

Pre-Submission Surrey Heath Local Plan (2019 – 2038) : (Regulation 19)

Representation Form

Ref:

(For official use only)

Please return to: planning.consultation@surreyheath.gov.uk

OR

Planning Policy and Conservation, Surrey Heath Borough Council, Surrey Heath House, Knoll Road, Camberley, Surrey GU15 3HD.

By **12.00 noon 20th September 2024** NO LATE REPRESENTATIONS WILL BE ACCEPTED

This form has two parts:

Part A - Personal Details

Part B – Your representation(s). (Please be aware that this together with your name will be made publicly available)

Please fill in a separate sheet for each representation you wish to make.

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Please read the separate guidance notes before completing this form.

1. Personal Details*		2. Agent's Details (if applicable)			
*If an agent is appointed, please complete only the Title, Name and Organisation boxes below but complete the full contact details of the agent in 2.					
Title	Miss				
First Name	Hyacynth				
Last Name	Cabiles				
Job Title (where relevant)	Graduate Town Planner				
Organisation (where relevant)	NHS Property Services Ltd				
Address Line 1	10 South Colonnade				
Line 2	Canary Wharf				
Line 3	London				
Post Code	E14 4PU				
Telephone Number					

· ·	 _	
E-mail Address		

•	The Pre-Submission Local Plan has been submitted to the
	Secretary of State for independent examination?

•	The	independent	examiner's	recommendations	are
	publis	shed?			

•	The Local	Plan	has	been	adopted?
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Yes	No
Х	
Х	
Х	

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Name or Organisation :	NHS Prope	erty Service	es				
3. To which part of the Pre-Submission Local Plan does this representation relate?							
Paragraph	Other, e.g.						
4. Do you consider the Pre-S	ubmission Lo	cal Plan is? (p	lace an X in the bo	ox to indicate which applies)			
4.(1) Legally compliant (pleas guidance notes)	se refer to	Yes	Х	No			
4.(2) Sound (please refer to notes)	guidance	Yes	Х	No			
4.(3) Complies with the Duty Co-operate (please refe guidance notes)		Yes	Х	No			
5. Please give details of why you consider the Pre-Submission Local Plan is not legally compliant or does not meet the tests of soundness 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 Pre-Submission Local Plan or its compliance with the duty to co-operate, please also use this box to set out your comments. You are advised to read our Representations Guidance note for more information on legal compliance and soundness. NHSPS considers Draft Policy SS3a to be sound as currently drafted. Draft Policy SS3a seeks to support the Council's aims to net zero by 2050 in delivering significant reductions in carbon emissions. One of the ways is in requiring major applications to deliver net zero carbon development. Where achieving on-site net-zero carbon development is not financially or technically viable, a way in which the shortfall in carbon reduction should be addressed is through the provision of a carbon offset payment. 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.							

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

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Yes	No
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Name or Organisation :	NHS Proper	ty Service	es		
3. To which part of the Pre-S	ubmission Loca	l Plan does	this representation	relate?	
Paragraph	Policy	SS3b	Other, e.g. policies map, table, appendix		
4. Do you consider the Pre-S	Submission Loca	al Plan is? (p	lace an X in the b	ox to indicate which a	applies)
4.(1) Legally compliant (pleas guidance notes)	se refer to	Yes	X	No	
4.(2) Sound (please refer to notes)	guidance	Yes	Х	No	
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NHSPS considers Draft Po	olicy SS3b to b	e sound a	s currently drafte	ed.	
Draft Policy SS3b recognises the role of climate change mitigation and adaptation measures in creating places which better enables people to live healthier lives and address issues in relation to health and wellbeing. NHSPS welcomes the requirement for a Health Impact Assessment on major development schemes under point 3. of the draft policy.					
			(Continue on a se	eparate sheet / expand bo	(if necessary)

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Name or Organisation :	NHS Property Se	ervices		
J	Title Property St	SI VICES		
3. To which part of the Pre-S	ubmission Local Plar	does this r	epresentation relate	?
Paragraph	Policy H7		Other, e.g. policies map, ole, appendix	
4. Do you consider the Pre-S	ubmission Local Plar	is? (place	an X in the box to inc	dicate which applies)
4.(1) Legally compliant (pleas guidance notes)		Yes	X	No
4.(2) Sound (please refer to guidance notes)		Yes	Х	No
4.(3) Complies with the Duty Co-operate (please refe guidance notes)		Yes	Х	No

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NHSPS considers Draft Policy H7 to be sound as currently drafted but would make the following observations.

