

19 January 2024

RE: Consultation on Draft Dudley Local Plan (Regulation 18)

Thank you for the opportunity to comment on the above document. As per the previously agreed time extension, the following comments are submitted by NHS Property Services (NHSPS).

NHS Property Services

NHS Property Services (NHSPS) manages, maintains and improves NHS properties and facilities, working in partnership with NHS organisations to create safe, efficient, sustainable and modern healthcare environments. We partner with local NHS Integrated Care Boards (ICBs) and wider NHS organisations to help them plan and manage their estates to unlock greater value and ensure every patient can get the care they need in the right place and space for them. NHSPS is part of the NHS and is wholly owned by the Department of Health and Social Care (DHSC) – all surplus funds are reinvested directly into the NHS to tackle the biggest estates challenges including space utilisation, quality, and access with the core objective to enable excellent patient care.

General Comments on Health Infrastructure to Support Proposed Housing Growth

The delivery of new and improved healthcare infrastructure is significantly resource intensive. The NHS as a whole is facing significant constraints in terms of the funding needed to deliver healthcare services, and population growth from new housing development adds further pressure to the system. New development should make a proportionate contribution to funding the healthcare needs arising from new development. Health provision is an integral component of sustainable development – access to essential healthcare services promotes good health outcomes and supports the overall social and economic wellbeing of an area.

Residential developments often have very significant impacts in terms of the need for additional primary healthcare provision for future residents. National policy and guidance set an expectation for development proposals that impact on local infrastructure to mitigate their impact to be considered sustainable. Given health infrastructure's strategic importance to supporting housing growth and sustainable development, it should be considered at the forefront of priorities for infrastructure delivery.

Detailed Comments on Draft Local Plan Policies

Our detailed comments on the draft Local Plan policies are focused on ensuring that the needs of the health service are embedded into the Local Plan in a way that supports sustainable growth. We also request that when developing any future guidance on developer contributions or preparing supplementary guidance relevant to health, such as Health Impact Assessment requirements, that the Council engage the NHS in the process as early as possible.

Policy DLP6 Infrastructure Provision

We support the general approach to infrastructure delivery set out within Policy DLP6, and welcome the acknowledgement in paragraph 6.23 that additional GP consulting rooms may be required in certain areas of the borough depending on the scale and nature of housing growth. To better reflect the NHS Long Term Plan to develop integrated services locally, it would be preferable to refer to the need for additional primary healthcare facilities rather the narrower focus on GP consulting rooms as this does not reflect the full impact of population growth on healthcare services infrastructure in the locality.

As set out above, given health infrastructure's strategic importance to supporting housing growth and sustainable development, it should be considered at the forefront of priorities for infrastructure delivery. The provision of healthcare services to meet the needs of new residents is essential infrastructure and should be given a significant amount of weight in decision-making. To ensure that healthcare mitigation is appropriately weighted in situations when a viability assessment demonstrates that development proposals are unable to fund the full range of infrastructure requirements, healthcare facilities should be identified as a key priority in the supporting planning documents and planning guidance referenced in part (3.) of the policy.

Policy DLP8 Health and Wellbeing

We support the focus of Policy DLP8 on ensuring that development promotes healthy communities, and the requirement for Health Impact Assessment (HIA) on significant residential developers of 150 units or more. 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.

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 recommend the Council continues to engage with the NHS partners on this matter, and suggest that the Council takes the following recommendations into account when preparing the Publication version of the Plan.

