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Dear Planning Policy Team,

Ashfield Local Plan – Pre-Submission Draft (Regulation 19)

Thank you for the opportunity to comment on the above document. The following comments are submitted by NHS Property Services (NHSPS).

Foreword

NHSPS manages, maintains and improves NHS properties and facilities, working in partnership with NHS organisations to create safe, efficient, sustainable, modern healthcare and working environments. NHSPS has a clear mandate to provide a quality service to its tenants and minimise the cost of the NHS estate to those organisations using it. Any savings made are passed back to the NHS.

Overview

In April 2013, the Primary Care Trust and Strategic Health Authority estate transferred to NHSPS, Community Health Partnerships and NHS community health and hospital trusts. All organisations are looking to make more effective use of the health estate and support strategies to reconfigure healthcare services, improve the quality of care and ensure that the estate is managed sustainably and effectively.

NHSPS support NHS commissioners to deliver a local health and public estate that can be put to better use. This includes identifying opportunities to reconfigure the estate to meet commissioning needs, as well as opportunities for delivering new homes (and other appropriate land uses) on surplus sites.

The ability to continually review the healthcare estate, optimise land use, and deliver health services from modern facilities is crucial. The health estate must be allowed to develop, modernise or be protected in line with integrated NHS strategies. Planning policies should support this and be prepared in consultation with the NHS to ensure they help deliver estate transformation.

Our comments on the policies set out within the **Pre-Submission Draft Local Plan** are as follows.

Policy flexibility (enabling the NHS to be able to promptly evolve its estate)

Introduction

Policy SD13 Provision and Protection of Health and Community Facilities seeks to secure the provision of health and community facilities where there is an identified need, including where it is a result of new development proposals. The policy also looks to the protection of such facilities through resisting proposals resulting in the loss of health and community facility use, where Point (3.) would need to be demonstrated for the loss to be permitted:

- 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;*
- c. *For commercial community facilities, it can be demonstrated that the current use is no longer economically viable and there is no prospect of it becoming viable.*

This is also covered within supporting paragraph 9.128 which identifies what a planning application is required to demonstrate where there is no longer a requirement for a health and community facility, justifying a facility's loss:

- *No shortfall in provision will be created by the loss;*
- *Adequate alternative facilities are already available in the area;*
- *A replacement facility that meets the needs of the local population will be provided;*
- *The facility is no longer required in its current use.*

NHSPS supports the provision of sufficient, quality community facilities, but object to specific wording within this policy concerning the loss of health and community facility use. As such, our view remains in line with our previous response to the Draft Local Plan Consultation (Regulation 18) and should be read alongside this response.

We would therefore request that policy wording amendments are made to support the principle that where the NHS can demonstrate a health facility will be changed as part of NHS estate reorganisation programmes, this will be sufficient for the local planning authority to accept that a facility is neither needed nor viable for its current use, and therefore that the principle of alternative uses for NHS land and property will be fully supported.

Context

As stated in our previous response for the Draft (Regulation 18) Consultation, NHSPS require flexibility within the NHS estate. NHSPS works with local NHS Commissioners ensuring that the necessary services are provided in the best possible location and to better facilitate and adapt to changing models of care.

We therefore advise that this policy within the Local Plan be able to better reflect that some public service providers, such as the NHS, routinely undertake strategic reviews of their estates. Policies which are aimed in preventing the loss of change of use of community facilities and services can be overly restrictive to the disposal of NHSPS sites and can cause delays in the vital re-investment in the NHS estate, which can be used to improve existing facilities and services.

The disposals of surplus sites that have been declared as no longer needed for healthcare purposes are often an important component in funding new and improved health provision in the locality, and this must not be restricted through overly restrictive policies.

In line with NPPF Paragraph 121, where NHS Commissioners can demonstrate that sites are no longer required for the provision of services, there should be a presumption that such sites are suitable for other uses, as seen appropriate and should therefore not be subject to restrictive policies.

For the reasons outlined above, we are of the view that Policy SD13 should be amended to facilitate the formal estate planning processes of the NHS. Where it can be demonstrated that health facilities will be changed as part of a wider NHS estate reorganisation programme, it should be accepted that a facility is neither needed nor viable for its current use.

With this in mind, we remain keen to encourage that flexibility be granted to the NHS via the wording of this policy and through amending wording of this policy.