In support of the principle of affordable housing provision, we further recommend that as part of implementing Policy H7, 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.
	(Continue on a separate sheet / expand box if necessary)
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Yes	No
X	
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Name or Organisation :	NHS Property Services			
3. To which part of the Pre-S	ubmission Local Plan	does this repres	sentation relate?	
Paragraph Policy IN1 Other, e.g. policies map, table, appendix				
4. Do you consider the Pre-S	ubmission Local Plan	is? (place an X	in the box to indicate whi	ch applies)
4.(1) Legally compliant (pleas guidance notes)	se refer to	Yes X		No
4.(2) Sound (please refer to notes)	guidance	Yes X		No
4.(3) Complies with the Duty Co-operate (please refe guidance notes)		Yes X		No

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

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NHSPS considers Draft Policy IN1 to be sound as currently drafted and makes the following observations.

Draft Policy IN1 will require mechanisms to show sufficient infrastructure capacity can be provided to accommodate new development through provision of the necessary on-site or off-site infrastructure requirements arising from the proposal. Point 3(a)(ii) sets out the types of infrastructure in which different forms of mitigation/provision will be required, which includes healthcare infrastructure. NHSPS supports the inclusion of health as infrastructure in the Local Plan and suggest where applicable that health infrastructure also be clearly identified in the Local Plan as essential infrastructure, with an expectation that development proposals will make provision to meet the cost of healthcare infrastructure made necessary by the development.

We also emphasise the importance of effective implementation mechanisms so that healthcare infrastructure is delivered alongside new development, especially for primary healthcare services as these are the most directly impacted by population growth associated with new development. The NHS, Council and other partners must work together to forecast the health infrastructure and related delivery costs required to support the projected growth and development across the Local Plan area.

In line with Supporting Paragraph 5.10, NHSPS recommends that the Council continue to engage with the relevant Integrated Care Board (ICB) and consider providing further guidance regarding

the process for determining the appropriate form of contribution towards the provision of healthcare infrastructure where this is justified, either in the supporting evidence base (Infrastructure Delivery Plan) or supplementary guidance. As a starting point, we suggest the following process:

- Assess the level and type of demand generated by the proposal.
- Work with the ICB to understand the capacity of existing healthcare infrastructure and the likely impact of the proposals on healthcare infrastructure capacity in the locality.
- Identify appropriate options to increase capacity to accommodate the additional service requirements and the associated capital costs of delivery.
- Identify the appropriate form of developer contributions.

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.

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

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3. To which part of the Pre-S	ubmission Local Plan	does this representa	ation relate?	
Paragraph	Policy IN4	Other, e policies m table, appen	ap,	
4. Do you consider the Pre-S	ubmission Local Plan	is? (place an X in th	e box to indicate which applie	s)
4.(1) Legally compliant (pleas guidance notes)	se refer to	Yes X	No	
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NHSPS do not consider Draft Policy IN4 to be sound as currently drafted.

Draft Policy IN4 focuses on the provision of new community facilities and the redevelopment of existing community facilities. NHSPS supports 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. 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.

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. To ensure the Plan is positively prepared and effective, NHSPS are seeking the following addition (*shown in red italics*) to supporting paragraph 5.50 to clarify the evidence requirements for loss of health facilities to demonstrate compliance with Draft Policy IN4, Part 2, criteria (a).

