NHS Property Services

NHSPS Response to Matter 14, Issue 3 and Question 1 and 4:

Q1. Is Policy IF3 consistent with paragraph 97 of the Framework which, amongst other things, requires planning policies to guard against the unnecessary loss of valued facilities and services, particularly where this would reduce the community's ability to meet its day-to-day needs?

Q4. In terms of this issue, are any of the suggested modifications in the Schedule of Suggested Modifications necessary for soundness?

1. This response follows a representation submitted at Regulation 19 stage, in which NHSPS supported Policy IF3 with regard to the inclusion of Parts (a) to (c) as requirements to demonstrate the loss of an existing community facility which explicitly includes (c) the demonstration of an existing facility as surplus to requirements.

2. As currently drafted, the policy is considered to be consistent with Paragraph 97 [98] (NPPF 2024) as this enables the purpose of the policy in ensuring there is sufficient community service provision, as required by the local community.

3. For existing healthcare infrastructure, a robust process is currently adopted which requires an existing facility to be assessed against local health service provision needs, identified by the relevant Integrated Care Board (ICB) as local health commissioners. This means an existing facility is only declared surplus to requirements when the ICB determines the operational health requirement of a facility 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.

4. In support of Policy IF3 as drafted, with the particular inclusion of Part (c) of the requirement, NHSPS consider Policy IF3 is consistent with Paragraph 97 [98] of the NPPF for the purposes of healthcare infrastructure in ensuring there is no unnecessary loss of existing healthcare facilities or services and the loss of which will not impede the local community's ability to meet their health service provision needs.

5. The Schedule of Main Modifications (September 2025) ref. SMM85 proposes changes to the requirements set out in Policy IF3. The suggested modification includes Part (b) which incorporates Parts (c) and (d) of the policy as drafted. Alongside providing clear evidence there is an excess of an existing facility in the area it serves, this change would require further demonstration of alternative community uses being considered.

6. Following further review, whilst the proposed changes intend to bring clarity, NHSPS do not consider this approach to be effective for the purposes of Part (b) of the policy. The requirements for health commissioning and the form of any health provision are a decision for local health commissioners and should not be constrained by planning policy, which includes the requirement to evidence consideration of alternative community uses.

7. 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.

8. NHSPS requests the following modification (*shown in red italics*) or reverting to the Policy as drafted to ensure the Local Plan is positively prepared and effective in defining the requirements to justify the loss of health care infrastructure, under Part (b) of Suggested Main Modification ref. SMM85:

9. "b. An assessment has been undertaken which has clearly shown that there is a proven ~~excess~~ *surplus to the requirements of the existing facility* in the area it serves ~~and~~*; or*.

   c. There is no reasonable prospect of securing an appropriate alternative community use of the site; or

   ~~*c.*~~ *d.* Sufficient alternative or improved provision will be made in a suitable location […]"

10. The NHS needs to retain the flexibility to implement its health commissioning strategy (at pace) to meet the needs of the population at any time and consider modifications to be necessary to ensure effective implementation of Policy IF3 in respect of health care provision.

Word count: 652 words