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[By email]

Dear Planning Policy Team,

**Sandwell Metropolitan Borough Council
Regulation 18 Consultation on the Draft Local Plan**

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 Sandwell Local Plan Consultation Draft (Regulation 18) document are as follows.

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

Part 1 and 2 of **Draft Policy SHW2** sets out:

1. *New healthcare facilities should be:*
 - a. *well-designed and complement and enhance neighbourhood services and amenities;*
 - b. *well-served by public transport infrastructure, walking and cycling facilities and directed to a town centre appropriate in role and scale to the proposed development, and its intended catchment area, in accordance with Policies SCE3 and SCE4. Proposals located outside centres must be justified in terms of relevant policies such as Policy SCE6, where applicable;*
 - c. *wherever possible, located to address accessibility gaps in terms of the standards set out in Policy SHO3, particularly where a significant amount of new housing is proposed; and*
 - d. *where possible, co-located with a mix of compatible community services on a single site.*

2. *Existing primary and secondary healthcare infrastructure and services will be protected, unless it has been demonstrated that the loss or partial loss of a facility or site arises from a wider public service transformation plan that requires investment in modern, fit for purpose infrastructure and facilities. New or improved healthcare facilities and services will be provided in accordance with requirements agreed between Sandwell Council and local health organisations.*

NHSPS supports the provision of sufficient, quality health facilities, and welcomes the acknowledgment in Part 2 that where the NHS can demonstrate a health facility will be changed as part of a wider public service transformation plan, this will be sufficient for the local planning authority to accept that a facility is not needed for its current use or an alternative community use, and therefore that the principle of alternative uses for NHS land and property will be fully supported.

We request Part 1 and 2 of this Draft Policy be carried forward as drafted to Regulation 19 stage. This will ensure that the NHS can promptly and efficiently respond to the healthcare requirements of residents through the evolution of its estate.

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, 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. This will ensure that the NHS can promptly and efficiently respond to the healthcare requirements of residents through the evolution of its estate.

Topic: Health Considerations in Policy and Design
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Draft Policy SHW1 requires a Health Impact Assessment (HIA) on various types of development.

NHSPS supports this Policy and the requirement for HIA but would request the Policy be amended to include healthy design requirements for developments. Further details are set out below.
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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.
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The NPPF is clear in stating that “Planning policies and decisions should aim to achieve healthy, inclusive and safe places” (Paragraph 92).
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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
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welcome further consideration of healthy design requirements within the Local Plan ahead of the Regulation 19 document being prepared.

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

Topic: Developer Contributions

Part 3 to 6 of **Draft Policy SHW2** sets out:

3. Proposals for major residential developments of ten units or more must be assessed against the capacity of existing healthcare facilities and / or services as set out in local development documents. Where the demand generated by the residents of the new development would have unacceptable impacts upon the capacity of these facilities, developers will be required to contribute to the provision or improvement of such services, in line with the requirements and calculation methods set out in local development documents.

4. Where it is not possible to address such provision through planning conditions, a planning agreement or planning obligation may be required.

5. In the first instance, infrastructure contributions will be sought to deal with relevant issues on the site or in its immediate vicinity. Where this is not possible, however, any contribution will be used to support offsite provision of healthcare infrastructure and / or related services.

6. The effects of the obligations on the financial viability of development may be a relevant consideration.

NHSPS supports this Policy and the requirement for major residential proposals to be assessed against capacity of existing healthcare facilities and / or services, and for mitigation to be secured. With respect to the application of the calculation methods set out in local development documents, we request local NHS partners such as the Integrated Care Board (ICB) and NHS Trusts be consulted on major applications in order to confirm any proposed contributions appropriately mitigate impacts.

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.

We request that when setting planning obligation policies, considering pre-application schemes or determination planning applications, the Council seek to address strategic as well as local priorities in planning obligations and engage the NHS in the planning process as early as possible.

Topic: Key Worker Homes / Homes for NHS Staff

Draft Policy SHO4 does not refer to the need for, or delivery of, affordable housing for key workers.

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 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 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.

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. We welcome the Council's acknowledgment that 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 Sandwell Metropolitan Borough Council for the opportunity to comment on Sandwell Local Plan Regulation 18 consultation and hope the comments and 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 don't hesitate to contact me.

Yours faithfully,

Ellen Moore
Associate Town Planner MRTPI

For and on behalf of NHS Property Services Ltd