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5th January 2024

Dear Planning Policy Team,

Melton Local Plan Partial Update – Issues and Options

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 **Local Plan Partial Update** are as follows.

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

Introduction

Policy **C7 Rural Services** states that in the protection or enhancement of existing community services and facilities, proposals for the change of use which would result in the loss of community use will only be permitted provided that either alternative facilities are available, or it can be demonstrated by documentary evidence that the existing use is no longer viable.

NHSPS supports the provision of sufficient, quality community facilities, but objects to the proposed amendments pertaining to requirements placed on proposals resulting in the loss of community facilities. We would 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

In order to enable the NHS to be able to promptly adapt its estate to changing healthcare requirements, it is essential that all planning policies enable flexibility within the NHS estate. On this basis, NHSPS would advise the Council that policies aimed at preventing the loss or change of use of community facilities and assets, where healthcare is included within this definition, can potentially have a harmful impact on the NHS's ability to ensure the delivery of facilities and services for the community. Where such policies are overly restrictive including through requiring periods of marketing, the disposal of surplus and unsuitable healthcare facilities for best value can be prevented or delayed, which in turn delays vital re-investment in the NHS estate.

The NPPF is clear in stating that Local Plans should adopt policies that “take into account and support the delivery of local strategies to improve health, social and cultural well-being for all sections of the community” (Paragraph 93b).

It is important that policies consider that some public service providers, such as the NHS, routinely undertake strategic reviews of their estates. Reviews of the NHS estate are aimed at improving the provision of healthcare services by increasing efficiencies, including through the disposal of unneeded and unsuitable properties. This means that capital receipts from disposals, as well as revenue spending that is saved, can be used to improve facilities and services.

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 are keen to encourage that flexibility be granted to the NHS via the wording of any planning policy. This will ensure that the NHS can promptly and efficiently respond to the healthcare requirements of residents through the evolution of its estate.

Amended Wording

We recommend that the resulting amendments to Policy C7 should include the following wording (in red):

“Proposals for the change of use of community facilities, which would result in the loss of the community use, will only be permitted where it is clearly demonstrated that either:

- 1. There are alternative facilities available and active in the same village which would fulfil the role of the existing use/building, or*

2. *The existing use is no longer viable (supported by documentary evidence), and there is no realistic prospect of the premises being re-used for alternative business or community facility use; or*
3. *The loss of change of use of an existing built community facility is part of a wider public service estate reorganisation.”*

This change 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)

Amendments to Policy **C3 National Space Standard and Smaller Dwellings** seeks to require (rather than support) the Nationally Described Space Standards to be met for all dwellings.

NHSPS **supports** this policy amendment as it strengthens the Council’s position on requiring healthy homes with sufficient living space.

Current (adopted) Policy **C9 Healthy Communities** seeks to ensure all developments contribute to fostering good health and well-being within the community through a given set of requirements. This includes and addresses access to green spaces and local active green infrastructure, healthy homes, high quality residential amenity, safe and attractive streets, employment opportunities, densities of development and, air quality. **Option 2** seeks to revise the policy and make health and wellbeing a key thread that runs throughout the entire plan. Amendments are proposed to refocus and reduce the policy to only cover health issues not better dealt with elsewhere in the plan, and to ensure clarity around when and how health impacts should be assessed.

NHSPS **supports** the adopted policy as it recognises the importance of fostering good health and well-being within a community but are in agreement with point 1 of supporting paragraph 13.2.1, which identified issues with the policy indicating there is opportunity for health and creating healthy places to be better prioritised in policy, identifying “Health and creating healthy places for all sections of the community” to be a key local priority. We recognise the aim to reduce replication and improve clarity within the plan, we wish to emphasise the importance of fully considering health impacts within local plan policies. Therefore, we set out a number of specific policy requirements that should be included within the plan to promote healthy places. We would recommend that Option 2 should include a review to ensure that the below requirements are included within the local plan policies in full.

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 support the key aims of current Policy C9 and wish to be included within further engagement on the proposed amendments to this policy. Recognising the aim to refocus and reduce the policy wording, we recommend that the Local Plan review ensures that the above requirements to support healthy places are incorporated into the Local Plan policies in a meaningful way, to reflect and prioritise the aim of creating healthy places and address the wider determinants of health.

Policy (developer contributions)

Current (adopted) **Policy IN3 Infrastructure Contributions and Community Infrastructure Levy** seeks to mitigate impacts onto existing infrastructure as a result of new developments through securing developer contributions. NHSPS supports this policy but recommend its inclusion within the Local Plan updates in order to provide clarity that contributions will be sought for healthcare infrastructure.

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 Healthcare is mentioned within supporting paragraph 8.5.1-8.5.4 and makes mention of planned and committed investment into healthcare. However, Policy IN3 specifically identifies the types of infrastructure being prioritised when seeking developer contributions, including utilities, facilities, water management and safe access. While Policy IN3 references Melton's Infrastructure Delivery Plan, in which healthcare infrastructure is addressed, it is unclear whether healthcare is afforded the same level of priority. 'Healthcare infrastructure' is not explicitly mentioned within policy nor do supporting paragraphs 8.5.1-8.5.4 indicate contributions will be sought for health.

Paragraph 20 of the NPPF is indicative of the focus that should be afforded onto making provision for health facilities within strategic policies along with other provisions such as housing, infrastructure for transport and education.

We request that when setting planning obligation policies, the Council seek to address strategic as well as local priorities in planning obligations particularly through placing health on a level footing with other necessary infrastructure that has been identified within policy and engage the NHS in the process as early as possible.

Policy (Key Worker Homes / Homes for NHS Staff)

Current (adopted) **Policy C4 Affordable Housing Provision** seeks to meet the needs of those whose needs are not being met by the existing market through affordable housing provision.

NHSPS **supports** this policy on the basis that it seeks to meet the affordable housing need within the borough, but in agreement with Supporting Paragraph 10.2.1 we are also of the view that there is a need for the policy to be updated in light of the changes that have been made in National Planning Policy as to how affordable housing should be defined and the groups which can benefit from this.

The NPPF (Annex 2) defines 'Affordable Housing' as including housing for 'essential workers', which is defined as public sector employees providing frontline services in areas including health such as NHS staff. We therefore further recommend for Option 2 to include specific wording which is reflective of this definition and seek to also prioritise affordable housing for Key Workers and 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 Leicester, Leicestershire and Rutland 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.

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 Melton Council for the opportunity to comment on the Local Plan Partial Update Issues and Options 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,

Hyacinth Cabiles
Town Planner