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Dear Planning Policy Team,

Wandsworth Local Plan (Main Modifications)

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 **Wandsworth Local Plan (Main Modifications)** are as follows.



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

Policy **LP17 Social and Community Infrastructure** states that the loss of declared surplus sites will be permitted as part of a service transformation plan or an estates strategy where investment is required in modern, fit for purpose infrastructure and facilities. NHSPS **supports** Policy LP17 Social and Community Infrastructure.

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. 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.

For the reasons outlined above, NHSPS support the amendment to Policy LP17 Social and Community Infrastructure.

Policy (site allocation)

Site allocation **OUT1** allocated the **Balham Health Centre** site for "development, including residential use with the reprovision and expansion of healthcare facilities and parking". NHSPS **supports** the allocation and has no comments on the amended wording with regards to building heights (Main Modification No. MM137) but recommends further amendments in line with our previous responses to the Wandsworth Local Plan Publication (Regulation 19) Version and the Wandsworth Local Plan Pre-Publication (Regulation 18) consultations.

Context

Site Allocation OUT1 covers the Balham Heath Centre, as set out in Figure 1 below. NHSPS own the freehold of this site.





NHSPS supports the in-principle allocation of the site for redevelopment and has no further comments on the amended wording regarding building heights (Main Modification No. MM138).

However, further modifications are required to ensure soundness, and to enable the delivery of health improvements in the local area. these amendments are in line with our previous comments to the Regulation 18 and Regulation 19 versions of the Local Plan consultation, and should be read alongside these responses.

As discussed, NHSPS works with local NHS Commissioners to ensure that the necessary services and provided in the best possible locations. An essential component of this is the redevelopment of surplus properties for alternative uses, which provides essential funding for health provision. To confirm, all capital receipts raised are reinvested back into the NHS, enabling further improvements to local health infrastructure.

It is important that the form of any new health provision remains a decision for NHS commissioners, rather than being tied down through Local Plan policies, which can quickly become out of date. The NHS needs to retain the flexibility to implement its health commissioning strategy to meet the needs of the population at any time.

NHSPS appreciate the Council's intent to secure health provision for local residents. However, by confining the form of this provision, the policy removes the flexibility needed by the NHS to implement its health commissioning strategy and meet the changing needs of the local community.



NHSPS note officers' comments (220) stating that 'The wording of site allocation OUT1 is considered sufficiently flexible to allow appropriate sustainable development (to) come forward' and should be read in conjunction with LP17 Social and Community Infrastructure which 'sets out the guidance for redeveloping an existing healthcare use for residential uses'. However, the current approach remains inconsistent with London Plan Policy S2 part A5 which stipulates that "Boroughs should work with Clinical Commissioning Groups (CCGs) and other NHS and community organisations to...identify opportunities to make better use of existing and proposed new infrastructure through integration, co-location or reconfiguration of services, and facilitate the release of surplus buildings and land for other uses." The drafted allocation specifically requires the expansion of health service along with residential use, thus restricting the potential for alternative forms of healthcare on this site.

In order to be able to implement NHS health commissioning strategy and adapt to changes, and to remain consistent particularly with London Plan Policy S2 Part A5, the amended wording seeks to replace 'expansion' with the 'improvement' of healthcare facilities and provides an option for relocation of health services should this be required.

This will enable the NHS to better facilitate changing models of care and allow for improved service provision, whilst not being restricted to the provision of a potentially unnecessary increase in healthcare floorspace on site. Through providing fit-for-purpose, modern facilities and making better use of existing infrastructure, local healthcare requirements may be met within a smaller building footprint on this site or on a suitable site in the wider area. The sustainable and efficient use of healthcare floorspace, and the ability to adapt to changing healthcare requirements, should not be restricted through local plan policies.

For the reasons outlined above, we recommend that the wording of Site Allocation OUT1 be amended as follows:

Amended Wording

'Mixed use Development providing residential and the expansion improvement of healthcare facilities, or residential only if the existing services are relocated within an alternative healthcare facility in the wider area.'

Policy (site allocation)

Site allocation **OUT5** allocates the **Bridge Lane Medical Group Practice** site for "development, including residential use with the reprovision and expansion of healthcare facilities and parking", under Main Modification No. MM143 an additional development consideration has been added relating to parking:

Parking - Measures to encourage active travel and the use of public transport will be strongly supported. Car parking provision for healthcare uses should achieve a balance between meeting essential needs for patients, staff and visitors and encouraging modal shift away from the private car.'

