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To: [SheffieldPlan](#)
Subject: NHSPS Response Draft Sheffield Plan Feb 2023
Date: 15 February 2023 12:24:12
Attachments: [image001.jpg](#)
[NHSPS Response Sheffield LP Feb 2023.pdf](#)

Good afternoon,

Thankyou for the opportunity to respond to the Draft Sheffield Plan, NHSPS wish to submit the attached comments.

Please could you confirm receipt of these comments. Please get in touch if you have any questions.

Thanks

Rowan

Rowan Gilbert | Senior Town Planner MRTPI

[my pronouns are: she/her, [why I include this](#)]

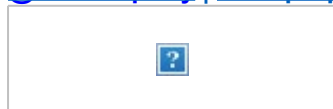
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(15/02/23)

Dear Planning Policy Team

Sheffield City Council - Publication Draft Sheffield Plan

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 Draft Sheffield Plan are as follows.

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

Introduction

Policy NC13 Safeguarding Local Services and Community Facilities states that *development which would result in the loss of a valued community facility will be permitted where:*

- a. *It has been shown that a continued use as that community facility would be unviable; or*
- b. *Adequate equivalent alternative facilities would be available within 10 minutes walk (800m) of the site; or*
- c. *A commuted sum is paid to enable the facility to be provided elsewhere within 10 minutes walk (800m) of the site; or*
- d. *The facility is replaced as part of the new development*

NHSPS supports the provision of sufficient, high quality community facilities, but seeks minor amendments to this policy to enable our work to adapt the health estate to meet changing healthcare requirements.

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 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

We would suggest the inclusion of additional wording (in blue) be included in Draft Policy NC13 to ensure that the NHS can respond to local healthcare requirements:

development which would result in the loss of a valued community facility will be permitted where:

- a. *It has been shown that a continued use as that community facility would be unviable; or*
- b. *Adequate equivalent alternative facilities would be available within 10 minutes walk (800m) of the site; or*
- c. *A commuted sum is paid to enable the facility to be provided elsewhere within 10 minutes walk (800m) of the site; or*
- d. *The facility is replaced as part of the new development; or*

- e. *The loss or change of use of existing facilities is part of a wider public service estate reorganisation.*

These changes would directly address the issues outline above; they 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.

Policy (health considerations in policy/design)

Policy D1 Design Principles and Priorities states that *developments should create a healthy and safe environment.*
NHSPS supports the policy.

Context

There is a well-established connection between planning and health; in so far that the planning system has an important role in creating healthy communities. Planning can not only facilitate improvements to health services and infrastructure, thereby enabling the health providers to meet changing healthcare needs, but also by providing a mechanism to address the wider determinants of health.

The NPPF is clear in stating that “Planning policies and decisions should aim to achieve healthy, inclusive and safe places” (Paragraph 92).

Identifying and addressing the health requirements of existing and new development is a critical way of ensuring the delivery of healthy, safe, and inclusive communities. On this basis, we would welcome further engagement with the NHS on this matter.

Policy (developer contributions)

Policy DC1 The Community Infrastructure Levy (CIL) and Other Developer Contributions states that *Developers of housing schemes comprising 10 or more new homes will be required to contribute towards education facilities, health facilities and open space where needs are not being met through the CIL or other funded capital programmes and where further mitigation is necessary to make the development acceptable in planning terms.*
NHSPS supports the policy.

Context

The NHS, Council and other partners must work together to forecast the infrastructure and costs required to support the projected growth and development across the borough. A vital part of this is ensuring the NHS continues to receive a commensurate share of S106 and Community Infrastructure Levy (CIL) developer contributions to mitigate the impacts of growth and help deliver transformation plans.

Paragraph 34 of The NPPF is clear that ‘Plans should set out the contributions expected from development. This should include setting out... infrastructure (such as that needed for... health)’

The significant cumulative impacts of residential developments on healthcare requirements in the area should be recognised and, given their strategic importance, health facilities should be put on a level footing with affordable housing and public transport improvements when securing and allocating S106 and CIL funds, in order to enable the delivery of vital NHS projects. It is imperative that planning policies are positively prepared, in recognition of their statutory duty to help finance improved healthcare services and facilities through effective estate management.

We request that when setting planning obligation policies, the Council seek to address strategic as well as local priorities in planning obligations and engage the NHS in the process as early as possible.

NHSPS thanks you for the opportunity to comment on the Publication Draft Sheffield Plan and look forward to working with you to ensure that the needs of the health services are taken into consideration.

Yours sincerely,

Rowan Gilbert
Senior Town Planner
NHS Property Services