



Property Services

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Date: 21st May 2020

Dear Sir/Madam,

Cowfold Neighbourhood Development Plan – Submission Version (Regulation 16)

Thank you for the opportunity to comment on the above document. The following comments are submitted by NHS Property Services (NHSPS).

Foreword

NHS Property Services is actively working with our customers regarding the recent cases of coronavirus (COVID-19), and are currently assessing vacant or underused space across our portfolio to identify space that could be repurposed for the provision of clinical beds.

In the interests of continuing to support the NHS in the longer term, however, we are keen to continue 'business as usual' activity where possible, and are supporting our customers in the management of their buildings and wider portfolios, to ensure the most efficient and effective use of NHS space.

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

NHS Property Strategy teams support Clinical Commissioning Groups (CCGs) and Sustainability and Transformation Plan (STP) groups to consider ways the local health and public estate 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 the integrated approaches set out within NHS Health Estate Plans. NHSPS work to ensure planning policies support this, both from a development and funding perspective.

In principle NHSPS, who will henceforth be referred to as 'we' within this response, support the document put forward by Cowfold Neighbourhood Parish Council in the 'Cowfold Neighbourhood Plan', however suggest the following amendment (as set out below).

Our representations:

Policy 6 and the supporting text (including Aim 6 on medical facilities) emphasises the importance of maintaining community facilities within the borough and sets out how, going forward, the Neighbourhood Plan will safeguard these for future use.

Policy 6 states:

- Development proposals that result in the net loss of community services or facilities will not be supported.
- Development proposals including the alteration and/or replacement of community services or facilities will be supported where:
 - a. they result in equivalent (in quantitative and qualitative terms) or enhanced services or facilities serving local needs.
 - b. any replacement service or facility is made available before the closure of the existing one.
 - c. any replacement service or facility is readily accessible by the community by non-car modes of transport.
 - d. where necessary there is safe and adequate vehicular access with sufficient parking to meet the needs of the users.
 - e. there is no unacceptable adverse effect on any local amenity; and
 - f. heritage assets and their setting are protected.
 - Development proposals that bring redundant buildings back into use for the benefit of the community will be supported.’

Faced with financial pressures, the NHS requires flexibility in its estate. In particular, the capital receipts and revenue savings generated from the disposal of unneeded or unsuitable sites and properties for best value is an important component in helping to provide funding for new or improved services and facilities.

An essential element of supporting the wider transformation of NHS services and the health estate is to ensure that surplus and vacant NHS sites are not strategically constrained by planning policies, particularly for providing alternative uses (principally housing).

Restrictive policies could prevent, or delay required investment in services and facilities. It is important to note that there are separate, rigorous testing and approval processes employed by NHS commissioners to identify unneeded and unsuitable healthcare facilities. These must be satisfied prior to any property being declared surplus and put up for disposal.

We would suggest the following additional wording be included in Policy 6 to make this statement more robust.

Development proposals that result in the net loss of community services or facilities will not be supported *unless the loss is part of a wider public service transformation plan which requires investment in modern, fit for purpose infrastructure and facilities to meet future population needs or to sustain and improve services.*

We also acknowledge the comments put forward in supporting paragraph 5.4 and Aim 6 of the document and believe it would be beneficial to expound on the following statement to make them more robust:

‘Aim 6: Medical Facilities:

‘CPC support the retention of and/or expansion of medical facilities in the Parish and *safeguarding for healthcare unless it can be demonstrated that the land or buildings are surplus to the operational healthcare requirements of the NHS.* CPC support a holistic approach to parking provision on site to facilitate any expansion. *CPC will work with the clinical commissioning group and NHS bodies to*



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understand the relationship growth has with their services and what this means for preparing a development strategy'

Much surplus NHS property is outdated and no longer suitable for modern healthcare or other C2 or D1 uses without significant investment. Where NHS commissioners can demonstrate that healthcare facilities are no longer required for the provision of services, there should be a presumption that such sites are suitable for housing (or other appropriate uses), and should not be subject to restrictive policies.

Healthcare facilities are essential infrastructure and where new or improved facilities are required; they should be delivered alongside additional housing units to mitigate the impact of population growth on existing infrastructure. The authority should continue to work with NHS commissioners and providers to consider the quantum and location of healthcare facilities that will be required to ensure that new housing growth is sustainable.

We are constantly reviewing our sites, and we would support further engagement with the Council on this matter as part of the Neighbourhood Plan preparation.

NHSPS would welcome any further discussion on these matters. 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 sincerely

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████████████████████ – NHS Property Services Ltd