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**17/01/2023**

Dear Sir/Madam,

**Canterbury District Local Plan – Draft Local Plan Consultation**

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 Canterbury Draft Local Plan are as follows.

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

**Introduction**

Policy **DS10** restricts planning permission for development including the loss on an existing medical, health or social care facility unless:

- a. There is clear evidence to demonstrate that there is no need for the facility; and
- b. It is demonstrated that other uses to serve the local community could not operate from the buildings or land.

NHSPS do not support these policies for the reasons outlined below.

**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**

Local Plans should align their policies to "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). By considering that other appropriate forms of testing outside of marketing can be carried out to assess the suitability of premises there will be greater opportunity to facilitate/cooperate with NHS objectives to handle healthcare facilities strategically to provide the best services possible.

As such, the plan can be made sound through the inclusion of an additional supporting paragraph to Policy DS10

The additional text should clarify that:

*Should a health site be declared surplus to requirements as part of a wider estate reorganisation programme to ensure the continued delivery of public services and related infrastructure, such as those being undertaken by the NHS then the loss or change of use of existing health facilities will be acceptable. Evidence of such a programme will be accepted as a clear demonstration that the facility under consideration is neither viable nor needed and that adequate facilities are or will be made available to meet the ongoing needs of the local population. In such cases no marketing will be required.*

**Policy (health considerations in policy/design)**

Policy **DM7** states that proposals for the development of 100 homes or more, or for non-residential developments of 10,000sqm or more, and proposals for takeaways, betting shops and payday loan shops of any size, should include a Health Impact Assessment (HIA). The HIA should demonstrate how any adverse health impacts will be effectively mitigated and how the positive health impacts of the proposal will be maximised.  
NHSPS supports this 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 welcome the inclusion of policy DM7 in the emerging Local Plan.

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

Yours faithfully,

Rowan Gilbert MRTPI

**Town Planner  
NHS Property Services**