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Date: 4<sup>th</sup> May 2018

Dear Sir/Madam

## **NHS Property Services – Hearing Statement**

### **Development Management Policies Part 2 of the Local Plan for the Peak District National Park**

Thank you for the opportunity to comment on the above document. The following comments are submitted by NHS Property Services (NHSPS). These comments should be considered in addition to our previous correspondence on the pre-submission Development Management Policies DPD dated 27<sup>th</sup> January 2017 (included at appendix 1).

#### **Foreword**

NHSPS manages, maintains and improves NHS properties and facilities, working in partnership with NHS organisations to create safe, efficient, sustainable and 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.

#### **Policy DMS2 – Change of use of shops, community services and facilities**

We note the alterations made to policy modification 7.7, which inserts a new paragraph as below;

*7.23 A service provider may make representation to the Authority if it considers, and can demonstrate with reasoned justification, that evidence regarding viability that forms part of a wider estate reorganisation programme, is acceptable. A business may make representation to the Authority if it considers, and can demonstrate with reasoned justification, that 12 months marketing is too long a period for the type of business concerned.*

NHSPS welcomes additional supporting text to clarify how Draft Policy DMS2 will be applied, however, as drafted draft paragraph 7.23 fails to provide sufficient clarity. We therefore maintain our objection to the wording and requirements of Policy DMS2 in considering the change of use of vacant and surplus 'community facilities'.

As previously stated, 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 local planning policies, particularly for providing alternative uses (principally housing).

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.

We again highlight the advice received from the Planning Advisory Service in 2015 on the soundness of emerging policy DMS2 (emphasis added):

*“NPPF paragraph 28 promotes the retention and development of local services and community facilities in villages, including local shops. This policy sets out to achieve the NPPF aim, by regulating change of use (to a non-community use). **However, the steps required could potentially be overly onerous** (i.e. the requirement to undertake investigations over a period of 6 months, and draw on the findings of a Housing Needs Survey).”*

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. This often includes extensive public consultation on any proposed service relocations.

Restrictive policies, especially those which require substantial periods of marketing, could prevent or delay required investment in new/improved services and facilities.

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 other appropriate uses (including housing), and should not be subject to restrictive policies or periods of marketing.

NHSPS would only support Policy DMS2 if it is clear that evidence of the wider NHS estate reorganisation programme would be accepted as justification for the loss of a community facility, and would therefore be excluded from the requirements of Part A of this policy. NHSPS would therefore support an amendment to draft supporting paragraph 7.23 (M7.7) as below:

*The loss or change of use of existing health facilities will be acceptable if it is shown that this forms part of a wider estate reorganisation programme to ensure the continued delivery of services. ~~A service provider may make representation to the Authority if it considers, and can demonstrate with reasoned justification, that evidence regarding viability that forms part of a wider estate reorganisation programme, is acceptable.~~ Evidence of such a programme will be accepted as a clear demonstration that the facility under consideration is neither needed nor viable and that adequate facilities are or will be made available to meet the ongoing needs of the local population. In such cases Part A of Policy DMS2 would not apply, and no viability or marketing information will be required.//*

*A business may make representation to the Authority if it considers, and can demonstrate with reasoned justification, that 12 months marketing is too long a period for the type of business concerned.*

This would be in accordance with the requirements of NPPF Paras 28 and 70, and adopted Core Strategy Policy HC4. This would also ensure that the wider transformation of NHS services and the health estate are not strategically constrained or delayed.

With this in mind it is felt that without this further clarity, NHSPS object to Policy DMS2. The requirements of this policy as drafted are considered overly-onerous and inflexible. This approach is also in conflict with the requirements of adopted Core Strategy Policy HC4 (referenced within supporting text). As written any change of use of an existing community facility would be required to meet a number of separate and very different tests for demonstrating that a change of use is acceptable, regardless of whether services are being re-provided either on/off site and continue to

serve the population. The policy as drafted would likely prevent or delay required investment in services and facilities.

The policy also provides no flexibility for alternative forms of development, for example to accommodate continuing community use on part of a site in new fit for purpose facilities, with redevelopment of the wider site for an alternative use.

### **Policy DMH6 - Re-development of previously developed land to dwelling use**

NHSPS fully supports the positive amendments made to Policy DMH6 under modification 6.30.

### **Summary**

Within the NHS property portfolio, a number of sites are outdated and no longer suitable for modern healthcare or other C2 or D1 uses 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 should be applied when considering a change of use to non-community uses.

Like other public service providers, the NHS relies in part on the sale of surplus property to help fund new and improved services and facilities. In the event of redeveloping a healthcare facility for an alternative use, a separate and rigorous testing and approval process is undertaken by NHS commissioners to identify the site as surplus to the operational healthcare requirements of the NHS. These must be satisfied prior to any property being declared surplus and put forward for disposal.

We would therefore welcome further clarification under Policy DMS2 to confirm that where commissioners formally declare a site as surplus to the operational healthcare requirements of the NHS as part of a wider NHS estate reorganisation programme, those would sites be excluded from the requirements of Part A of Policy DMS2. Without this clarification, Policy DMS2 is considered overly-onerous.

NHS PS 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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