- evidenced adequate alternative provision already exists in the locality, or the loss would be replaced by an equivalent or better facility in a suitable and accessible location; or
- b) a robust assessment has been carried out that demonstrates that:
 - i. there is no need for the facility or demand for another community use on site; and
 - ii. it would no longer be economically viable, feasible or practicable to retain the building or site for its existing use; and
 - iii. all reasonable efforts have been made to retain the facility, including evidence to confirm that the property or site has been actively and positively marketed for a meaningful period with reasonable commercial terms and that there is no realistic interest in its retention as a community use

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Proposed Modification to Supporting Paragraph 5.50:

"All proposals resulting in the loss of a community facility, should be supported by evidence of consulting with an appropriate range of community groups and service providers to demonstrate that there is no demand for the facility for the current or an alternative community use and justification as to why there is no reasonable prospect of it continuing in a community use. Where healthcare facilities 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, this will satisfy the evidence requirements of criteria 2(a)."

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Please note - whilst this will provide an initial indication of your wish to participate in the examination, you may be asked at a later point to confirm your request to participate.
8. If you wish to participate at the oral part of the examination, please outline why you consider this to be necessary:



Pre-Submission Surrey Heath Local Plan (2019 – 2038) : (Regulation 19)

Representation Form

Ref:

(For official use only)

Please return to: planning.consultation@surreyheath.gov.uk

OR

Planning Policy and Conservation, Surrey Heath Borough Council, Surrey Heath House, Knoll Road, Camberley, Surrey GU15 3HD.

By **12.00 noon 20th September 2024** NO LATE REPRESENTATIONS WILL BE ACCEPTED

This form has two parts:

Part A - Personal Details

Part B – Your representation(s). (Please be aware that this together with your name will be made publicly available)

Please fill in a separate sheet for each representation you wish to make.

Surrey Heath Borough Council's Privacy Statement is here.

Please read the separate guidance notes before completing this form.

1. Personal Details*		2. Agent's Details (if applicable)			
	*If an agent is appointed, please complete only the Title, Name and Organisation boxes below but complete the full contact details of the agent in 2.				
Title	Miss				
First Name	Hyacynth				
Last Name	Cabiles				
Job Title (where relevant)	Graduate Town Planner				
Organisation (where relevant)	NHS Property Services Ltd				
Address Line 1	10 South Colonnade				
Line 2	Canary Wharf				
Line 3	London				
Post Code	E14 4PU				
Telephone Number					

C	
E-mail Address	

•	The Pre-Submission Local Plan has been submitted to the
	Secretary of State for independent examination?

•	The	independent	examiner's	recommendations	are
	publis	shed?			

•	The Local	Plan has	been	adopted?
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Yes	No
X	
Χ	
Х	

Please note that your formal comments (known as <u>representations</u>) and your <u>name</u> will be made available on the Council's website. All other details in Part A of this form containing your personal details will <u>not</u> be shown.

Your representation should cover all the evidence and supporting information necessary to support/justify the representation and the suggested change, as there will not normally be a subsequent opportunity to make further representations following this publication stage.

After this stage, further submission will only be at the request of the Inspector, based on the matters and issues he/she identifies for examination.

3. To which part of the Pre-Submission Local Plan does this representation relate?				
Paragraph Policy DH1 Other, e.g. policies map, table, appendix 4. Do you consider the Pre-Submission Local Plan is? (place an X in the box to indicate which applie	s)			
4.(1) Legally compliant (please refer to guidance notes) Yes X				
4.(2) Sound (please refer to guidance notes) Yes X				
4.(3) Complies with the Duty to Co-operate (please refer to guidance notes) Yes X No				
5. Please give details of why you consider the Pre-Submission Local Plan is not legally compliant or does not meet the tests of soundness 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 Pre-Submission Local Plan or its compliance with the duty to co-operate, please also use this box to set out your comments. You are advised to read our Representations Guidance note for more information on legal compliance and soundness.				
Representations Guidance note for more information on legal compliance and soundness. NHSPS considers Draft Policy DH1 to be sound as currently drafted. Draft Policy DH1 sets out the Council's commitment to making sure that new developments enable healthier lifestyles and promote healthy living. NHSPS welcomes and supports the inclusion of policies that support healthy lifestyle. 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. (Continue on a separate sheet / expand box if necessary)				

