NHS Property Services

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BY EMAIL ONLY

RE: The Cheshire East Local Plan Scoping Consultation

Thank you for the opportunity to comment on the above document. The following representations are submitted by Cheshire and Merseyside Integrated Care Board (ICB) and NHS Property Services (NHSPS).

Background

Cheshire and Merseyside ICB commissions (plans, designs and purchases) many of the health services that local people use, including medicines, hospital care, urgent and emergency services, mental health care, GP services, Community Pharmacy, dentistry and general ophthalmology (eye care services) and many community services.

NHSPS is part of the NHS and is wholly owned by the Department of Health and Social Care (DHSC). 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.

Health Infrastructure to Support Housing Growth

We note that paragraph 3.5 sets out Cheshire East's housing need using the revised standard method and that paragraph 3.17 confirms that Cheshire East is now part of the Cheshire and Warrington Combined Authority area, which will be required to prepare a 'Spatial Development Strategy' (SDS) for the Cheshire and Warrington area. As both the Local Plan and the forthcoming SDS will need to accommodate housing growth, it is important that the infrastructure required to support existing and future communities, including healthcare provision, is planned and funded alongside new development.

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. 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 ability to continually review the healthcare estate, optimise land use, and deliver health services from modern facilities is crucial. The health estate must be supported to develop, modernise, or be protected in line with integrated NHS strategies. Planning policies should enable the delivery of essential healthcare infrastructure and be prepared in consultation with the NHS to ensure they help deliver estate transformation.

Infrastructure Delivery and Developer Contributions

We are pleased to note that paragraph 5.92 sets out that the new Local Plan will identify the infrastructure needed to support planned growth in Cheshire East and support this approach. Given health infrastructure's strategic importance to supporting housing growth and sustainable development, it should be at the forefront of priorities for infrastructure delivery. Health infrastructure should 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. In areas of significant housing growth, appropriate funding must be consistently leveraged through developer contributions for health and care services to mitigate the direct impact of growing demand from new housing. Additionally, the significant cumulative impact of smaller housing growth and the need for mitigation must also be considered by the Plan.

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 across the Local Plan area.

We would therefore request to be involved in providing the healthcare infrastructure data to support the production of evidence based documents, such as the Infrastructure Delivery Plan (IDP) and Viability Assessment as noted at paragraph 5.145. This will ensure that all requirements are taken into account at plan making stage in line with national planning policy and guidance. It is important to say that NHSPS have submitted a response to the council's Issues and Context consultation (dated 15th June 2026), providing high level background information on capacity and methodology.

NHSPS recommend that the Local Plan have a specific section in the document that sets out the process to determine the appropriate form of developer contributions to health infrastructure. This would ensure that the assessment of existing healthcare infrastructure is robust, and that mitigation options secured align with NHS requirements.

The Local Plan should emphasise that the NHS and its partners will need to work with the Council in the formulation of appropriate mitigation measures. This is particularly important given the recent reforms to the use of Supplementary Planning Documents (SPDs), As highlighted in paragraph 3.19,

the current Local Plan is supported by multiple SPDs, including on developer contributions, and we recommend this topic to be transferred into the emerging Local Plan.

We recommend that the Council engage with us to add further detail within the Local Plan and supporting evidence base regarding the process for determining the appropriate form of contribution towards the provision of healthcare infrastructure where this is justified. 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 development creates 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.

Affordable Homes for NHS Staff

We note that paragraph 5.145 confirms the preparation of a number of evidence base documents to support the emerging Local Plan, including a Housing Needs Assessment. In undertaking work on local housing needs, 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.

Healthy Developments

We are pleased to see that paragraph 5.105 makes reference to the key determinants of health and support its inclusions. 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. 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 are also pleased to see the reference at paragraph 5.111 to health inequalities and deprivation and support that the Local Plan will need to support healthy and inclusive communities through access to community facilities, public service, recreation opportunities and green spaces.

On this basis, we would welcome the inclusion of a comprehensive policy on health and wellbeing in the Local Plan and encourage the Council to engage with the NHS on this matter. Specific policy requirements to promote healthy developments should include:

- Proposals should consider local health outcomes, and where appropriate to the local context and/or size of the scheme include a Health Impact Assessment.
- Design of schemes should 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.

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Supporting NHS Estate Transformation Plans

Paragraphs 5.119 and 5.121 focus on the protection of community facilities, unless there is clear evidence they are no longer needed or viable. NHSPS supports the provision of sufficient, quality community facilities. However, 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 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. 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. To ensure the principle of alternative uses for NHS land and property is supported, NHSPS request the following wording is included within relevant policies in the Local Plan:

> *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, there will be no requirement to retain any part of the site in an alternative community use.*

Achieving Net Zero

NHSPS support the approach set out in paragraph 5.113, which recognises the importance of addressing climate change, reducing carbon emissions and improving climate resilience. We support policies that promote carbon neutral development and the securing of financial contributions where on-site carbon mitigation requirements cannot be met. In considering the implementation of policies related to net zero, we would highlight that NHS property could benefit from carbon offset funds. This would support the NHS to reach the goal of becoming the world's first net zero healthcare provider.

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Conclusion

NHS Cheshire and Merseyside and NHS Property Services thank Cheshire East Council for the opportunity to comment on the Cheshire East Local Plan Scoping Consultation. We trust our comments will be taken into consideration, and we look forward to reviewing future iterations of the Plan. We would welcome the opportunity to be involved in the development of the Local Plan, including policy drafting, drawing on our experience of supporting local authorities nationally. Should you have any queries or require any further information, 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.

Yours faithfully,

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For and on behalf of NHS Cheshire and Merseyside