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13 August 2021

Dear Sir/Madam,

[London Borough of Barnet Local Plan – Regulation 19 Consultation](#)

Thank you for the opportunity to comment on the above document. The following comments are submitted by NHS Property Services (NHSPS). It should be noted that Montagu Evans have submitted a separate response to the consultation on behalf of NHSPS in relation to Edgware Community Hospital and that we fully support these representations. The below relate to other sites in NHSPS ownership within the London Borough of Barnet (“LBB”) and exclude any comments in relation to Edgware Community Hospital.

NHSPS is a property owner and manager, providing specialist healthcare environments for the delivery of local healthcare services by other parties. NHSPS manages, maintains and improves NHS properties and facilities, working in partnership with NHS organisations to create safe, efficient, sustainable and modern healthcare and working environments. NHSPS has a clear mandate to provide a quality service to its tenants and minimise the cost of the NHS estate to those organisations using it. Any savings made are passed back to the NHS.

In principle NHSPS, who will henceforth be referred to as ‘we’ within this response, agree with the local plan that has been put forward by the LBB and support the document, with the exception of a few minor issues regarding Policy CHW01 and CHW02 and Site Allocation 4 which we believe require minor modifications in order to produce a sound document. In addition, we have provided some information regarding the Oakleigh Health Centre, and request the site is included as a longer term opportunity. These points will be addressed in turn in the section titled ‘Our representation’ as set out below.

Our representations:

Policy CHW01 Community Infrastructure

Policy CHW01 currently states:

“The Council will work with partners to ensure that community facilities including schools, libraries, medical and dental services, leisure centres and swimming pools, places of worship, arts and cultural facilities, community meeting places and facilities for younger and older people, are provided for Barnet’s communities.

The Council will:

- a. ensure that programmes for capital investment in schools and services for young people address the needs of a growing, more diverse and increasingly younger population;*
- b. support the enhancement and inclusive design of community infrastructure ensuring efficient use;*
- c. support, subject to satisfactory management arrangements, the provision of multi-purpose community hubs that can provide a range of community services, particularly within town centres. Provision outside town centres will need robust justification;*
- d. support and promote an alternative community use where the existing community use is surplus;*

- e. *require development that increases the demand for community facilities and services to make appropriate proportionate contributions towards existing facilities and new and accessible facilities Borough wide, particularly within Barnet's Growth Areas and town centres;*
- f. *work with the Mayor of London, cemetery providers and groups for whom burial is the only option to maintain a supply of burial space;*
- g. *allocate sites for development that address educational needs and demand with reference to up to date evidence as identified in the Council's Education Strategy;*
- h. *support proposals that as part of the visitor economy help contribute to, or seek to incorporate, museum/display space to celebrate the culture, history and archaeology of Barnet;*
- i. *support providers of new and improved educational facilities within the Borough, such as those at Middlesex University's Hendon campus and will encourage the provision of further and higher education programmes, skills training and continuing professional development programmes, business support initiatives and applied research*

Development (including change of use) that involves the loss or replacement of existing community facilities / services will only be permitted if:

- *the replacement facility is equivalent to or better quality and meets the needs currently met by the existing facility, or*
- *it has been demonstrated that the facility is no longer required in its current use and that it is not suitable and viable for any other forms of social infrastructure for which there is a defined current or future need identified in the Infrastructure Delivery Plan.*

In considering proposals involving the loss of community infrastructure the Council will take into account the listing or nomination of 'Assets of Community Value' as a material planning consideration.

The Council will support proposals for new community infrastructure where the following circumstances apply:

- i. *it forms part of a mixed-use development and is located within a Growth Area or outside the primary frontages of the Borough's town centres (Policy GSS01 and Policy TOW02);*
- ii. *provides a replacement, enhancement of an existing facility or new multi-purpose community hub;*
- iii. *provides an alternative community use where the existing community use has identified there is surplus provision and where the alternative use can demonstrate a local need, and that there is no undue impact on the amenity of existing residents or the highway network;*
- iv. *it provides infrastructure in line with wider national policy requirements and local demands; and*
- v. *a statement is submitted which demonstrates how in particular the development addresses community needs.*

All new community infrastructure should deliver a quality and inclusive design providing access for all as well as efficient, flexible, affordable and adaptable buildings. The developer will be required to reach a legal agreement with the Council on the continuing maintenance of the new community infrastructure and other future funding requirements."

