

From: Rowan Gilbert [REDACTED]
Sent: 27 March 2023 21:05
To: localplan@york.gov.uk
Subject: York Local Plan Main Modifications Consultation February 2023 NHSPS Response
Attachments: York Local Plan Main Modifications NHSPS Response March 2023.pdf

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Good evening,

Thankyou for the opportunity to respond to the Local Plan Main Modifications consultation. The attached comments are submitted by NHSPS.

Please let me know if you wish to discuss these comments further. I would also appreciate confirmation that our comments have been received.

Kind regards
Rowan

Rowan Gilbert | Senior Town Planner MRTPI
[my pronouns are: she/her, [why I include this](#)]

NHS Property Services Ltd
10 South Colonnade, Canary Wharf, E14 4PU

E: [REDACTED]
T: [REDACTED]

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NHS Property Services Ltd
10 South Colonnade, Canary Wharf,
E14 4PU

Tel: [REDACTED]
Email: [REDACTED]
Twitter: @NHSPROPERTY
www.property.nhs.uk
(27th March 2023)

Dear Planning Policy Team,

City of York Council Local Plan Proposed Main Modifications Consultation February 2023

Thank you for the opportunity to comment on the above document. The following comments are submitted by NHS Property Services (NHSPS). These comments should be read alongside the comments made by JLL on behalf of NHSPS regarding the Lime Trees site.

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 Main Modifications Plan are as follows.

Main Modification PMM20: Clifton Park Hospital (Policies Map North)

Main modification PMM20: Clifton Park Hospital (Policies Map North) takes land at the former hospital site out of the designated Green Belt.



Proposed modification to the Green Belt Boundary PMM20: Clifton Park Hospital

NHSPS strongly support the principle of the proposed modification of the Green Belt boundary at Clifton Park Hospital, which will assist in ensuring that future development will be located in the most sustainable locations in and around York. The former hospital site represents part of the main built up area of York; is located just 2.5km to the north of York city centre; and is well served by public transport (from Shipton Road). The approach to remove this land from the Green Belt is consistent with national planning policy set out at paragraph 142 of the NPPF, which states:

*“When drawing up or reviewing Green Belt boundaries, the need to promote sustainable patterns of development should be taken into account. Strategic policy-making authorities should consider the consequences for sustainable development of channelling development towards urban areas inside the Green Belt boundary, towards towns and villages inset within the Green Belt or towards locations beyond the outer Green Belt boundary. **Where it has been concluded that it is necessary to release Green Belt land for development, plans should give first consideration to land which has been previously-developed and/or is well-served by public transport.**”*

Notwithstanding the above, in line with comments made on our behalf to the Main Modifications and Evidence Base consultation (2021), Phase 1 Local Plan Examination consultation (2019) and Publication Draft consultation (2018), we suggest further amendments to the proposed Green Belt boundaries around the Clifton Park Hospital site in order to ensure that the proposed modifications are consistent with national planning policy guidance set out in paragraph 142 of the NPPF.

Our Comments

As shown on the plan above (and below), the proposed boundary at Clifton Park Hospital is wrapped tightly around the existing built-up area. In particular, the proposed northern boundary follows the northern boundary of the Clifton Park Hospital buildings, and then moves southwards to follow the line of Fylingdale Avenue to Shipton Road. This leaves an area of land (approx. 0.3ha within NHSPS

ownership) adjacent to Shipton Road within the designated Green Belt. This area is highlighted in blue on the plan below:



Site within NHSPS ownership which remains within the designated Green Belt

Reference to the proposed boundaries around Clifton Park Hospital is made within *Topic Paper 1 Green Belt Addendum January 2021 Annex 3 Inner Boundary Part 1 Sections 1 to 4'* (EX/CYC/59c) which states:

“Further sprawl in this area represents a threat to the Green Wedge and needs to be carefully controlled through this clear boundary demarcating the development from the surrounding open land”

Whilst we understand that the proposed boundary (as drawn) follows the boundaries of the existing built up area at Clifton Park Hospital, we suggest, in line with our 2021 representations, that a more logical northern boundary line would be to follow the building line of the existing buildings and include the area of land between Clifton Park Hospital and Shipton Road within the boundary.

Paragraph 143 of the NPPF states that when defining Green Belt boundaries, plans should:

“b) not include land which it is unnecessary to keep permanently open”

As set out in our previous representations, it is unnecessary to keep the area of land adjacent to Shipton Road permanently open as it is bound on three sides by the existing built-up area – Clifton Park Hospital to the west, Shipton Road (and the urban area beyond) to the east, and Fylingdale Avenue (and the urban area beyond) to the south. As such, the land does not retain a strong sense of openness, which is one of the essential characteristics of Green Belts (NPPF Paragraph 137).

In light of the above, whilst we support the principle of the proposed modification of the Green Belt boundary to include the former Clifton Park Hospital site, we wish to suggest amendments to the proposed boundary (as drawn) on the grounds that it does not follow national planning policy guidance on defining Green Belt boundaries, and will limit opportunities for suitable infill development in a sustainable location.

Suggested Amendments

In line with our comments, we suggest that the proposed boundary around Clifton Park Hospital is amended to follow the boundary of the Clifton Hospital Paddock designated open space to the north, in order to remove land that no longer serves the purposes of the Green Belt.

