NHS
Central East
Integrated Care Board

NHS
Property Services

Draft Policy WS/CF: Community, Sports and Leisure Facilities

Draft Policy WS/CF focuses on the provision of new community facilities and redevelopment of existing community facilities. This includes the protection of existing community facilities and the requirement to demonstrate either criterions (a) to (c) under Part 5 to justify the loss of an existing or previously used community facility. CE ICB support the provision of sufficient, quality community facilities but does not consider the proposed policy approach to be positively prepared or effective in its current form in relation to Part 5 of the policy. Where healthcare facilities are included within the Local's Plan definition of community facilities, policies aimed at preventing the loss or change of use of community facilities and assets can potentially have a harmful impact on the NHS's ability to ensure the delivery of essential facilities and services for the community.

We note the provision under supporting paragraph 6.54 which excludes healthcare uses from the requirement of a marketing exercise to sufficiently demonstrate the facility as surplus to requirements. However, we consider the policy does not provide sufficient flexibility or clarity which will allow sole demonstration of a healthcare facility being surplus to local healthcare requirements to fully justify the loss of the facility and meet the requirements under Part 5 of the policy. To ensure the amendments in supporting paragraph 6.54 is reflected and clarified in policy, we would request amendments to ensure healthcare facilities are given the same provisions as in the case of the loss of school sites and educational facilities (Part 6.).

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. Requiring NHS disposal sites to explore the potential for alternative community uses and/or to retain a substantial proportion of community facility provision adds unjustified delay to vital reinvestment in facilities and services for the community.

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.

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 with no requirement for retention of a community facility use on the land or submission of onerous information that could delay investment. To ensure the Plan is positively prepared and effective, CE ICB are seeking the following modification (*shown in red italics*) to Draft Policy WS/CF and supporting paragraphs.

Proposed Modification to Draft Policy WS/CF:

"[…]

6. The loss or redevelopment of school sites and educational facilities for other uses will only be permitted if it can be demonstrated that they are not required in the longer term for continued educational use.

7. The loss of healthcare facilities will only be permitted if it can be demonstrated that they are formally declared surplus to the operational healthcare requirements of the NHS or identified as surplus as part of a published estates strategy or service transformation plan."

Proposed Modification to Supporting Paragraph 6.54:

"Alternatively, applicants will need to demonstrate, both quantitatively and qualitatively, that the facilities are surplus to requirements and that the proposal will not cause significant negative impacts on the vitality of other local facilities (such as through demand pressures created by displaced users of the lost facility). In most cases, this will require a marketing exercise for a sustained period of at least 12 months to demonstrate a lack of demand; exceptions to this requirement include the loss of educational and healthcare uses as the ongoing need for these facilities will need to be determined with the relevant Education Authorities or Health Authorities. The policy is applicable to existing facilities and sites last used for community, sports or leisure purposes to avoid situations where these facilities are lost through demolition without any planned replacement facility, but they are still needed. *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, this will satisfy the requirements under Policy WS/CF."*