We support the provision of health services in the borough, and welcome LBB's commitment to providing appropriate health provision. However, Policy CHW01 fails to address the need for flexibility within the NHS estate. NHSPS would advise the Council that policies aimed at preventing the loss or change of use of community facilities and assets, where healthcare is included within this definition, can have a harmful impact on the NHS's ability to ensure the delivery of facilities and services for the community. Where such policies are overly restrictive, the disposal of superfluous and unsuitable healthcare facilities for best value can be prevented or delayed.

The policy currently fails to take into account that some public service providers, such as the NHS, routinely undertake strategic reviews of their estates. Reviews of the NHS estate are aimed at improving the provision of healthcare services by increasing efficiencies, including through the disposal of unneeded and unsuitable properties. This means that capital receipts from disposals, as well as revenue spending that is saved, can

be used to improve facilities and services where it can be demonstrated that community facilities would be lost or have their use changed as part of a wider NHS estate reorganisation programme.

Having met the NHS testing and approval processes before being declared surplus, it should be accepted that this provides sufficient evidence that a facility is neither needed nor viable for its current use or other community uses and that adequate facilities, which meet the needs of the local population, are or will be made available.

An essential element of supporting the wider transformation of NHS services and the health estate is to ensure that NHS sites are not strategically constrained by restrictive local planning policies. Where such restrictive policies are in place, the reorganisation of underutilised facilities can be delayed. In turn, there are direct implications for the provision of quality healthcare facilities and services, as the reinvestment of capital in modern and fit-for-purpose facilities is prevented or delayed, with ongoing revenue spent on maintaining inefficient parts of the estate.

To confirm, a property can only be released for disposal or alternative use by NHSPS once Commissioners have confirmed that it is no longer required for the delivery of NHS services. Furthermore, NHSPS estate code requires that any property to be disposed of is first listed on “e-PIMS”, the central database of Government Central Civil Estate properties and land, which allows other public sector bodies to consider their potential use for it. Where NHS Commissioners can demonstrate that healthcare facilities are in need of reorganisation, which might include the disposal or development of a facility, there should be a presumption that such sites have been subject to appropriate scrutiny both by NHS service providers, and wider public sector bodies, and as a result are suitable for other uses. Sites which are declared surplus to NHS needs should therefore not be subject to restrictive policies.

With this in mind, we are keen to encourage that a greater level of flexibility be granted to the NHS via modification of the wording of policies that ensure that we are able to promptly and efficiently respond to the needs of the population as they arise.

The NPPF states that Local Plans by nature to adopt policies that “*take into account and support the delivery of local strategies to improve health, social and cultural well-being for all sections of the community*” (Paragraph 93b).

We would suggest the inclusion of additional wording (in *blue italics*) be included in Policy CHW01 to make this policy more robust:

“Development (including change of use) that involves the loss or replacement of existing community facilities/services will only be permitted if:

- *the replacement facility is equivalent to or better quality and meets the needs currently met by the existing facility, or*
- *it has been demonstrated that the facility is no longer required in its current use and that it is not suitable and viable for any other forms of social infrastructure for which there is a defined current or future need identified in the Infrastructure Delivery Plan, or*
- *the loss or partial loss of a facility or site arises from a wider public service transformation plan which requires investment in modern, fit for purpose infrastructure and facilities.”*

This change would ensure that the NHS is able to effectively manage its estate, disposing of unneeded and unsuitable properties where necessary, to enable healthcare needs to be met. This amendment to policy wording would also be in accordance with London Plan Policy S1(F2).

Policy CHW02 Promoting health and wellbeing

Policy CHW02 currently states:

“In order to recover, restore and thrive and make a positive difference to health and wellbeing in the Borough following COVID19 the Council will promote the creation of healthy environments and safe, accessible, sustainable and high-quality places which seek to improve physical and mental health and reduce health inequalities.

The Council requires development to positively contribute to creating high quality, active, safe and accessible places. Measures that will help contribute to healthier communities and reduce health inequalities must be incorporated in a development where appropriate. The Council will ensure that the health and wellbeing impacts of larger development proposals are addressed in an integrated and co-ordinated way through the use of Health Impact Assessments.

