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[By email]

Dear Planning Policy Team,
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Oxford City Council – Oxford Local Plan 2040 Submission Draft (Regulation 19) 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 supports 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 Oxford Local Plan 2040 Submission Draft are as follows.

REP 1, POLICY C3

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

Draft Policy C3 resists the loss of community facilities. The supporting text to this Policy defines community facilities as those which fall into Use Class F.2 of the Use Classes Order. This includes a hall or meeting place mainly for the local community, indoor and outdoor pools, and skating rinks, and the policy applies to these.

NHSPS welcomes the clarity that this definition provides as it will enable the NHS to undertake estate reorganisation programmes as needed on sites in a health use (Class C2 and/or E(e)).

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 potentially 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.

With this in mind, we welcome the proposed definition of community facilities in this Draft Policy. This will ensure that the NHS can promptly and efficiently respond to the healthcare requirements of residents through the evolution of its estate. We consider the draft policy to be positively prepared, justified, effective, and consistent with national policy.

REP 2, POLICY S2:

Policy topic: health considerations in policy and design

Draft Policy S2 states the design checklist set out in Appendix 1.1 should be used to inform design and ensure that a comprehensive approach is taken from the outset, which includes consideration of the relevant context including heritage, promotion of healthy lifestyles, and protection of the natural environment.

Draft Policy HD7 states permission will only be granted for development of high-quality design that is responsive to its context, creates or enhances local distinctiveness, and ensures that the amenity of the natural environment is protected. Planning permission will only be granted where proposals are designed to meet the key design objectives and principles for delivering high quality development as set out in Appendix 1.1.

Draft Policy HD10 states a Health Impact Assessment (HIA) is required to be submitted as part of the planning application for major development proposals. The analysis within the submitted

HIA should be of a sufficient level of detail to allow the Council to assess the potential impacts of the development on the health environment of the city and its residents. As a minimum, the assessment should include the following:

- a) a description of the physical characteristics of the proposed development site and surrounding area, including the current use; and
- b) identification of relevant population groups that could be affected by the development and associated health issues, inequalities and priorities in the area, which should be supported with appropriate evidence/data; and
- c) an assessment of the impacts of the proposal on the identified population groups and local health issues, inequalities and priorities, including any potential positive and negative impacts, along with any mitigation measures incorporated into the design to reduce identified negative outcomes; and
- d) details of monitoring which will be undertaken in relation to the proposed mitigation to be implemented.

The level of detail should be proportionate to the development and agreed with the relevant case officer. Applicants should refer to the additional information and guidance contained in Appendix 6.2 and the Council's Technical Advice Note.

NHSPS supports these policies.

Context

There is a well-established connection between planning and health, and the planning system has an important role in creating healthy communities. The planning system is critical not only to the provision of improved health services and infrastructure, enabling health providers to meet changing healthcare needs, but also to addressing 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.

We consider the draft policies to be positively prepared, justified, effective, and consistent with national policy.

REP 3, POLICY S3:

Policy topic: developer contributions

Draft Policy S3 states development proposals, including those allocated in this plan which give rise to a need for infrastructure improvements, will be expected to mitigate their impact, both individually and cumulatively, and at a rate and scale to meet the needs that arise from that development or a phase of that development. The standards of infrastructure delivery will be expected to comply with other policies set out within this Plan. Planning permission will be granted subject to the provision of (or appropriate funding towards) the required level of infrastructure to support the development. Infrastructure identified within the Infrastructure Delivery Plan or through negotiations on individual planning applications will continue to be delivered either through on-site provision or off-site contributions and secured by S106, S278 or other appropriate agreements and the Community Infrastructure Levy (CIL) or its successor as well as other identified sources of funding as set out in the Infrastructure Delivery Plan.

NHSPS supports this policy principle, but requests the policy or supporting text explicitly require that consideration and mitigation of the impacts of development include the impact on healthcare, and that the use of S106 obligations and CIL funds be explored where any impacts are identified.

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 local authority area. 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 consider the draft policy to be positively prepared, justified, effective, and consistent with national policy when taking into account the above requested changes.

REP 4, POLICY H5:

Policy topic: Key Worker Housing

Draft Policy H5 sets out sites where planning permission will be granted for employer-linked affordable housing for rent. This includes NHS hospitals within the local authority area.

