



Property Services

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BY EMAIL ONLY

NHSPS Response to Q5.11 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 C14 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.

Matter 5, Issue 1, Q5.11

***Q5.11** Is the approach in Policy C14 insofar as it relates to the loss of existing community facilities effective and consistent with national policy, including paragraph 103 of the Framework?*

Response

This response follows a representation submitted at Regulation 19 stage, in which NHSPS sought modifications to Policy C14. Following further review NHSPS remains of the view that Policy C14, 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, and is therefore not effective or consistent with national policy (National Planning Policy Framework as updated December 2024).

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. Relevant paragraphs within this section have been considered as follows.

Paragraph 125 of the NPPF sets out the standard points which planning policies should consider – 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)*

Further, Paragraph 126 of the NPPF 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.

NHSPS therefore considers that Policy C14 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 C14 and supporting paragraph 5.100.

Proposed Modification to Draft Policy C14:

“The Council will only permit the loss of existing social and community infrastructure facilities, when it can be demonstrated that:

...h. if appropriate, an alternative facility will be provided in a location with at least an equal level of accessibility for the community it is intended to serve; *or*

i. Where the existing facility is a healthcare facility, it 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.”

Proposed Modification to supporting paragraph 5.100:

“Planning applications that would result in the loss of social and community infrastructure facilities must show evidence of alternative provision, financial viability, or that the proposed alternative use would provide equal or greater benefits for the local community or economy. Applications should evidence that community engagement has taken place and that the proposal will address any identified deficiency in provision. Developers should also consider the provision of these types of facilities (where sports and leisure facilities are being provided) in conjunction with other relevant policies in this document. *Where healthcare facilities are 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, there will be no requirement to satisfy Part F to H of the Policy.”*

Conclusion

NHSPS supports the provision of sufficient, quality community facilities, but in line with the reasons above do not consider Policy C14 (including supporting paragraph 5.100), as currently drafted, to be consistent with paragraphs 125 and 126 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,



Property Services

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For and on behalf of NHS Property Services Ltd