The Council will support the health and wellbeing of residents by:

- a. Contributing to the priorities of the Health and Wellbeing Board and partners to help reduce health inequalities across Barnet;*
- b. Supporting the North Central London Estate Plan and the implementation of NHS Long Term Plan in responding to demand and integration of health and social care, including the use of developer contributions to support investment in healthcare infrastructure;*
- c. Adopting the principles set out in Sport England's Active Design Principles;*
- d. Providing access to free drinking fountains and public toilets and changing places in new and improved public realm as set out in Policy CDH03;*
- e. Ensuring compliance with the Healthy Catering Commitment as set out in Policy TOW03;*
- f. Applying the Healthy Streets Approach, as set out in the London Plan;*
- g. Mitigating the impact of air pollutants as set out in Policy ECC02; and h. Deliver more sustainable and active travel as set out in Policy TRC0."*

There is a well-established connection between planning and health; in so far that the planning system has an important role in creating healthy communities. Planning can not only facilitate improvements to health services and infrastructure, thereby enabling the health providers to meet changing healthcare needs but planning also provide a mechanism to address the wider determinants of health.

A vital part of this is ensuring the NHS continues to receive a commensurate share of developer contributions to mitigate the healthcare impacts arising from growth and towards delivering transformation plans. We agree with parts b. of Policy CHW02 which seeks to allocate developer contribution towards the provision of health and social care facilities. When receiving funds, health facilities should be put on a level footing with education and public transport improvements in order to ensure that healthcare infrastructure and funding requirements arising from planned and unplanned growth across the borough are appropriately represented given its strategic importance.

Site Allocation 4: Osidge Library and Health Centre

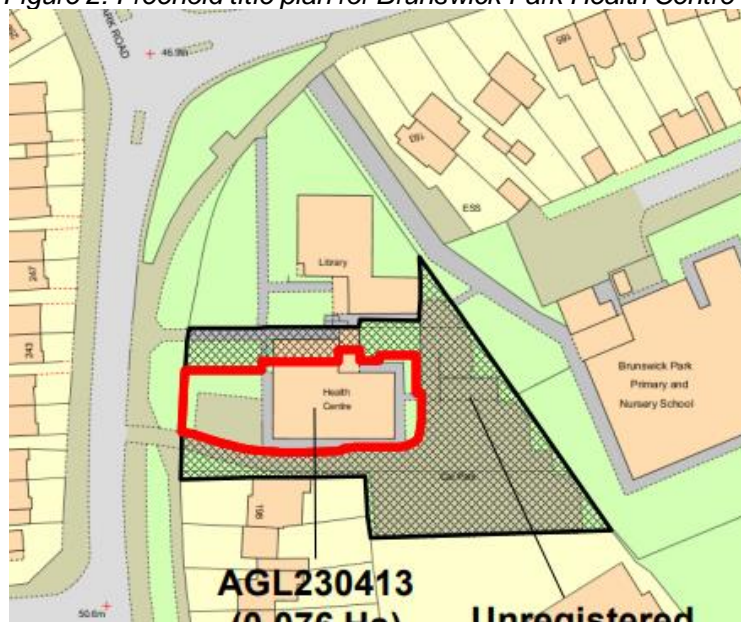
It is noted that Site Allocation 4 covers the Brunswick Park Health Centre and the public library. An extract of the site allocation showing the area proposed as part of LBB's Local Plan Site Allocation 4 is set out in Figure 1 below.

Figure 1: Draft Site Allocation 4 Osidge Library and Health Centre



NHSPS own the freehold to Brunswick Park Health Centre, and a copy of the title plan for the property is shown in Figure 2 below. This comprises of the southern portion of the site, which encompasses the existing healthcare facility only (outlined in red). NHSPS do not own any other portion of the site.

Figure 2: Freehold title plan for Brunswick Park Health Centre



The proposed site allocation wording states that the site should deliver “50% residential floorspace with 50% floorspace to provide a replacement library and health centre”.

Although we support the in-principle allocation of the redevelopment of the site, the provision of an arbitrary floorspace retention figure could work against the principles of NHS estate management programmes, which require flexibility in floorspace and service provision. The site should not be subject to prescriptive policies which seek to retain a percentage of floorspace in a health care use. We therefore suggest that the wording of Site Allocation 4 be amended to remove a nominal amount of floorspace being prescribed for retention in healthcare use.

