



## Property Services

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02 December 2024

BY ONLINE SUBMISSION ONLY

### **RE: Consultation on Rutland Local Plan – Regulation 19 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 Policy H7: Affordable Housing**

In support of the principle of affordable housing provision, we further recommend that as part of implementing Policy H7, 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 SC5: Designing safer and healthier communities**

Draft Policy SC5 sets 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, and the requirement for Health Impact Assessment on significant residential developments of more than 10 dwellings. 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 SC6: Community Facilities**

Draft Policy SC6 focuses on the provision of new community facilities and redevelopment of existing community facilities. 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 addition (*shown in red italics*) to Draft Policy SC6: supporting paragraphs.

Proposed modification to supporting paragraph:

"The Council recognises the important role that local community facilities play in a rural county and will resist the loss of existing facilities and support the development of new opportunities. To implement the policy the Council will rigorously test proposals which result in the loss of a community facility, requiring evidence that an appropriate marketing exercise has taken place for a minimum of 12 months. Other evidence such as evidence of demand from commercial property agents may also be required to support applications for change of use. *Where healthcare facilities are formally declared surplus to the operational healthcare requirements of the NHS or identified as surplus as part of a published estates strategy or service transformation plan, this will be considered to satisfy Part (a.) of the policy.*

### Draft Policies INF1: Infrastructure and Connectivity and INF4: Supporting Community Health & Wellbeing

Draft Policy INF1 states that all new development will be required to provide for the necessary on-site or off-site infrastructure requirements arising from the proposal. We also note Draft Policy INF4 which sets out the Council's commitment to working with the Leicester, Leicestershire and Rutland

ICB and developers in maintaining and improving facilities to support the health and wellbeing of communities.

We recommend the Council continue its engagement with the ICB and wider NHS stakeholders to further refine the identified healthcare needs and proposed solutions to support the level of growth proposed by the Local Plan, as identified in the IDP.

### Evidence Base – 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. The report tests a lump sum for S106 contributions of £5,000 per unit to cover site specific mitigation for residential schemes of more than 100 units.

Without prejudice to any future representations the NHS or its partners may make on specific planning applications or applications for CIL funding, in our view the S106 headroom identified as part of the site-specific testing is generally sufficient to enable financial contributions to be secured for healthcare, and therefore we consider that overall the assessment of plan-wide viability demonstrates that policy requirements in relation to healthcare infrastructure contributions are deliverable. However, 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 INF1 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 to on this issue to determine a reasonable cost assumption that could be used in future viability assessments.

### Conclusion

NHSPS thank Rutland Council for the opportunity to comment on the Regulation 19 Draft of the 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](mailto:town.planning@property.nhs.uk).



**Property Services**

Yours faithfully,

**Hyacinth Cabiles**

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**For and on behalf of NHS Property Services Ltd**

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