Amended Wording

The recommended resulting amendments to Policy SD13 should include the following wording (in red):

“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; and*
- 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.”*

As well as in guidance within supporting paragraph 9.128 (in red):

“The Council will resist the loss of health and community facilities unless there is no longer a requirement for the facility in that location. The application will need to demonstrate that:

- No shortfall in provision will be created by the loss;*
- Adequate alternative facilities are already available in the area;*
- A replacement facility that meets the needs of the local population will be provided;*
- The facility is no longer required in its current use; or*
- The loss of change of use is part of a wider public service estate reorganisation.”*

These changes would directly address the issues outline above; and would ensure that the NHS is able to effectively manage its estate, disposing of unneeded and unsuitable properties where necessary, to enable healthcare needs to be met.

Policy (health considerations in policy/design)

Strategic Policy S12 Tackling Health Inequalities and Facilitating Healthier Lifestyles

identifies the ways in which new developments can be designed to facilitate the delivery of and improvement towards healthier communities and lifestyles and recognises the role of planning in creating healthy places. **Policy SD2 Good Design Considerations for Development** sets placemaking and design standards for new developments in contributing towards a healthy, safe and sustainable environment. This concerns new developments' built form, inclusion of public realm elements and standards for facilitating better movement and safer spaces.

In line with our previous response to the Ashfield Draft Local Plan Consultation (Regulation 18) consultation, NHSPS **supports Policy S12**. In addition, we support **Policy SD2** as it identifies different design elements which can be considered in the delivery of new developments, and we wish to put forward specific policy requirements which sets out ways in which new developments can facilitate healthy places in further supporting these policies.

Context

There is a well-established connection between planning and health, and the planning system has an important role in creating healthy communities. The planning system is critical not only to the provision of improved health services and infrastructure, enabling health providers to meet changing healthcare needs, but also to addressing the wider determinants of health.

The NPPF is clear in stating that "Planning policies and decisions should aim to achieve healthy, inclusive and safe places" (Paragraph 92).

Identifying and addressing the health requirements of existing and new development is a critical way of ensuring the delivery of healthy, safe, and inclusive communities. On this basis, we would welcome further consideration of healthy design requirements within the Local Plan, and would encourage engagement with the NHS on this matter.

Specific policy requirements to promote healthy developments should include:

- Development proposals to consider local health outcomes
- Design schemes to encourage active travel, including through providing safe and attractive walking and cycling routes, and ensuring developments are connected by these routes to local services, employment, leisure, and existing walking and cycling routes.
- Provide access to healthy foods, including through access to shops and food growing opportunities (allotments and/or providing sufficient garden space)
- Design schemes in a way that encourages social interaction, including through providing front gardens, and informal meeting spaces including street benches and neighbourhood squares and green spaces.
- Design schemes to be resilient and adaptable to climate change, including through SUDs, rainwater collection, and efficient design.
- Consider the impacts of pollution and microclimates, and design schemes to reduce any potential negative outcomes.

- Ensure development embraces and respects the context and heritage of the surrounding area.
- Provide the necessary mix of housing types and affordable housing, reflecting local needs.
- Provide sufficient and high quality green and blue spaces within developments

We recognise the ways in which the policy seeks to encourage healthy environments and we further recommend that the requirements above be incorporated to provide a clearer direction in line with the aim of fostering healthy places by addressing the wider determinants of health.

Policy (Key Worker Homes / Homes for NHS Staff)

Policy H3 Affordable Housing seeks to meet the needs of those whose housing needs are currently not being met by the existing market through affordable housing provision.

NHSPS **supports** this policy as it seeks to meet affordable housing need in the borough but would recommend for Key Workers to be included and prioritised in affordable housing provision where there is an identified need. In line with the NPPF (Annex 2) definition of 'Affordable Housing' which includes housing for 'essential workers' such as NHS staff, we encourage the Council to also consider how existing housing affordability issues for NHS staff as essential workers can be addressed through planning policy.

Context

A wider, and increasingly prominent area of focus for the NHS is to explore ways in which affordable homes for NHS staff can be planned and delivered. Independent research undertaken by Price Waterhouse Coopers (UK Economic Outlook, July 2019) identified a significant issue with housing affordability for NHS workers that is having a strong bearing on staff retention, commute times and morale.

In undertaking further work to determine exactly what types of housing are needed and where, we suggest that the Council consider the need for affordable housing for NHS staff and those employed by other health and care providers in the local authority area. The sustainability of the NHS is largely dependent on the recruitment and retention of its workforce. Most NHS staff need to be anchored at a specific workplace or within a specific geography to carry out their role. When staff cannot afford to rent or purchase suitable accommodation within reasonable proximity to their workplace, this has an impact on the ability of the NHS to recruit and retain staff.

