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Local Plan Team
Place Directorate,
Waltham Forest Town Hall,
Fellowship Square,
Forest Road,
London,
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[By email]

Dear Local Plan Team,

Waltham Forest – Local Plan Part 1 (LP1) Proposed Main Modifications Consultation

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 Part 1 (LP1) Proposed Main Modifications are as follows.

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

Introduction

Part D and E of Policy 48 under Main Modification No. MM96 states:

D. Proposals involving the loss of existing social or community infrastructure will not be permitted unless one or more of the following criteria are met:

i. It can be demonstrated that adequate alternative facilities which meet the needs currently being met by the existing facility are available within walking distance, without leading to a shortfall in provision for the specific type of social or community infrastructure in the area; and/or

ii. It can be demonstrated that the facility is no longer required in its current use and cannot viably accommodate other forms of social or community infrastructure.

E. In the event that D (i) and/or D (ii) is met, evidence must be submitted to demonstrate that the loss of the facility in question would not create, or add to, a shortfall in provision for this specific type of social or community infrastructure in the borough and demonstrate that there is no demand for any other suitable social infrastructure use on the site. The applicant must demonstrate that all reasonable efforts have been made to preserve the facility and site to meet identified local need. Evidence required includes, but is not limited to, 24 months marketing evidence. The length and scope of marketing evidence required may vary according to specific circumstances and should be agreed with the Council.

Main Modification MM97 to the supporting text also refers to 24 months marketing evidence.

Policy 48 as modified by MM96 is considered unsound on the basis it is not positively prepared or justified. The NPPF at paragraph 93 requires planning policies to plan positively for the provision and use of community facilities to enhance the sustainability of communities and residential environments and ensure an integrated approach to considering the location of community facilities. It also requires policies to 'guard against' the 'unnecessary' loss of valued facilities services, particularly where this would reduce the community's ability to meet its day-to-day needs. London Plan Policy S1 sets the strategic policy context for which Local Plan Policy 48 should accord. It is noted that both the NPPF and London Plan allow the loss of existing community infrastructure where criteria are met.

NHSPS supports the amendment to Part D introduce 'and/or' which provides clarity that meeting either Part i or ii would satisfy Part D.

With respect to Part E, NHSPS recognise the introduction of the final sentence means it is in the Council's gift to provide flexibility to an applicant with respect to the length and scope of the marketing evidence sought, but require for further amendments to be made. NHSPS supports the provision of sufficient, quality community facilities, but objects to specific wording within Part E of this policy. A 24-month marketing period is considered onerous and could prejudice the delivery of otherwise appropriate redevelopment sites and jeopardise their ability to meet the identified needs of the Local Plan and provide potential financial savings back into the NHS.

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 not needed for its current use, and therefore that the principle of alternative uses for surplus NHS land and property will be fully supported, without falling under the requirement of a 24-month marketing period.

It is also noted that Policy 48 fails to acknowledge that social or community infrastructure often falls within Class E of the Use Classes Order. In the absence of any explicit restrictions by way of condition or obligation social or community infrastructure within Class E could be converted to any other use within Class E without the need for planning permission or prior approval, and as such without any requirement for marketing evidence. The GPDO (2015, as amended) also provides permitted development rights for buildings within Class E to change to various other uses without any requirement for marketing evidence.

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.

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

NHSPS requests Policy 48 be reworded as follows:

D. Proposals involving the loss of existing social or community infrastructure will not be permitted unless one or more of the following criteria are met:

- i. It can be demonstrated that adequate alternative facilities which meet the needs currently being met by the existing facility are available within walking distance, without leading to a shortfall in provision for the specific type of social or community infrastructure in the area; and/or*
- ii. It can be demonstrated that the facility is no longer required in its current use and cannot viably accommodate other forms of social or community infrastructure.*

E. In the event that D (i) and/or D (ii) is met, evidence must be submitted to demonstrate that the loss of the facility in question would not create, or add to, a shortfall in provision for this specific type of social or community infrastructure in the borough and demonstrate that there is no demand for any other suitable social infrastructure use on the site. The applicant must demonstrate that all reasonable efforts have been made to preserve the

facility and site to meet identified local need. Evidence required includes, but is not limited to, 24 months marketing evidence. The length and scope of marketing evidence required may vary according to specific circumstances and should be agreed with the Council. Where the loss or change of use of an existing built community facility is part of a wider public service estate reorganisation, such as for the NHS, marketing evidence will not be required.

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.

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 Waltham Forest Council for the opportunity to comment on the Local Plan Part 1 (LP1) Proposed Main Modifications Consultation and hope the proposed amendments are considered constructive and helpful. We look forward to 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,

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For an on behalf of NHS Property Services Ltd