Tests of Soundness

To summarise, whilst we strongly support the principal of the proposed amendment to the Green Belt at Clifton Park Hospital we do not consider the plan to be sound for the following reasons;

- **Not positively prepared:** The plan is not positively prepared as proposed Green Belt boundary at Clifton Park Hospital is wrapped tightly around the existing built-up area and, therefore, intentionally seeks to restrict opportunities for appropriate development in a sustainable location on land which is no longer in line with the characteristics of the Green Belt.
- **Not consistent with national planning policy:** national planning policy within the NPPF regarding Green Belt boundaries is clear that land which unnecessary to keep permanently open should not be included within the Green Belt.

Main Modifications MM6.1 (Policy HW1) and MM6.10 (Policy HW5)

Policy HW1, modification MM6.1, states that *'development proposals which involve the loss of existing community facilities, or facilities last used for community purposes, will only be supported in exceptional circumstances where:*

- Facilities of equivalent or greater capacity and quality (in terms of function, accessibility, adaptability and variety of use) are provided elsewhere on the site;*
- If site constraints do not allow on-site re-provision, facilities of equivalent or greater capacity and quality (as defined above) are re-provided, in a location that equivalently or better serves the local community's needs, and is well served by public transport and easy to reach on foot and by bike;*
- Robust evidence is submitted to demonstrate that the facilities no longer serve a community function and demonstrably cannot be adapted to meet other community needs or are surplus to requirements; or*
- In the case of commercial facilities, evidence is provided that demonstrates the facilities are no longer financially viable with no market interest.'*

Further, Policy HW5, modification MM6.10, states that *'Development proposals which include existing primary or secondary care services must re-provide the service as part of the proposal or demonstrate the facilities are no longer required or that relocating facilities would better meet the community's needs.'*

NHSPS supports the provision of sufficient, quality community facilities, but objects to specific wording within this policy. We would request that policy wording amendments are made to support the principle that where the NHS can demonstrate a health facility will be changed as part of NHS estate reorganisation programmes, this will be sufficient for the local planning authority to accept that a facility is neither needed nor viable for its current use, and therefore that the principle of alternative uses for NHS land and property will be fully supported.

Our Comments

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.

There are separate, rigorous testing and approval processes employed by the NHS to ensure the right facilities are in the right place at the right time. An NHSPS property can only be released for disposal or alternative use once NHS Commissioners have confirmed that it is no longer required for the delivery of NHS services. Furthermore, NHSPS estate code requires that any property to be disposed of is first listed on “e-PIMS”, the central database of Government Central Civil Estate properties and land, which allows other public sector bodies to consider their potential use for it.

In line with NPPF paragraph 121, where NHS Commissioners can demonstrate that sites are no longer required for the provision of services, there should be a presumption that such sites are suitable for housing (or other appropriate uses) and should not be subject to restrictive policies or periods of marketing.

Policies HW1 and HW5 cannot be said to be positively prepared, justified, or consistent with National Policy in their current form. By requiring specific forms of health re-provision, the policies restrict the ability of the NHS to provide for the infrastructure requirements over the plan period. A strategy which inhibits health estate transformation to provide for changing clinical requirements cannot be said to be the most appropriate strategy and should be amended.

NPPF paragraph 121 sets out the need for Local Planning Authorities to take a proactive role in bringing forward development on suitable sites in public ownership. Policies HW1 and HW5 cannot be said to be consistent with this position as it restricts the ability of the NHS to bring forward development on suitable surplus sites. This policy should be amended to enable suitable NHS sites to come forward, providing the project has gone through the rigorous internal process.

Our concerns with this proposed policies can be easily addressed to ensure that policies HW1 and HW5 do not inadvertently imposed further evidential requirements on the NHS beyond its own internal processes.

Suggested Amendments

Suggested amendments have been set out in red:

Policy HW1, modification MM6.1:

'Development proposals which involve the loss of existing community facilities, or facilities last used for community purposes, will only be supported in exceptional circumstances where:

- i. Facilities of equivalent or greater capacity and quality (in terms of function, accessibility, adaptability and variety of use) are provided elsewhere on the site;*
- ii. If site constraints do not allow on-site re-provision, facilities of equivalent or greater capacity and quality (as defined above) are re-provided, in a location that equivalently or better serves the local community's needs, and is well served by public transport and easy to reach on foot and by bike;*
- iii. Robust evidence is submitted to demonstrate that the facilities no longer serve a community function and demonstrably cannot be adapted to meet other community needs or are surplus to requirements; ~~or~~*
- iv. In the case of commercial facilities, evidence is provided that demonstrates the facilities are no longer financially viable with no market interest; **or***
- v. **the loss or change of use of an existing built community facility is part of a wider public service estate reorganisation.'***

Policy HW5, modification MM6.10:

*'Development proposals which include existing primary or secondary care services must re-provide the service as part of the proposal or demonstrate that **the loss or change of use of an existing built community facility is part of a wider public service estate reorganisation, or that the facilities are no longer required or that relocating facilities would better meet the community's needs.'***

These changes would directly address the issues outline above; and would ensure that the NHS is able to effectively manage its estate, disposing of unneeded and unsuitable properties where necessary, to enable healthcare needs to be met.

Tests of Soundness

To summarise, we do not consider Policies HW1 and HW5 for the following reasons:

- **Not positively prepared:** the policies cannot be said to be positively prepared as they restrict the ability of the NHS to provide for the infrastructure requirements over the plan period.
- **Not justified:** the policies inhibit health estate transformation to provide for changing clinical requirements, and therefore cannot be said to be the most appropriate strategy.
- **Not consistent with national policy:** national planning policy within the NPPF is clear that a proactive approach should be taken to bringing forward development on suitable sites in public ownership.

Summary

NHSPS thank City of York Council for the opportunity to comment on the Main Modifications 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 sincerely,

Rowan Gilbert
Senior Town Planner MRTPI

NHS Property Services Ltd.