NHSPS supports the principle of this policy to help increase delivery of much-needed affordable housing for key workers, such as NHS staff. NHSPS supports the identification of specific sites for employer-linked affordable housing, but requests that the policy include wording to enable other sites to provide employer-linked housing where a need is demonstrated. This may include windfall sites.

NHSPS would also welcome flexibility on tenure where need for a tenure other than affordable rent is demonstrated.

Context

The sustainability of the NHS is largely dependent on the recruitment and retention of its workforce. Most NHS staff need to be anchored at a specific workplace or within a specific geography to carry out their role. When staff cannot afford to rent or purchase suitable accommodation within reasonable proximity to their workplace, this has an impact on the ability of the NHS to recruit and retain staff.

Housing affordability and availability can play a significant role in determining people’s choices about where they work, and even the career paths they choose to follow. As the population grows in areas of new housing development, additional health services are required, meaning the NHS must grow its workforce to adequately serve population growth. Ensuring that NHS staff have access to suitable housing at an affordable price within reasonable commuting distance of the

communities they serve is an important factor in supporting the delivery of high-quality local healthcare services.

Amended Wording

NHSPS requests the following wording be included Draft Policy H5 (changes shown in red):

*Planning permission will be granted on the following sites for employer-linked affordable housing for rent, **or another housing tenure where need is demonstrated.***

The sites identified as appropriate for employer-linked affordable housing are:

- *Campus sites of the colleges of the University of Oxford and of Oxford Brookes University. These are sites with academic accommodation existing at the time of the adoption of the Local Plan, and where academic institutional use would remain on the site, even with the development of some employer-linked housing*
- *Edge of Playing Fields Oxford Academy*
- *Edge of Playing Fields Bayards Hill Primary School*
- *Slade House*
- *Manzil Way Resource Centre*
- *Warneford Hospital*
- *West Wellington Square*
- *Osney Mead*
- *John Radcliffe Hospital*
- *Churchill Hospital*
- *Nuffield Orthopaedic Hospital*

Other sites may be considered appropriate for employer-linked affordable housing where a need is demonstrated and agreed with the Council.

Where this policy is applied, the standard affordable housing requirements of Policy H2 will not apply, except to any market housing element on the site, or under those circumstances identified under criterion h).

An affordable housing approach will need to be agreed with the Council setting out how the proposed affordable homes will be developed and managed by the employers (or by development partners on their behalf) to meet the housing needs of their employees.

All of the following criteria must be demonstrated as part of the planning application and will be secured through the relevant planning permission:

- a) *the employer has an agreed affordable housing approach in place setting out access criteria and eligibility, rent policy and rent levels **(where applicable)**, approved by the City Council and with an appropriate review mechanism in place; and*
- b) *100% of the housing should be available to be occupied by those employees who meet the requirements of the affordable housing approach agreed with the council and be available in perpetuity; and*
- c) *the occupation of the housing will be limited to households where at least one member works for the employer linked to the site (for the duration of their*

- employment). This also applies to social care workers who work for but are not employed directly by Oxfordshire County Council and to some NHS staff; and*
- d) an occupancy register should be kept and made available for inspection by the City Council at any time; and*
 - e) planning applications must be accompanied by a detailed explanation and justification of the approach proposed and the mechanisms for securing the requirements of this policy.*

A legal agreement will be required to secure the benefits of this policy. In addition, the legal agreement will be used to:

- f) agree the allocations policy;*
- g) agree an appropriate re-letting of units in the property (where applicable) in the event that there are units vacant for more than 6 months;*
- h) agree that if the employer decides they no longer have a need for the housing, then the affordable housing requirements detailed under Policy H2 will be applied.*

We consider the draft policy to be positively prepared, justified, effective, and consistent with national policy when taking into account the above requested changes.

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Summary

NHSPS thank Oxford City Council for the opportunity to comment on the Oxford Local Plan 2040 Submission Draft (Regulation 19) Consultation and hope the proposed amendments are considered constructive and helpful. We look forward to reviewing future iterations of the plan and receiving confirmation that these representations have been received. Should you have any queries or require any further information on the enclosed, please don't hesitate to contact me.

Yours faithfully,



Ellen Moore
Associate Town Planner MRTPI



For and on behalf of NHS Property Services Ltd