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BY EMAIL ONLY

RE: Consultation on the Publication Building a Better Future Plan

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.

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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 4: Infrastructure and Environmental Mitigation to Support Development

Strategic Delivery of Infrastructure

Draft Policy 4 states that all new development will be required to provide for the necessary infrastructure requirements arising from the proposal, including support towards the delivery of facilities to meet the operational requirements of healthcare providers. NHSPS welcome the focus on healthcare infrastructure to support development and serve existing communities (point (g) of Draft Policy 4), and support continued engagement with the ICB in the identification and implementation of suitable forms of mitigation to ensure the NHS can continue to provide the required healthcare service provision, and in the preparation of the supporting evidence base (Infrastructure Delivery Plan).

In identifying and delivering new facilities, we highlight that healthcare providers should have flexibility 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.

Safeguarding Community, Education and Health Facilities: Hayling Island Health Centre

Draft Policy 4 also seeks to safeguard specific sites, including the Hayling Island Health Centre. NHSPS own the freehold to Hayling Island Health Centre. Point (l) of Draft Policy 4 safeguards land for the expansion of the Hayling Island Health Centre at Mengham, as reflected in the Policies Map. Further comments on the draft allocation concerning Hayling Island Health Centre will be provided at a later date as agreed with the Council.

Draft Policy 9: New Homes for Sustainable Communities

Draft Policy 9 sets out the Council's approach to creating mixed and sustainable communities through the delivery of housing that meets a genuine need, based upon the latest local housing need evidence at the time the application is submitted. This is supported by Policies 39-43, which provide a suite of policies geared towards the implementation of Policy 9. NHSPS note that as per Appendix 3 of the Plan, the definition of Affordable Housing includes housing that provides a subsidised route to home ownership and/or is for essential workers.

In the implementation of Policy 9, NHSPS recommend 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.

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 12: Health

Draft Policy 12 sets out the Council's commitment to making sure that new developments promote healthier lives and help reduce health inequalities through the built and natural environment in accordance with other policies of the Plan. NHSPS support the inclusion of Policy 12 as a standalone health policy to support health and inclusive communities. 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 promoting healthy and safe communities. In accordance with the NPPF, these requirements should be based on identified needs in the joint strategic needs assessment and support delivery of relevant health strategies, such as the health and wellbeing board's joint local health and wellbeing strategy and the integrated care board's infrastructure plan. On this basis, NHSPS welcome the inclusion of a comprehensive policy on healthy places in the Local Plan, and encourage continued engagement with public health officials, the NHS and health system partners in support of delivering local health needs and priorities.

Health Impact Assessment

The use of Health Impact Assessment (HIA) is a useful tool to ensure planning applicants and the Local Planning Authority have the right information to make sound planning decisions in promoting healthy and safe communities. The Planning Practice Guidance supports the use of health impact assessments. It would be sensible for the Council to set out its own HIA requirement to help implement its strategic objective on healthy communities.

NHSPS supports the inclusion of a HIA requirement for major developments with potential for significant health impacts as part of Draft Policy 12. NHSPS also welcome the approach taken in supporting paragraph 2.170, which states that development proposals must demonstrate the early

and proportionate consideration of health outcomes at the concept, design and planning stages. Further guidance is provided by Public Health England (now the Office for Health Improvement and Disparities) in its 2020 guidance, and the forthcoming NHSPS guidance on HIA, which will build upon existing guidance, including the HUDU Rapid HIA toolkit, once published.

Draft Policy 48: Protecting Existing Community Facilities

Draft Policy 48 sets out the Council's approach to proposals for a change of use or loss of use of any premises and/or land currently or last used as a community facility. NHSPS supports the provision of sufficient, quality community facilities but does not consider the proposed policy approach to be 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 or submission of onerous information.

As drafted, it is unclear whether the loss of healthcare facilities, where declared surplus to the NHS' requirements as described above, would be accepted in accordance with Draft Policy 48. NHSPS welcome the approach taken in supporting paragraph 2.80 of Draft Policy 4, which protects community facilities land from loss to or other uses, pending further study and investigation and the identification of funding. If further work shows that any of the land is not needed, it may be released for other purposes.

To ensure the Plan is positive and effective, and to ensure consistency throughout the entire plan, NHSPS are seeking the following modification (*shown in red italics*) to supporting paragraph 4.463 of Draft Policy 48 to ensure the principle of alternative uses for NHS land and property will be fully supported:

Proposed Modification to supporting paragraph 4.463:

A marketing period of at least 12 months will be required. Although it is recognised that some community facilities are in areas proposed for redevelopment, which can bring wider community benefits, justification for the loss of community facility will still be required unless the facility is being re-provided as part of the redevelopment. Where healthcare facilities are formally 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, criterion (a) of the policy would be satisfied and the loss of use will be accepted.

Evidence Base: Stages 1 & 2 of the Local Plan Viability Assessment

The draft policy requirements identified in the Plan are supported by the Local Plan Viability Assessment. Having reviewed the report, NHSPS 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. Instead, the report tests a lump sum for S106 contributions of £3000 to cover site specific mitigation.

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.

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 4 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.

Evidence Base: Infrastructure Delivery Plan

The provision of adequate healthcare infrastructure is in our view critical to the delivery of sustainable development. A sound IDP must include sufficient detail to provide clarity around the healthcare infrastructure required to the level of growth proposed by the Plan, and to ensure that both planning obligations and the capital allocation process for the Community Infrastructure Levy (CIL) effectively support and result in capital funding towards delivery of the required infrastructure.

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NHSPS welcome the approach taken in determining the infrastructure requirements set out in the Primary Care chapter of the Infrastructure Delivery Plan, and recognise the Council has engaged with the ICB on this matter.

Conclusion

NHSPS thank Havant Council for the opportunity to comment on the Publication Building a Better Future 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 [redacted]

Yours faithfully,

James Beackon
Graduate Town Planner
[redacted]

For and on behalf of NHS Property Services Ltd