

**Morgan, Jackson**

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**From:** Ellen Moore [REDACTED]  
**Sent:** 30 May 2024 16:18  
**To:** Planning Policy Consultations  
**Subject:** NHSPS Response - Reg 19 Consultation - Draft City Plan 2040  
**Attachments:** NHSPS Response Form - City Plan 2040.docx  
**Categories:** CONFIRMED

THIS IS AN EXTERNAL EMAIL

Good Afternoon,

Please find enclosed representations submitted on behalf of NHS Property Services (NHSPS) in relation to the Reg 19 Consultation on the Draft City Plan 2040. This is submitted on the Council's template form in MS Word as requested.

I would be grateful if you could confirm receipt of the attached.

Should you have any queries or require any further information on the enclosed, please do not hesitate to contact me. We would be grateful to be kept informed of the progression of the Local Plan and any future consultations via our dedicated email address - [town.planning@property.nhs.uk](mailto:town.planning@property.nhs.uk).

Kind regards,  
Ellen

**Ellen Moore MRTPI** | Associate Town Planner


**NHS Property Services Ltd**  
10 South Colonnade, Canary Wharf, E14 4PU  
[REDACTED]

[www.property.nhs.uk](http://www.property.nhs.uk) | [@NHSPROPERTY](https://twitter.com/NHSProperty)

**Customer Support Centre:** T: 0800 085 2013 | E: [customer.service@property.nhs.uk](mailto:customer.service@property.nhs.uk)

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## Model Representation Form for Local Plans

	<b>Local Plan</b> Publication Stage Representation Form	<b>Ref: Reg 19</b>  <b>(For official use only)</b>
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**Name of the Local Plan to which this representation relates:**

City Plan 2040

**Please return to City of London Corporation BY 11:00PM 31 May 2024** emailing to: [planningpolicyconsultations@cityoflondon.gov.uk](mailto:planningpolicyconsultations@cityoflondon.gov.uk)

Please note that all representations will be made public on our website in line with the Town and Country Planning (Local Planning)(England) Regulations 2012. This will include the name of the person and, where relevant, the organisation making the representation. All other personal information will remain confidential and managed in line with the City Corporation's privacy notice.

For more information on how we collect and process personal information, and your rights in relation to that information, please refer to the Environment Department's privacy notice available at [Environment Department Privacy Notice](http://cityoflondon.gov.uk) ([cityoflondon.gov.uk](http://cityoflondon.gov.uk) and the City Corporation's privacy notice available at [www.cityoflondon.gov.uk/privacy](http://www.cityoflondon.gov.uk/privacy)). Please also see our Statement of Representations Procedure available at: [City Plan 2040 - City of London](#).

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This form has two parts –

Part A – Personal Details: need only be completed once.

Part B – Your representation(s). Please fill in a separate sheet for each representation you wish to make.

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### Part A

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#### 1. Personal Details\*

*\*If an agent is appointed, please complete only the Title, Name and Organisation (if applicable) boxes below but complete the full contact details of the agent in 2.*

Title

First Name

Last Name

Job Title  
(where relevant)

#### 2. Agent's Details (if applicable)

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## Part B – Please use a separate sheet for each representation

Name or Organisation:

3. To which part of the Local Plan does this representation relate?

Paragraph  Policy  Policies Map

4. Do you consider the Local Plan is:

4.(1) Legally compliant	Yes	<input type="text" value="X"/>	No	<input type="text"/>
4.(2) Sound	Yes	<input type="text" value="X"/>	No	<input type="text"/>
4 (3) Complies with the Duty to co-operate	Yes	<input type="text" value="X"/>	No	<input type="text"/>

Please tick as appropriate

5. Please give details of why you consider the Local Plan is not legally compliant or is unsound or fails to comply with the duty to co-operate. Please be as precise as possible.

If you wish to support the legal compliance or soundness of the Local Plan or its compliance with the duty to co-operate, please also use this box to set out your comments.

Draft Policy HL9 requires major development to submit a rapid HIA, with a full HIA required on developments that are subject to an Environmental Impact Assessment (EIA) and potentially on developments considered to have particular health impacts, including those involving sensitive uses such as education, health, leisure or community facilities, publicly accessible open space, hot food take away shops, betting shops and in areas where air pollution and noise issues are particularly prevalent.

NHSPS welcomes and supports the requirement for HIA as set out in the Draft Policy. 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 by enabling health providers to meet changing healthcare needs, but also to addressing the wider determinants of health.

As currently worded NHSPS considers Draft Policy HL9 to be sound.

(Continue on a separate sheet /expand box if necessary)

6. Please set out the modification(s) you consider necessary to make the Local Plan legally compliant and sound, in respect of any legal compliance or soundness matters you have identified at 5 above. (Please note that non-compliance with the duty to co-operate is incapable of modification at examination). You will need to say why each modification will make the Local Plan legally compliant or sound. It will be helpful if you are able to put forward your suggested revised wording of any policy or text. Please be as precise as possible.

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7. If your representation is seeking a modification to the plan, do you consider it necessary to participate in examination hearing session(s)?