Specific policy requirements to promote healthy developments should include:

- *Development proposals to consider local health outcomes.*
- *Design schemes to encourage active travel, including through providing safe and attractive walking and cycling routes, and ensuring developments are connected by these routes to local services, employment, leisure, and existing walking and cycling routes.*
- *Provide access to healthy foods, including through access to shops and food growing opportunities (allotments and/or providing sufficient garden space)*
- *Design schemes in a way that encourages social interaction, including through providing front gardens, and informal meeting spaces including street benches and neighbourhood squares and green spaces.*

- *Design schemes to be resilient and adaptable to climate change, including through SUDs, rainwater collection, and efficient design.*
- *Consider the impacts of pollution and microclimates, and design schemes to reduce any potential negative outcomes.*
- *Ensure development embraces and respects the context and heritage of the surrounding area.*
- *Provide the necessary mix of housing types and affordable housing, reflecting local needs.*
- *Provide sufficient and high quality green and blue spaces within developments.*

Policy DLP9 Healthcare Infrastructure

We support Part (1.) of the policy in relation to the requirements for new healthcare facilities.

We are generally supportive of Part (2.) of the policy relating to existing healthcare infrastructure and services, as this acknowledges that the NHS is required to ensure land and property is used efficiently. 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 redundant or no longer healthcare suitable sites and properties 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 doesn't 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.

Where it can be demonstrated that health facilities are surplus to requirements or will be changed as part of wider NHS estate reorganisation and service transformation programmes, it should be accepted that a facility is neither needed nor viable for its current use, and policies within the Local Plan should support the principle of alternative uses for NHS sites. We therefore recommend that the wording of Part (2.) be refined to provide additional clarification about how the policy will be interpreted:

Proposed clarification to Part (2.) of Policy DLP9:

Where healthcare facilities are declared surplus or identified as part of an estates strategy or service transformation plan where investment is needed towards modern, fit for purpose infrastructure and facilities, there will be no requirement to retain any part of the site in a healthcare use.

We support Part (3.) of the policy that requires major residential development to assess the capacity of existing healthcare facilities/services and required developers to contribute to the provision of improvement of services when the demand generated by the residents of the new developer would have unacceptable impacts on the capacity of these facilities. We note that paragraph 7.24 refers to an established method adopted by the ICB, and would recommend that the Council add further detail to the approach regarding primary healthcare provision within the supporting text to ensure that the

assessment of existing healthcare infrastructure is robust, and the mitigation options secured align with NHS requirements.

Part (4.) of the policy prioritises identified infrastructure contributions on site in the site's immediate vicinity. To align with the NHS Long Term Plan, 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.

In relation to Part (5.) of the policy Paragraph 7.25 refers to the potential to seek alternative funding sources where it can be proved that it is not viable for a housing developer to fund all its own healthcare needs. Please refer to our comments on Policy DLP6 in relation to the need to ensure that healthcare is appropriately prioritised when viability is an issue. Having reviewed the Viability Assessment published alongside the draft Plan, we note that relevant healthcare costs have been factored into the appraisals for the relevant typologies. We are supportive of this approach because it means that developers are adequately informed in advance that they may be required to make contributions towards healthcare infrastructure. A separate cost input for health infrastructure in the plan viability assessment should ensure that healthcare mitigation is appropriately weighted when evaluating the potential planning obligation necessary to mitigate the full impact of a development.

Policy DLP11 Housing Density, Type and Accessibility

Part (3.) of the policy sets out minimum net densities that should be achieved based on the accessibility standards in Table 8.2, including access to primary care, and paragraph 8.12 seeks investment to improve identified gaps in service provision against the standards in Table 8.2. As per our comments on Policy DLP9 Part (4.), healthcare providers should have flexibility in determining the most appropriate means of meeting the relevant healthcare needs arising from a new development. We recommend the Council liaise with the ICB and other appropriate stakeholders to ensure that the implementation of Policy DLP11 aligns with ICB requirements.

Policy DLP12 Delivering Affordable, Wheelchair Accessible and Self-Build/Custom-Build Housing

We suggest the Council consider the need for affordable housing for 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. We recommend that 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.

Conclusion

NHSPS thank Dudley Metropolitan Borough Council for the opportunity to comment on the draft Local Plan. We trust our comments will be taken into consideration when preparing the Local Plan, and we look forward to reviewing future iterations of the plan. Should you have any queries or require any further information, please do not hesitate to contact us.

Yours sincerely,