localplans@charnwood.gov.uk

From: Daniel Fleet < Daniel.Fleet@property.nhs.uk>

Sent: 02 September 2024 14:37

To: localplans@charnwood.gov.uk

Cc: Ellen Moore

Subject: NHSPS Response - Charnwood Local Plan Mian Modifications Consultation

Attachments: NHSPS Response - Charnwood Local Plan - Main Modifications - August 2024.pdf

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Dear Local Plans Team,

Thank you for the opportunity to respond to the Charnwood Draft Local Plan Main Modifications Consultation.

Here attached are the comments submitted by NHS Property Services (NHSPS).

If I could ask that you kindly confirm these comments have been received, it would be greatly appreciated.

Any further questions you have, please let me know.

Kind regards,

Daniel Fleet

Daniel Fleet | Graduate Town Planner

NHS Property Services Ltd

10 South Colonnade, Canary Wharf, E14 4PU M: 07593888858 | E: Daniel.Fleet@property.nhs.uk

www.property.nhs.uk | @NHSProperty

Customer Support Centre: T: 0800 085 2013 | E: customer.service@property.nhs.uk

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Charnwood Borough Council Local Plans Team Southfield Road Loughborough Leicestershire LE11 2TN Localplans@charnwood.gov.uk NHS Property Services Ltd 10 South Colonnade Canary Wharf London E14 4PU town.planning@property.nhs.uk www.property.nhs.uk

29/08/2024

BY EMAIL ONLY

RE: Consultation on Main Modifications to the Charnwood Local Plan 2021 - 2037

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

NHS Property Services

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.

General Comments on Health Infrastructure to Support Housing Growth

The delivery of new and improved healthcare infrastructure is significantly resource intensive. The NHS as a whole is facing significant constraints in terms of the funding needed to deliver healthcare services, and population growth from new housing development adds further pressure to the system. New development should make a proportionate contribution to funding the healthcare needs arising from new development. Health provision is an integral component of sustainable development – access to essential healthcare services promotes good health outcomes and supports the overall social and economic wellbeing of an area.

Residential developments often have very significant impacts in terms of the need for additional primary healthcare provision for future residents. Given health infrastructure's strategic importance to supporting housing growth and sustainable development, it should be considered at the forefront of priorities for infrastructure delivery. 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 supported to develop, modernise, or be protected in line with integrated NHS strategies. Planning policies should enable the delivery of essential healthcare infrastructure and be prepared in consultation with the NHS to ensure they help deliver estate transformation.



Detailed Comments on Draft Local Plan Policies

Our detailed comments set out below are focused on ensuring that the needs of the health service are embedded into the Local Plan in a way that supports sustainable growth. When developing any additional guidance to support implementation of Local Plan policies relevant to health, for example in relation to developer contributions or health impact assessments, we would request the Council engage the NHS in the process as early as possible.

Draft Policy H4 Affordable Housing

Whilst NHSPS considers Draft Policy H4 to be sound, as part of preparing additional guidance to inform detailed delivery of this policy, we suggest 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.

Housing affordability and availability can play a significant role in determining people's choices about where they work, and even the career paths they choose to follow. 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 that the Council:

- Engage with local NHS partners such as the local Integrated Care Board (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 future housing needs assessments, and any other relevant evidence base studies that inform the any future review of the local plan (for example employment or other economic policies).
- Consider future 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.

Draft Policy T2 Protection of Community Facilities

Draft Policy T2 supports the provision of new community facilities and resists the loss of existing community facilities. NHSPS does not consider the Draft Policy to be sound as currently drafted, with or without the proposed modifications. The Draft Policy sets out three criteria to be satisfied in order for the loss of an existing community facility to be permitted. We consider the policy could be modified to combine the second and third criteria to make clear that marketing evidence (currently the third criteria) is not required if the first criteria is satisfied. In addition, NHSPS seeks further modifications to ensure the policy is positively prepared or effective.

Where healthcare facilities are included within the Local's Plan definition of community facilities, policies aimed at preventing the loss or change of use of community facilities and assets can potentially have a harmful impact on the NHS's ability to ensure the delivery of essential facilities and services for the community.



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.

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 modification (*shown in red italics*) to Draft Policy T2. This aligns with our request made at Regulation 19 stage.

Proposed Modification to Draft Policy T2:

Development at existing community facilities will be permitted in order to assist in their diversification and improved accessibility where the proposal seeks to sustain the future of the facility.

Proposals for the provision of new community facilities and the flexible use of existing space for community uses will be permitted where they are within easy and safe walking distance of the majority of the community they will serve.

We will protect community facilities and support their enhancement. Development resulting in the loss of an existing community facility will only be permitted where:

- suitable alternative provision exists or will be provided in an equally accessible or more accessible location within 800m walking distance; or
- the existing facility is a healthcare facility that has been declared surplus to the operational healthcare requirements of the NHS or identified as surplus as part of a published estates strategy or service transformation plan; or
- all reasonable efforts have been made to preserve the facility, but it has been
 demonstrated that it would not be economically viable, feasible or practicable to
 retain the building or site for its existing use; and [deletion of bullet point] evidence
 is provided to confirm that the property or site has been marketed at a reasonable
 value according to size, condition and exiting use without development potential for
 a meaningful period, of at least for example 12 months, and that there is no realistic
 interest in its retention for the current use or for an alternative community use.



Draft Policy INF1 Infrastructure and Developer Contributions

Draft Policy INF1 states that all new development will be required to provide for the delivery of new and improved necessary infrastructure to support the Council's development strategy. NHSPS supports the modifications made to Draft Policy INF1 and considers the Draft Policy to be sound. We request that the Council maintains its contact with the local NHS Integrated Care Board (ICB). We would also be grateful if reference in supporting paragraphs 9.8 and 9.9 to Clinical Commissioning Groups (CCG) is updated to 'Integrated Care Board (ICB)' as CCGs have now been replaced by ICBs.

Conclusion

NHSPS thank Charnwood Borough Council for the opportunity to comment on the Main Modifications to the Local Plan 2021-2037. We trust our comments will be taken into consideration. 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 and any future policy consultations via our dedicated email address, town.planning@property.nhs.uk.

Yours faithfully,

Daniel Fleet Town Planner

E: <u>Daniel.fleet@property.nhs.uk</u>

For and on behalf of NHS Property Services Ltd