**No**, I do not wish to participate in hearing session(s)

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Part 2 of Draft Policy S26 states that all new development will be required to provide for S106 planning obligations having regard to the impact of the obligation on the viability of development. Part 2 of the Draft Policy then lists eight types of infrastructure that could be sought. This list does not explicitly include health, noting it does acknowledge that 'site specific mitigation meeting statutory tests' will be sought.

Whilst NHSPS does not consider Draft Policy S26 to be unsound, we would wish to see health infrastructure identified in Part 2 as essential infrastructure sought from schemes where there is a need. Healthcare providers should have flexibility in determining the most appropriate means of meeting the relevant healthcare needs arising from a new development. Where new developments create a demand for health services that cannot be supported by incremental extension or internal modification of existing facilities, this means the provision of new purpose-built healthcare infrastructure will be required to provide sustainable health services. Options should enable financial contributions, new-on-site healthcare infrastructure, free land/infrastructure/property, or a combination of these. It should be clarified that the NHS and its partners will need to work with the council in the formulation of appropriate mitigation measures.

The draft policy requirements identified in the Plan are supported by the Local Plan Viability Assessment (November 2023). The Assessment tests a lump sum for S106 contributions of £35 per square metre for non-residential development and up to £2,500 per unit for residential development to cover site specific mitigation.

Without prejudice to any future representations the NHS or its partners may make on specific planning applications or applications for CIL funding, in our view the S106 headroom identified as part of the site-specific testing is generally sufficient to enable financial contributions to be secured for healthcare, and therefore we consider that overall the assessment of plan-wide viability demonstrates that policy requirements in relation to healthcare infrastructure contributions are deliverable. However, we are concerned that without explicit mention of required healthcare mitigation in the viability assessment, healthcare mitigation will compete with other planning obligations or be ignored entirely, rendering development unsustainable and putting future residents' health at risk.

Healthcare facilities are currently experiencing significant strain. Furthermore, if appropriate mitigation is not secured, the growth strategy outlined in the Plan is expected to exacerbate this situation. We would recommend that the viability assessment includes a separate cost input for typologies where a healthcare contribution is expected. This would ensure that healthcare mitigation is appropriately weighted when evaluating the potential planning obligations necessary to mitigate the full impact of a development.

A separate cost input for health would also mean that developers are adequately informed in advance, in accordance with ICB's estate strategy and the development's location and size, that they may be required to make on-site provision or off-site financial contributions to mitigate the impact on healthcare infrastructure resulting from their development. Such an approach would also support the effective implementation of Draft Policy S26 in situations when a viability assessment demonstrates that development proposals are unable to fund the full range of infrastructure requirements. We would welcome further engagement with the Council to on this issue to determine a reasonable cost assumption that could be used in future viability assessments.

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Supporting Text Para 4.2.1 to Draft Policy S3 states new housing in the City may be suitable for people that need to live near their workplace, especially key workers. NHSPS welcome the acknowledgement of the need for housing for key workers which would include NHS staff and those employed by other health and care providers in the local authority area. 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.

It is noted that further guidance on affordable housing requirements, including the methodology for calculating the level of cash in lieu or off-site contributions required is set out in the City Corporation's Planning Obligations SPD. This guidance will be kept under review and amended as required. As part of these future reviews of the SPD and Local Plan, and/or where any additional guidance to inform detailed delivery of this policy is prepared, NHSPS recommend the Council:

- Engage with local NHS partners such as the local Integrated Care Board (ICB), NHS Trusts and other relevant Integrated Care System (ICS) partners.
- Ensure that the local need for affordable housing for NHS staff is factored into housing needs assessments, and any other relevant evidence base studies that inform the local plan (for example employment or other economic policies).
- Consider site selection and site allocation policies in relation to any identified need for affordable housing for NHS staff, particularly where sites are near large healthcare employers.

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Part 1 of Draft Policy HL5 seeks to protect existing social and community facilities, and requires one of three tests to be met. NHSPS supports the provision of sufficient, quality community facilities and considers the proposed policy approach to be effective and will ensure the NHS has the ability to ensure the delivery of essential facilities and services for the community.

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.

All NHS land disposals must follow a rigorous process to ensure that levels of healthcare service provision in the locality of disposals are maintained or enhanced, and proceeds from land sales are re-invested in the provision of healthcare services locally and nationally. The decision about whether a property is surplus to NHS requirements is made by local health commissioners and NHS England. Sites can only be disposed of once the operational health requirement 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.

As currently worded NHSPS considers Draft Policy HL5 to be sound.

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Part 8 of Draft Policy DE1 requires major developments to meet various standards including (under Criteria C) London Plan guidance on carbon emissions with carbon offsetting required where standards cannot be met on site.

The NHS requires all new development projects to be net zero carbon, and NHSPS fully support policies that promote carbon neutral development. In considering the implementation of policies related to net zero, we would highlight that NHS property could benefit from carbon offset funds collected where on-site carbon mitigation requirements cannot be met. This would support the NHS to reach the goal of becoming the world's first net zero healthcare provider.

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