

Planning, Building Control and Regulatory Services
Pendle Borough Council
Town Hall,
Market Street,
Nelson, BB9 7LG
planningpolicy@pendle.gov.uk

NHS Property Services Ltd
10 South Colonnade
Canary Wharf
London E14 4PU
town.planning@property.nhs.uk
www.property.nhs.uk

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BY EMAIL ONLY

RE: Consultation on Pendle Local Plan 4th Edition (2021-2040) – Publication Draft

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.

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 Policies SP10 Healthy and Vibrant Communities and DM30 Healthy Places and Lifestyles

Draft Policies SP10 and DM30 set out the Council's commitment to making sure that new developments promote healthier lifestyles and improve overall health and wellbeing. NHSPS welcomes and supports the inclusion of policies that support healthy lifestyles. 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.

Draft Policy DM30 specifically sets out that a Health Impact Assessment (HIA) will be required where a development proposal is likely to have an adverse impact on health and wellbeing. NHSPS support the requirement for a HIA but would recommend that further clarity be provided as to the kind of development this would be applied to, for example for major developments or thresholds of 10 units or more.

Draft Policy SP12 Infrastructure and Developer Contributions

Draft Policy SP12 states that all new development will be required to provide for the necessary on-site or off-site infrastructure requirements arising from the proposal. Health infrastructure should be clearly identified in the Local Plan as essential infrastructure, with an expectation that development proposals will make provision to meet the cost of healthcare infrastructure made necessary by the development. In areas of significant housing growth, appropriate funding must be consistently leveraged through developer contributions for health and care services to mitigate the direct impact of growing demand from new housing. Additionally, the significant cumulative impact of smaller housing growth and the need for mitigation must also be considered by the Plan.

We also emphasise the importance of effective implementation mechanisms so that healthcare infrastructure is delivered alongside new development, especially for primary healthcare services as these are the most directly impacted by population growth associated with new development. The NHS, Council and other partners must work together to forecast the health infrastructure and related delivery costs required to support the projected growth and development across the Local Plan area.

As drafted the policy does not sufficiently reflect the likely level of healthcare infrastructure required to support the level of growth proposed by the plan. The Local Plan should emphasise that the NHS and its partners will need to work with the Council in the formulation of appropriate mitigation measures. NHSPS recommends that the Council engage with the relevant Integrated Care Board (ICB) to add further detail within the Local Plan and supporting evidence base (Infrastructure Delivery Plan) regarding the process for determining the appropriate form of contribution towards the provision of healthcare infrastructure where this is justified. Further comments on the IDP are provided in the relevant section below. As a starting point, we suggest the following process:

- Assess the level and type of demand generated by the proposal.
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- Work with the ICB to understand the capacity of existing healthcare infrastructure and the likely impact of the proposals on healthcare infrastructure capacity in the locality.
- Identify appropriate options to increase capacity to accommodate the additional service requirements and the associated capital costs of delivery.
- Identify the appropriate form of developer contributions.

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.

Draft Policy DM23 Affordable Housing Policies

In support of the principle of affordable housing provision, we further recommend that as part of implementing Policy DM23, 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 DM35 Cultural and Community Facilities

Draft Policy DM35 focuses on the provision of new community facilities and redevelopment of existing community facilities. Point 3 in particular sets out the criteria to be demonstrated where proposals involve the change of use of a building or land in existing community use. NHSPS supports the provision of sufficient, quality community facilities but does not consider the proposed policy approach to be positively prepared or 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. To ensure the Plan is positively prepared and effective, NHSPS are seeking the following modification (*shown in red italics*) to Draft Policy DM35.

Proposed Modification to Point 3 of Draft Policy DM35:

"...(c) The existing use is no longer viable and cannot be reasonably made viable; or

(d) Where healthcare facilities are declared surplus or identified as part of an estates strategy or service transformation plan where investment is needed towards modern, fit for purpose infrastructure and facilities, the requirements under points (a) to (c) will not apply."

Evidence Base: Local Plan Viability Assessment

The draft policy requirements identified in the Plan are supported by the Local Plan Viability Assessment. Having reviewed the report, we 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.

Without prejudice to any future representations the NHS or its partners may make on specific planning applications or applications for CIL funding, we do not consider the S106 headroom identified as part of the site-specific testing to be sufficient to enable financial contributions to be secured for healthcare, and therefore we cannot consider that the overall assessment of plan-wide viability demonstrates that policy requirements in relation to healthcare infrastructure contributions are deliverable. 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.

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 SP12 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 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.

We recommend that the Council add further detail to the approach regarding primary healthcare provision to ensure that the assessment of existing healthcare infrastructure is robust, and the mitigation options secured align with NHS requirements. We suggest the following process for determining the appropriate form of contribution for the provision of healthcare infrastructure associated with new development is included in the IDP:

Proposed addition to the Health section (14.41-14.47) of the Infrastructure Delivery Plan relating to Healthcare Infrastructure:

The requirement for a contribution towards healthcare infrastructure from new development will be determined by working with the ICB and other key stakeholders as appropriate, in accordance with the following process:

- *Assessing the level and type of demand generated by the proposal.*
- *Working with the ICB to understand the capacity of existing healthcare infrastructure and the likely impact of the proposals on healthcare infrastructure capacity in the locality.*
- *Identifying appropriate options to increase capacity to accommodate the additional service requirements and the associated capital costs of delivery.*
- *Identifying the appropriate form of developer contributions.*

Conclusion

NHSPS thank Pendle Council for the opportunity to comment on the Publication Draft Local 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, town.planning@property.nhs.uk.

Yours faithfully,

Hyacinth Cabiles

Town Planner

E: hyacinth.cabiles@property.nhs.uk

For and on behalf of NHS Property Services Ltd