As the population grows in areas of new housing development, additional health services are required, meaning the NHS must grow its workforce to adequately serve population growth. Ensuring that NHS staff have access to suitable housing at an affordable price within reasonable commuting distance of the communities they serve is an important factor in supporting the delivery of high-quality local healthcare services. We recommend the Council:

- Engage with local NHS partners such as the Nottingham and Nottinghamshire ICB, NHS Trusts and other relevant Integrated Care System (ICS) partners

- Ensure that the local need for affordable housing for NHS staff is factored into housing needs assessments, and any other relevant evidence base studies that inform the local plan
- Consider site selection and site allocation policies in relation to any identified need for affordable housing for NHS staff, particularly where sites are near large healthcare employers.

The NHS advise that 'Homes for NHS Staff' should be a priority focus of the affordable housing provision where there is demand identified, such as in close proximity to key healthcare sites. Specifically, a portion of affordable housing could include a first right of refusal for NHS staff where there is a demonstrable need. We would welcome further discussion on this as a potential approach, along with other solutions to the issue of affordable homes for NHS staff as the Local Plan is developed further.

Policy (developer contributions)

Policy **SD5 Developer Contributions** seeks to secure the delivery of appropriate infrastructure where there is an identified need as a result of new developments coming forward through the use of developer contributions as a means of mitigating impact of new developments on existing infrastructure. The policy identifies a non-exhaustive list of infrastructure which can be considered, which includes (v.) "New and expanded health and/or community facilities".

NHSPS **supports** the policy as it looks to securing developer contributions for the provision of health and/or community facilities where there is an identified need. However, we would request for wording amendments to be made to prevent restricting the type of development which can be delivered on health facility sites where contributions have been secured.

Context

The NHS, Council and other partners must work together to forecast the infrastructure and costs required to support the projected growth and development across the borough. A vital part of this is ensuring the NHS continues to receive a commensurate share of S106 and Community Infrastructure Levy (CIL) developer contributions to mitigate the impacts of growth and help deliver transformation plans.

Paragraph 34 of The NPPF is clear that 'Plans should set out the contributions expected from development. This should include setting out... infrastructure (such as that needed for... health)'

The significant cumulative impacts of residential developments on healthcare requirements in the area should be recognised and, given their strategic importance, health facilities should be put on a level footing with affordable housing and public transport improvements when securing and allocating S106 and CIL funds, in order to enable the delivery of vital NHS projects. It is imperative that planning policies are positively prepared, in recognition of their statutory duty to help finance improved healthcare services and facilities through effective estate management.

It is acknowledged that health facilities are included as part of the list of infrastructure where contributions will be sought, however it is important to consider other forms of health facility provision in looking to improve healthcare services in line with requirements and should prevent restricting investment into health facilities for the purposes of bringing forward only either a new or expanded facility.

The ways in which developer contributions are allocated and used is a decision which will directly impact whether the changing and specific health needs of a local community are being met. While it is important to consider the impact of housing growth on healthcare requirements and services in the local area, several options should be considered as a way of mitigation and should not necessarily be restricted to the provision of an increase in healthcare floorspace or a new health facility entirely. It is also important to consider the potential for a more efficient use of existing healthcare facilities and sites and remain open to other options, such as (but not limited to) reconfiguration of health facilities, which seek for a more sustainable and better use of existing infrastructure in considering healthcare requirements.

We request that when setting planning obligation policies, the Council seek to address strategic as well as local priorities in planning obligations and engage the NHS in the process as early as possible.

Amended Wording

The recommended resulting amendments to Policy SD5 should include the following wording (in red):

*“(v.) New **and/or enhanced** health and/or community facilities”*

This change would address the issues mentioned above and would ensure the delivery of suitable health infrastructure which is able to meet specific local needs identified.

Summary

Within the NHS property portfolio, a number of sites are, or may become outdated and no longer suitable for modern healthcare without significant investment. In those cases, and where NHS commissioners can demonstrate that healthcare facilities are no longer required for the provision of services in that particular location, a more flexible approach for public service providers should be applied when considering a change of use to non-community uses.

NHSPS thank Ashfield Council for the opportunity to comment on the Pre-Submission consultation and hope the proposed amendments are considered constructive and helpful. We look forward to reviewing future iterations of the plan and receiving confirmation that these representations have been received. Should you have any queries or require any further information on the enclosed, please do not hesitate to contact me.

Yours sincerely,



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Town Planner