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- telephone: 01623 457381



Property Services

NHS Property Services Ltd
10 South Colonnade
Canary Wharf
London E14 4PU
town.planning@property.nhs.uk
www.property.nhs.uk

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BY EMAIL ONLY

NHSPS Response to Q8.7 in the Matters, Issues and Questions

Thank you for the opportunity to respond to the Matters, Issues and Questions document. The following representations are submitted by NHS Property Services (NHSPS) in relation to Policy SD13 only.

Foreword

NHS Property Services (NHSPS) manages, maintains and improves NHS properties and facilities, working in partnership with NHS organisations to create safe, efficient, sustainable and modern healthcare environments. We partner with local NHS Integrated Care Boards (ICBs) and wider NHS organisations to help them plan and manage their estates to unlock greater value and ensure every patient can get the care they need in the right place and space for them. NHSPS is part of the NHS and is wholly owned by the Department of Health and Social Care (DHSC) – all surplus funds are reinvested directly into the NHS to tackle the biggest estates challenges including space utilisation, quality, and access with the core objective to enable excellent patient care.

Question Q8.7 Policy SD13

***Q4.5** Is Policy SD13 consistent with Section 11 of the National Planning Policy Framework in seeking to protect the loss [of] commercial community facilities?*

Response

This response follows a representation submitted at Regulation 19 stage, in which NHSPS sought modifications to Policy SD13. Following further review NHSPS remains of the view that Policy SD13, as worded, does not provide the NHS with sufficient flexibility with regard to the use of its estate to deliver its core objective of enabling excellent patient care and in support of key healthcare strategies such as the NHS Long Term Plan.

The NHS requires flexibility with regards to the use of its estate to deliver its core objective of enabling excellent patient care and support key healthcare strategies such as the NHS Long Term Plan. In particular, the disposal of sites and properties which are redundant or no longer suitable for healthcare for best value (open market value) is a critical component in helping to fund new or improved services within a local area. Requiring NHS disposal sites to explore the potential for

alternative community uses and/or to retain a substantial proportion of community facility provision adds unjustified delay to vital reinvestment in facilities and services for the community.

All NHS land disposals must follow a rigorous process to ensure that levels of healthcare service provision in the locality of disposals are maintained or enhanced, and proceeds from land sales are re-invested in the provision of healthcare services locally and nationally. The decision about whether a property is surplus to NHS requirements is made by local health commissioners and NHS England. Sites can only be disposed of once the operational health requirement has ceased. This does not mean that the healthcare services are no longer needed in the area, rather it means that there are alternative provisions that are being invested in to modernise services.

Section 11 of the National Planning Policy Framework 2024 (NPPF) sets out the ways in which planning policies should promote the more effective use of land.

Paragraph 125 of the NPPF, within Section 11, specifically states that Local Planning Authorities should take a proactive role in identifying and helping to bring forward land that may be suitable for meeting development needs, including suitable sites held in public ownership, using the full range of powers available to them – in particular points C and D below:

- *c) give substantial weight to the value of using suitable brownfield land within settlements for homes and other identified needs, proposals for which should be approved unless substantial harm would be caused, and support appropriate opportunities to remediate despoiled, degraded, derelict, contaminated or unstable land;*
- *d) promote and support the development of under-utilised land and buildings, especially if this would help to meet identified needs for housing where land supply is constrained and available sites could be used more effectively (for example converting space above shops, and building on or above service yards, car parks, lock-ups and railway infrastructure)*

NHSPS therefore considers that Policy SD13 is not consistent with the overall aim of Section 11 of the NPPF. Through additional requirements applied onto sites in public ownership, including NHS sites, this impedes and delays the process of releasing suitable sites for alternative uses, and in turn, can have a harmful impact on the NHS's ability to ensure the delivery of essential facilities and services for the community.

In line with our previous response, NHSPS supports the provision of sufficient, quality community facilities but does not consider the proposed policy approach to be positively prepared or effective in its current form. Where it can be demonstrated that health facilities are surplus to requirements or will be changed as part of wider NHS estate reorganisation and service transformation programmes, it should be accepted that a facility is neither needed nor viable for its current use, and policies within the Local Plan should support the principle of alternative uses for NHS sites with no requirement for retention of a community facility use on the land or submission of onerous information. To ensure the Plan is positively prepared and effective, NHSPS are seeking the following addition (*shown in red italics*) to Policy SD13 and supporting paragraph 9.128.

Proposed Modification to Draft Policy SD13:

“3. Development for the alternative use of buildings or sites required for the provision of health and community facilities will not be permitted unless:

- a. Adequate replacement provision is made;
- b. There is no longer a requirement for the facility in that location or an alternative facility in the locality has the capacity to meet those need; *or*
- c. *The loss or change of use of an existing built health and community facility is part of a wider public service estate reorganisation;*
- d. For commercial community facilities, it can be demonstrated the current use is no longer economically viable and there is no prospect of it becoming viable.”

Conclusion

NHSPS supports the provision of sufficient, quality community facilities, but in line with the reasons above do not consider Policy SD13, as currently drafted, to be consistent with paragraph 125 of the NPPF and does not reflect the overall aim of Section 11. Amendments have been suggested to ensure that the policy is positively prepared and effective.

The requirements for health commissioning and the form of any health provision are a decision for local health commissioners and should not be constrained by planning policy. The NHS needs to retain the flexibility to implement its health commissioning strategy (at pace) to meet the needs of the population at any time, and in order to make more effective use of its estate.

NHSPS does not consider it necessary to attend the hearing sessions.

Should you have any queries or require any further information, please do not hesitate to contact me. NHSPS would be grateful to be kept informed of the progression of the Local Plan via our dedicated email address, town.planning@property.nhs.uk.

Yours faithfully,



Hyacinth Cabiles LRTPI
Graduate Town Planner
M: 07522705907 | E: hyacinth.cabiles@property.nhs.uk

For and on behalf of NHS Property Services Ltd