discrete and controlled areas; maintaining the existing fire escape and access routes; retaining as many parking bays as possible and retaining the side access road & pedestrian footpath.

6.8 The existing cardiology unit is stepped back from the main hospital frontage line; however the proposal approximately follows this main hospital line. The height of the proposed will not extend beyond that of the existing building.

6.9 The siting of the proposal will not affect the view of the Out Patient's Entrance from the junction of Floats Road and Hospital Road maintaining ease of way-finding by patients and visitors.

6.10 With the above in mind, we believe that the proposal will not have an adverse effect on the visual amenity of the site.

6.11 The areas affected by the extension comprise small areas of hard and soft landscaping. There are four existing trees in parking area B. The two mature trees beside the parking access road are to be retained

with two smaller/younger trees to be removed to the centre of the grass area. There are no valuable or mature trees affected by the proposed development.

6.12 The perimeter hedge to the West (parallel to Floats Road) will remain as existing and up to the entrance to parking zone B. The West of the proposal will continue to be screened sufficiently from Floats Road and neighbours to the opposing side. It is therefore envisaged that there will be no impact on visual amenity.

6.13 To maintain aesthetic continuity, the proposal will use the same material palette as the existing Cardiology Unit.

Impact on neighbouring amenity

In light of the above, the hospital site is separated from the Western neighbouring properties by Floats road. The vehicular access within the site between the proposal and Floats Road will create a visual buffer. The existing, retained perimeter hedging will ensure there are no issues of overlooking from the properties west of the site.

6.14 As such, no adverse impact is likely to be significant or material to neighbouring amenity.

New Plant

6.15 All new plant will be contained at roof level of the proposal.

6.16 An acoustic louvre feature perimeter to the flat roof area will be constructed to screen the plant and mitigate the impact of noise.

Vehicular Parking

6.17 The existing and proposed parking facility is as thus:

	Existing	**Proposed**	**Difference**
Standard Bays:	35N^{o}	35N^{o}	0N^{o}
Disabled Bays:	5N^{o}	14N^{o}	+9N^{o}
Total:	**40N^{o}**	**49N^{o}**	**+9N^{o}**

Summary

6.18 The proposals seek to address existing deficiencies at the hospital and enhance the current healthcare facilities. The proposed development is generally compliant with policy and would not affect the amenity of the area. It would not lead to any significant adverse impacts.

6.19 To this end, and given the associated benefits of enhancing health facilities at the site, the council should positively determine the application in accordance with the presumption in favour of sustainable development.

7. Summary and Conclusions

7.1 The Proposed Development seeks extension to the existing hospital building to address changes in clinical requirements and to accommodate new facilities to meet specific health care demand. The proposals include:

- Two storey extension of existing Cardiac Unit to the West of the site to form a new state-of-the-art cardiology medical imaging suite to the lower ground floor and associated administrative facility, educational/seminar space and staff welfare facilities on first floor;
- The use of the building footprint is to be maximised by the inclusion of rooftop plant space.

7.2 As health care demand continues to grow and clinical workflows change, new medical imaging facilities are an essential part of the future cardiac offer at UHSM.

7.3 The first floor administration and seminar spaces enable the UHSM to maintain its commitment to continued professional development and can be considered part of the 'knowledge economy'.

7.4 The impact of the proposed development has been considered, and it is concluded that the development would not adversely impact on visual or neighbouring amenity, character and setting of the area. Whilst the proposals would inevitably increase the built footprint of the Hospital, no valuable trees or soft landscaping will be removed.

7.5 In conclusion, it is our view that the clinical need and the qualitative improvements associated with the proposals outweigh any perceived adverse impacts resulting from the development.