



Property Services

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BY EMAIL ONLY

RE: Consultation on South Staffordshire Publication Plan (Regulation 19)

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 HC3 Affordable Housing

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 housing needs assessments, and any other relevant evidence base studies that inform the local plan (for example employment or other economic policies).
- 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.

Draft Policy HC10 Design Requirements

Draft Policy HC10 sets out the Council's commitment to making sure that new developments obtain high standards of design to ensure places function to positively impact people's well-being. NHSPS supports the inclusion of policies which recognise the impact of well-designed places on well-being but would also recommend the recognition of the role of planning in delivering and addressing health outcomes. 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 by enabling health providers to meet changing healthcare needs, but also to addressing the wider determinants of health.

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 recommend the inclusion of the specific policy requirements of both health and wellbeing in the Local Plan and encourage the Council to engage with the NHS on this matter ahead of its adoption. Specific policy requirements to promote healthy developments should include:

- Proposals should consider local health outcomes, and where appropriate to the local context and/or size of the scheme include a Health Impact Assessment
- Design schemes should 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.
- Provide sufficient and high quality green and blue spaces within developments.

Draft Policy HC14 Health Infrastructure and Policy EC9 Protecting community services and facilities

Draft Policy HC14 focuses on the provision of new healthcare infrastructure and redevelopment of existing healthcare infrastructure. NHSPS support the amended wording of draft Policy HC14 which specifically pertains to the loss of healthcare infrastructure and enables necessary NHS estate reorganisations to ensure continued delivery of public services and related infrastructure.

Draft Policy EC9 focuses on the broader provision and redevelopment of community facilities, of which health facilities also fall under. NHSPS supports the provision of sufficient, quality community facilities but in line with our previous response to the Submission (2022) consultation, we do not consider the proposed policy approach to be positively prepared or effective in its current form. 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. To ensure the Plan is positively prepared and effective, and to ensure Draft Policy EC9 is consistent with Policy HC14, NHSPS are seeking the following modification (*shown in italics*).

Proposed Modification to Draft Policy EC9:

“...Development proposals that would result in the loss of uses, buildings of land for community services and facilities will only be supported where ~~both of~~ the following criteria can be clearly demonstrated:

a) Appropriate alternative existing provision will remain of at least equivalent quality and accessibility to local residents served by the existing facility, particularly by active travel methods.

b) The use is no longer viable and is incapable of being made viable or adapted to retain a viable service or facility including as a community run enterprise. A marketing exercise for a minimum of 12 months at a realistic price will be required to demonstrate that the use or premises is unviable. This includes marketing the premises for an alternative community service and facility uses; *or*

c) Where healthcare facilities are formally declared surplus to the operational requirements of the NHS or identified as surplus as part of a published estates strategy or transformation plan, the requirements listed under Parts a to b of the Policy will not apply.”

Draft Policy EC11 Infrastructure and Policy HC14 Health Infrastructure [Infrastructure Funding]

Draft Policy EC11 states that all new development will be required to provide for the necessary infrastructure requirements arising from the proposal, in line with other Local Plan policies. Specifically for health infrastructure, Draft Policy HC14 seeks contributions (financial or on-site provision) from proposals for major residential developments or specialist elderly accommodation. NHSPS welcome contributions being sought for health infrastructure but find that as drafted the policy does not sufficiently consider the likely level of healthcare infrastructure required to support all levels and sources of growth proposed by the plan.

As currently highlighted in Policy HC14, in areas of significant housing growth involving major proposals, appropriate funding must be consistently leveraged through developer contributions for health and care services to mitigate the direct impact of growing demand from new housing. In addition to this, we highlight the need to consider the required mitigation arising from the significant cumulative impact of smaller housing growth. As such, we request that the Council continue its engagement with the NHS to further refine the identified healthcare needs and to ensure proposed solutions consider all levels of growth proposed by the Local Plan, prior to submission.

Further to this, Draft Policy HC14 states that it will consider the expansion of the capacities of existing services within the relevant Primary Care Network in the first instance. NHSPS request the Council to consider the need for flexibility of healthcare providers in determining the most appropriate means of meeting the relevant healthcare needs arising from a new development.

Where new developments create a demand for health services that cannot be supported by incremental extension or internal modification of existing facilities, this means the provision of new purpose-built healthcare infrastructure will be required to provide sustainable health services. Options should enable financial contributions, new-on-site healthcare infrastructure, free land/infrastructure/property, or a combination of these. It should be clarified that the NHS and its partners will need to work with the council in the formulation of appropriate mitigation measures.

Draft Policy NB6A Net zero new build residential development (operational energy)

Draft Policy NB6A seeks to achieve net zero in new residential developments of 1 or more homes. The NHS requires all new development projects to be net zero carbon, and NHSPS fully support policies that promote carbon neutral development. In considering the implementation of policies related to net zero, we would highlight that NHS property could benefit from carbon offset funds collected where on-site carbon mitigation requirements cannot be met. This would support the NHS to reach the goal of becoming the world's first net zero healthcare provider.

Evidence Base [Local Plan Viability Assessment]

The draft policy requirements identified in the Plan are supported by the Local Plan Viability Assessment. Having reviewed the report, we note that where contributions towards healthcare have been identified in the policy requirements for site-specific testing, the assessment does not include a specific allowance for contributions towards healthcare.

Without prejudice to any future representations the NHS or its partners may make on specific planning applications or applications for CIL funding, in our view the S106 headroom identified as part of the site-specific testing is generally sufficient to enable financial contributions to be secured for healthcare, and therefore we consider that overall the assessment of plan-wide viability demonstrates that policy requirements in relation to healthcare infrastructure contributions are deliverable. However, we are concerned that without explicit mention of required healthcare mitigation in the viability assessment, healthcare mitigation will compete with other planning obligations or be ignored entirely, rendering development unsustainable and putting future residents' health at risk.

As noted in our general comments above, healthcare facilities are currently experiencing significant strain. Furthermore, if appropriate mitigation is not secured, the growth strategy outlined in the Plan is expected to exacerbate this situation. We would recommend that the viability assessment includes a separate cost input for typologies where a healthcare contribution is expected. This would ensure that healthcare mitigation is appropriately weighted when evaluating the potential planning obligations necessary to mitigate the full impact of a development.

A separate cost input for health would also mean that developers are adequately informed in advance, in accordance with ICB's estate strategy and the development's location and size, that they may be required to make on-site provision or off-site financial contributions to mitigate the impact on healthcare infrastructure resulting from their development. Such an approach would also support the effective implementation of Draft Policy EC11 in situations when a viability assessment demonstrates that development proposals are unable to fund the full range of infrastructure requirements. We would welcome further engagement with the Council to on this issue to determine a reasonable cost assumption that could be used in future viability assessments.

Conclusion



Property Services

NHSPS thank South Staffordshire Council for the opportunity to comment on the draft Publication Plan. We trust our comments will be taken into consideration, and we look forward to reviewing future iterations of the Plan. 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 consultations via our dedicated email address, town.planning@property.nhs.uk.

Yours faithfully,

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For and on behalf of NHS Property Services Ltd
