



## Property Services

Cheshire West & Chester Council  
Planning Policy  
The Portal  
Wellington Road  
Ellesmere Port  
CH65 0BA  
[planningpolicy@cheshirewestandchester.gov.uk](mailto:planningpolicy@cheshirewestandchester.gov.uk)

NHS Property Services Ltd  
10 South Colonnade  
Canary Wharf  
London E14 4PU  
[town.planning@property.nhs.uk](mailto:town.planning@property.nhs.uk)  
[www.property.nhs.uk](http://www.property.nhs.uk)

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BY EMAIL ONLY

### **RE: Consultation on Cheshire West & Chester - Local Plan Issues and Options (Regulation 18)**

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

#### **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.

#### **General Comments on Health Infrastructure to Support 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.

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.

## **Detailed Comments on Draft Local Plan Policies**

Our detailed comments set out below are focused on ensuring that the needs of the health service are embedded into the Local Plan in a way that supports sustainable growth. When developing any additional guidance to support implementation of Local Plan policies relevant to health, for example in relation to developer contributions or health impact assessments, we would request the Council engage the NHS in the process as early as possible.

### **Infrastructure & Developer Contributions**

We are concerned to note that proposed Policy ID 1 Infrastructure and Developer Contributions does not include healthcare infrastructure as currently worded. We consider this a significant omission given other forms of essential infrastructure, such as education and transport, are included in the draft policy.

Whilst we acknowledge that mention the provision of new or improved health facilities is considered at Policy HW 1 as part of a wider health and wellbeing policy, we consider that a lack of reference in the main infrastructure and developer contributions policy renders the policy approach less effective. We therefore recommend that healthcare infrastructure is specifically included in the next iteration of the Local Plan, and we would be happy to work together in the meantime to develop such policy wording following this consultation.

Without this proposed update to this policy, we consider that the Local Plan would be ineffective and inconsistent with national planning policy, specifically paragraph 20 part c), paragraph 27 part a) and paragraph 35 of the National Planning Policy Framework (NPPF). Furthermore, ensuring inclusion will demonstrate how the full range required infrastructure types can be delivered to ensure the creation of sustainable development across the authority area.

### **Identifying healthcare infrastructure requirements**

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

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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.

We recommend that the Local Plan have a specific section in the document (for example in the supporting text to the main policy) 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. NHSPS recommends that the Council engage with the Integrated Care Board (ICB) to add further detail within the Local Plan and supporting evidence base (Infrastructure Delivery Plan) 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 text is added to the **supporting text** of Policy ID 1 to explain the process for healthcare infrastructure contributions:

- 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. It should be emphasised that the NHS and its partners will need to work with the Council in the formulation of appropriate mitigation measures.

We note that paragraph 15.8 of the consultation document refers to whether certain contributions should be prioritised over others. It is important to state that there should be a consideration of the overall planning balance, with the individual merits of each case taken into account. Notwithstanding this, 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.

### Community Facilities

We acknowledge that paragraph 22.7 sets out that the proposed policy approach will continue to support the development of new community facilities and protect the loss of existing facilities, unless demonstrated that it is surplus or not capable of continued use by retaining, and updating where necessary, the content of the existing Local Plan (Part Two) Policy DM 39. In referring back

to existing Policy DM 39, we note that this sets out several criteria, which could limit the redevelopment potential of a site.

It is important to note that 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, we are seeking the following modification (*shown in italics below*) if carrying over existing Policy DM 39 to the new Community Facilities policy to ensure the principle of alternative uses for NHS land and property will be fully supported:

Proposed amendment to existing Policy DM 39(N.B. if the existing criteria is carried forward into the new Local Plan in relation to Community Facilities):

“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, the requirements listed under Part XXXX of the Policy will not apply.”

## Open Space

As outlined above, the NHS often require flexibility to be taken into account when planning for and undertaking healthcare infrastructure improvement projects. In exceptional circumstances this may involve the use of land that is currently in use as open space. Whilst this would be avoided where possible, we recommend that an acknowledgement of this is included in the emerging Local Plan and recommend the following text below.

Proposed amendment to the supporting text of existing Policy OS1 Part C (N.B. if the existing criteria is carried forward into the new Local Plan in relation to Open Space, Sport and Recreation):

“There may be exceptional circumstances in which improvements to social infrastructure facilities may require the use of land currently in use as open space to enable the project to be delivered. This will be treated on a case-by-case basis and only where other options have been discounted.”

### Health and Wellbeing

NHSPS support the inclusion of policies that support healthy lifestyles as proposed Policy HW 1. 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. 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 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.

## Housing

We note that at paragraph 19.11 the need to undertake a Housing Needs Assessment to provide the basis for the Local Plan and that specific groups will be considered, such as students at paragraph 19.15.

In undertaking further work on local housing needs, we suggest the Council consider the need for affordable housing for key workers, and in particular, NHS staff given the levels of affordability in the authority area. We would be happy to meet to discuss this matter further prior to Regulation 19 stage.

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.

## Net Zero

We note that Policy ID 1 seeks to embed net zero goals through the provision of infrastructure. NHSPS fully 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.

**General Comments on Evidence Base relating to Healthcare Infrastructure**

The provision of adequate healthcare infrastructure is in our view critical to the delivery of sustainable development. We recommend the Council engage with the NHS on an on-going basis as part of preparing the Infrastructure Delivery Plan (IDP). A sound IDP must include sufficient detail to provide clarity around the healthcare infrastructure required to support growth, and to ensure that both planning obligations and the capital allocation processes for the CIL effectively support and result in capital funding towards delivery of the required infrastructure. We would welcome the opportunity to meet to discuss this further in due course.

Related to this, appropriate healthcare costs should be factored into the Local Plan Viability Assessment for relevant typologies. Such an approach 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 would ensure that healthcare mitigation is appropriately weighted when evaluating the potential planning obligations necessary to mitigate the full impact of a development. This is particularly important in situations where a viability assessment demonstrates that proposals are unable to fund the full range of infrastructure requirements.

**Conclusion**

NHSPS thank Cheshire West and Chester Council for the opportunity to comment on the Regulation 18 stage Local Plan. We trust our comments will be taken into consideration, 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 me.

NHSPS 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](mailto:town.planning@property.nhs.uk).

Yours faithfully,

**Lucy Andrews**  
**Primary Care and Corporate Estates**  
**NHS Cheshire and Merseyside Integrated Care Board**

**Laura Allen MPlan MRTPI**  
**Associate Town Planner**  
**NHS Property Services**

**For and on behalf of NHS Cheshire and Merseyside**

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