6. Please set out what modification(s) you consider necessary to make the Pre-Submission Local Plan legally compliant and sound, having regard to the 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 Pre-Submission 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.				
(Continue on a separate sheet / expand box if necessary)				
Please note your representation should cover succinctly all the evidence and supporting information necessary to support/justify your representation and your suggested modification(s). You should not assume that you will have a further opportunity to make submissions. After this stage, further submissions will be only at the request of the Planning Inspector, based on the restage of the planning inspector.				
the matters and issues he/she identifies for examination.				
7. If your representation is seeking a modification to the Pre-Submission Local Plan, do you consider it necessary to participate at the oral part of the examination?				
X No, I do not wish to participate at the oral examination Yes, I wish to participate at the oral examination				
Please note - whilst this will provide an initial indication of your wish to participate in the examination, you may be asked at a later point to confirm your request to participate.				
8. If you wish to participate at the oral part of the examination, please outline why you consider this to be necessary:				



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1. Personal Details*		2. Agent's Details (if applicable)			
* If an agent is appointed, please complete only the Title, Name and Organisation boxes below but complete the full contact details of the agent in 2.					
Title	Miss				
First Name	Hyacynth				
Last Name	Cabiles				
Job Title (where relevant)	Graduate Town Planner				
Organisation (where relevant)	NHS Property Services Ltd				
Address Line 1	10 South Colonnade				
Line 2	Canary Wharf				
Line 3	London				
Post Code	E14 4PU				
Telephone Number					

	_	
E-mail Address		

•	The Pre-Submission Local Plan has been submitted to the
	Secretary of State for independent examination?

•	The	independent	examiner's	recommendations	are
	publis	shed?			

•	The Local	Plan	has	been	adopted?
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Yes	No
Х	
Х	
Х	

Please note that your formal comments (known as <u>representations</u>) and your <u>name</u> will be made available on the Council's website. All other details in Part A of this form containing your personal details will <u>not</u> be shown.

Your representation should cover all the evidence and supporting information necessary to support/justify the representation and the suggested change, as there will not normally be a subsequent opportunity to make further representations following this publication stage.

After this stage, further submission will only be at the request of the Inspector, based on the matters and issues he/she identifies for examination.

Name or Organisation :	NHS Property Services				
3. To which part of the Pre-S	ubmission Local Pla	n does this	representation r	elate?	
Paragraph	Policy IN		Other, e.g. policies map, ble, appendix	Viability Assessment	
4. Do you consider the Pre-S	4. Do you consider the Pre-Submission Local Plan is? (place an X in the box to indicate which applies)				
4.(1) Legally compliant (pleas guidance notes)	se refer to	Yes		No	
4.(2) Sound (please refer to notes)	guidance	Yes		No	
4.(3) Complies with the Duty Co-operate (please refe guidance notes)		Yes		No	

5. Please give details of why you consider the Pre-Submission Local Plan is not legally compliant or does not meet the tests of soundness 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 Pre-Submission Local Plan or its compliance with the duty to co-operate, please also use this box to set out your comments. You are advised to read our Representations Guidance note for more information on legal compliance and soundness.

The draft policy requirements identified in the Plan are supported by the Local Plan Viability Assessment. Having reviewed the report, we note that where contributions towards healthcare have been identified in the policy requirements for site-specific testing, the assessment does not include a specific allowance for contributions towards healthcare. The report tests a lump sum for S106 contributions of £1,000 per unit 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 low and may not be sufficient to enable financial contributions to be secured for healthcare. At this stage, we are therefore unable to determine whether the assessment of plan-wide viability demonstrates that policy requirements in relation to healthcare infrastructure contributions are deliverable. In addition, 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.

As noted in our general comments above, 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

Please note - the Inspector will determine the most appropriate proced	dure to adopt to hear those who have
riease note - the inspector will determine the most appropriate proces	dure to adopt to hear those who have