NHSPS **supports** the allocation and the additional wording but recommends further amendments in line with our previous response to the Wandsworth Local Plan Publication (Regulation 19) Version and the Wandsworth Local Plan Pre-Publication (Regulation 18) consultations.

Context

Site Allocation OUT5 covers the Bridge Lane Medical Group Practice, as set out in Figure 2 below. NHSPS own the freehold of this site.





NHSPS supports the in-principle allocation of the redevelopment of the site, and the inclusion of parking as a development consideration (Main Modification No. MM143), but we further request for the site allocation wording on parking to be amended.

The current wording for site allocation of OUT5 stating 'Development including residential use with the re-provision and expansion of healthcare facilities and parking' is contradictory to the amendments under MM143 which states 'Car parking provision for healthcare uses should achieve a balance between meeting essential needs for patients, staff and visitors and encouraging a modal shift away from the private car'. To be reflective of the changes made in MM143, NHSPS recommends amended wording which seeks to replace 're-provision and expansion' of parking with 'optimised parking provision suitable/appropriate to users' needs'. The amended wording would provide greater clarity on car parking provision, reflecting the parking development consideration (MM143) and would effectively maximise the use of the site.

As with the policy for site allocation OUT1 which allocates development for the Balham Health Centre, the following policy has not been amended in line with our previous comments to the Publication and Pre-Publication versions of the Local Plan consultation. NHSPS supports the allocation of this site for residential led redevelopment, but we maintain that these amendments are required to ensure that the Local Plan is sound and have included these recommended amendments for consideration.

As discussed under our comments to Site Allocation OUT1, it is important that the form of any new health provision remains a decision for NHS commissioners, rather than being tied down through Local Plan policies, which can quickly become out of date. The NHS needs to retain the flexibility to implement its health commissioning strategy to meet the needs of the population at any time.

NHSPS appreciate the Council's intent to secure health provision for local residents. However, by confining the form of this provision, the policy removes the flexibility needed by the NHS to



implement its health commissioning strategy and meet the changing needs of the local community.

As set out in our previous representations in the Regulation 18 and Regulation 19 versions of the Local Plan consultation, the NHS requires flexibility within the estate. Where it is demonstrated that the services can be re-provided elsewhere, there should be flexibility which allows for the site to be developed solely for residential use or other suitable land uses.

NHSPS note officers' comments (221) stating that 'The wording of site allocation OUT5 is considered sufficiently flexible to allow appropriate sustainable development (to) come forward' and should be read in conjunction with LP17 Social and Community Infrastructure which 'sets out the guidance for redeveloping an existing healthcare use for residential uses'. However, the current approach remains inconsistent with London Plan Policy S2 part A5 which stipulates that "Boroughs should work with Clinical Commissioning Groups (CCGs) and other NHS and community organisations to...identify opportunities to make better use of existing and proposed new infrastructure through integration, co-location or reconfiguration of services, and facilitate the release of surplus buildings and land for other uses." The drafted allocation specifically requires the expansion of health service along with residential use, thus restricting the potential for alternative forms of healthcare on this site.

In order to be able to implement NHS health commissioning strategy and adapt to changes, and to remain consistent particularly with London Plan Policy S2 Part A5, the amended wording seeks to replace 'expansion' with the 'improvement' of healthcare facilities and provides an option for relocation of health services should this be required.

This will enable the NHS to better facilitate changing models of care and allow for improved service provision, whilst not being restricted to the provision of a potentially unnecessary increase in healthcare floorspace on site. Through providing fit-for-purpose, modern facilities and making better use of existing infrastructure, local healthcare requirements may be met within a smaller building footprint on this site or on a suitable site in the wider area. The sustainable and efficient use of healthcare floorspace, and the ability to adapt to changing healthcare requirements, should not be restricted through local plan policies.

For the reasons outlined above, we recommend that the wording of Site Allocation OUT5 be amended as follows:

Amended Wording

Development, including residential use with the re-provision and expansion improvement of healthcare facilities and parking and optimised parking provision suitable/appropriate to users' needs, or residential only if the existing services are relocated within an alternative healthcare facility in the wider area.'

Yours sincerely,

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