Dear Sir / Madam,

NHS Property Services (NHSPS) – Hearing Statement


Introduction

This Statement follows duly-made representations at the Regulation 19 stage of the Hackney Local Plan (LP33), dated 7 January 2019.

Outstanding Matters

Matter 7 – Transport and other infrastructure

8. LP8 Social and community infrastructure

The Council has proposed a change in the drafting of the policy between the Regulation 19 and the Plan submitted for examination.

The relevant part of Policy LP8 now reads:

D. Proposals involving the loss of existing social and community infrastructure will not be permitted unless one of the following criteria is met:

i. a replacement facility of equivalent or better quality that meets the needs currently met by the existing facility is provided; or

ii. adequate alternative facilities are already within walking distance, which are capable of meeting the needs currently being met by the existing facility without leading to a shortfall in provision for the specific social infrastructure; or

iii. It has been demonstrated that the facility is no longer required in its current use and it has been demonstrated that it is not suitable and viable for any other forms of social infrastructure for which there is a defined need in the locality, or for which there is a current or future need identified in the Infrastructure Needs Assessment and Delivery Plan.
This statement should be read in conjunction with our previous representation and seeks to answer the relevant parts of Matter 7, which are set out below.

**q. Does this policy plan positively for the provision and use of social and community facilities and services in accordance with para 70 of the Framework?**

Amendments have been made to the policy so as not to ‘inhibit service providers making changes to their estate to reflect new models of delivery.’

As drafted, it is not felt the policy and supporting text properly considers estate rationalisation programmes carried out by public service providers. NHS estate reviews are aimed at improving the provision of healthcare services by increasing efficiencies, including through the disposal or development of unneeded and underutilised properties. This means that capital receipts from disposals for best value, as well as revenue spending that is saved, can be used to improve facilities and services.

Unfortunately, the policy is not positively prepared, is overly restrictive and as worded, would have a negative impact on the ability of the NHS and Council to deliver services locally. Restrictive policies, especially those which require substantial periods of marketing, could prevent or delay required investment in new/improved services and facilities. It is not therefore felt the policy is in accordance with Para 70 of the NPPF.

Furthermore, whilst it is understood the Plan is assessed against the 2012 NPPF, the NPPF2 has been published. Tested against these policies, it is felt that the modifications would not be in conformity with Paragraph 92, particularly 92b), which states policies should ‘take into account and support the delivery of local strategies to improve health, social and cultural well-being for all sections of the community;’

Where it can be demonstrated that community facilities would be lost or have their use changed as part of a wider NHS estate reorganisation programme, it should be accepted that this provides sufficient evidence that a facility is neither needed nor viable for its current use or other community uses.

**w. The Council has suggested the deletion of D ii. A further amendment has also been suggested for para 6.2 of the Plan to add a reference to adult education. Are these Council suggested changes necessary for soundness?**

It is now unclear whether Part D i of the Policy requires a new facility to be built prior to the loss of an existing facility, or whether this loss could be met by an alternative existing facility.

As explained, the NHS is continually reviewing its estate to deliver more effective patient care. This often involves reorganisation of services across buildings to make better use of the estate. However, it must be noted that not all buildings in NHS ownership can be reconfigured or adapted in a manner that meets modern requirements. It is essential that such assets can be disposed of at best value to facilitate ongoing services delivery.
Furthermore, reconfiguration should not be characterised as ‘re-provision’, at least not in the same form; there should not be an expectation that reconfiguration and modernisation will result in the same amount or type of floorspace.

**In relation to part D iii is it appropriate for the supporting text to refer to the guidelines in Appendix 1 in relation to the provision of marketing evidence (one year)? Does the policy allow for the provision of other relevant evidence to be taken into account when considering the loss of a community facility?**

Where it can be demonstrated that healthcare facilities are no longer required, there should be an acceptance that such sites are suitable for other forms of development, including housing (or other viable uses), and should not be subject to restrictive policies or periods of marketing.

NHS bodies undertake significant amounts of consultation with stakeholders in relation to any service changes that they propose. This consultation ensures that service reconfiguration is undertaken on a sound basis that does not prejudice service delivery for the foreseeable future. Despite this, the NHS expends significant sums of time and money trying to persuade planning decision-makers to permit the loss of surplus facilities.

Policies should be responsive to this. Indeed, paragraph of 3.87A of the London Plan states that ‘loss of social infrastructure in areas of defined need may be acceptable if it can be demonstrated that the disposal of assets is part of an agreed programme of social infrastructure re-provision (in health and community safety, for example) to ensure continued delivery of social infrastructure and related services.’

This is further emphasised in Policy S1 Developing London’s social infrastructure of the new draft London Plan, which includes wording in the policy at Part F2 and G which permits loss when it ‘…is part of a wider public service transformation plan which requires investment in modern, fit for purpose infrastructure and facilities in order to meet future population needs or to sustain and improve services.’

**Proposed amendments:**

To ensure the Policy LP8 is made sound, provides and effective framework for the delivery of social infrastructure, whilst being supportive of NHS and public service transformation plans, suggested amendments have been set out in blue, with strikethroughs removed below.

LP8 Social and community infrastructure

**D. Proposals involving the loss of existing social and community infrastructure will not be permitted unless one of the following criteria is met:**

i. a replacement facility of equivalent or better quality that meets the needs currently met by the existing facility is provided; or
ii. adequate alternative facilities are provided already within walking distance, which are capable of meeting the needs currently being met by the existing facility without leading to a shortfall in provision for the specific social infrastructure; or

iii. It has been demonstrated that the facility is no longer required in its current use and it has been demonstrated that it is not suitable and viable for any other forms of social infrastructure (unless this loss is part of a wider public service transformation plan, see Part iv) for which there is a defined need in the locality, or for which there is a current or future need identified in the Infrastructure Needs Assessment and Delivery Plan; or

iv. 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.

These changes would directly address the soundness issues outlined above, ensuring the NHS is able to effectively manage its estate and rationalise unsuitable properties where necessary, to meet healthcare needs of the community.

Yours sincerely,

Will Everson
Senior Town Planner