To address the above issues, we respectfully request that the following change be made to proposed Site Allocation 4:

Delete the following:

Proposed uses / allocation (as a proportion of floorspace):

50% residential floorspace with 50% floorspace to provide a replacement library and health centre

Replace with:

Proposed uses / allocation:

Residential floorspace, along with a replacement library and health centre.

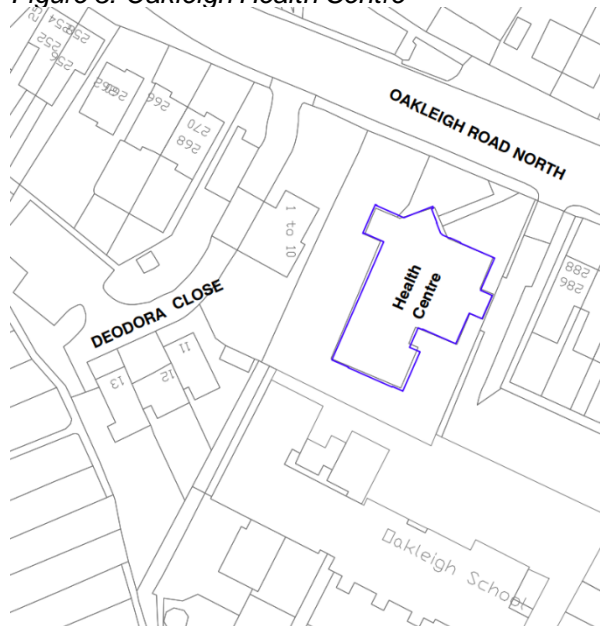
It is noted that the proposed site allocation includes an indicative residential capacity of 16 units. Given that capacity testing is yet to be undertaken at the site, NHSPS respectfully request that this proposed number of units is removed. No indication of residential capacity at the site should be confirmed in a Local Plan document until capacity testing has been undertaken.

Finally, it is noted that the site is listed under ‘ownership’ as a Council owned asset. This is not accurate as NHSPS own the freehold for the Brunswick Park Health Centre. We respectfully request that the ownership status of the site is amended to reflect NHSPS’ ownership of part of the site.

Oakleigh Health Centre

Oakleigh Health Centre is located at 280 Oakleigh Road, N20 0DH. The property is a one storey NHSPS owned site which currently provides GP services. A site location plan is shown at Figure 3 below.

Figure 3: Oakleigh Health Centre



The site is used for health purposes and is expected to stay in this use for the foreseeable future. However, the NHS estate is continually under review, and if for any reason the current need for health facilities in the borough changes and the site is in NHSPS ownership, then an alternative use may be considered appropriate. Any change would be implemented once commissioners have confirmed that it is no longer required for the delivery of NHS services. Alternative uses for the site would then be sought in accordance with Policy CHW01 and considering NHSPS suggested amendments.

It is not possible to submit the site for an alternative use at this stage. However, NHSPS would like to reserve the ability to explore such an opportunity longer term, subject to ownership and health requirements for the site. Therefore, we would like to include the site as available within the longer term (5 years +).

Summary

Within the NHS property portfolio, a number of sites are, or may become outdated and no longer suitable for modern healthcare without significant investment. In those cases, and where NHS commissioners can demonstrate that healthcare facilities are no longer required for the provision of services in that particular location, a more flexible approach for public service providers should be applied when considering a change of use to non-community uses.

This should include a presumption in line with national policy that those sites are suitable for other uses and should not be subject to overly restrictive planning policies.

In addition, arbitrary floorspace figures should be avoided. These figures can severely limit the quantity and quality of future healthcare facilities provided and are detrimental to the provision of NHS services within the borough.

NHSPS thanks the London Borough of Barnet for the opportunity to comment on the Regulation 19 Draft Local Plan and hopes the proposed amendments are considered constructive and helpful. We look forward to receiving confirmation that these representations have been received. Should you have any queries or require any further information on the enclosed, please don't hesitate to contact me.

Yours sincerely,

Miriam Rogers | Senior Town Planner

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Edgware Community Hospital Site, Burnt Oak Broadway, HA8 0AD
London Borough of Barnet
Draft Local Plan (Regulation 19) Consultation, July 2021
Representations on Behalf of NHS Property Services

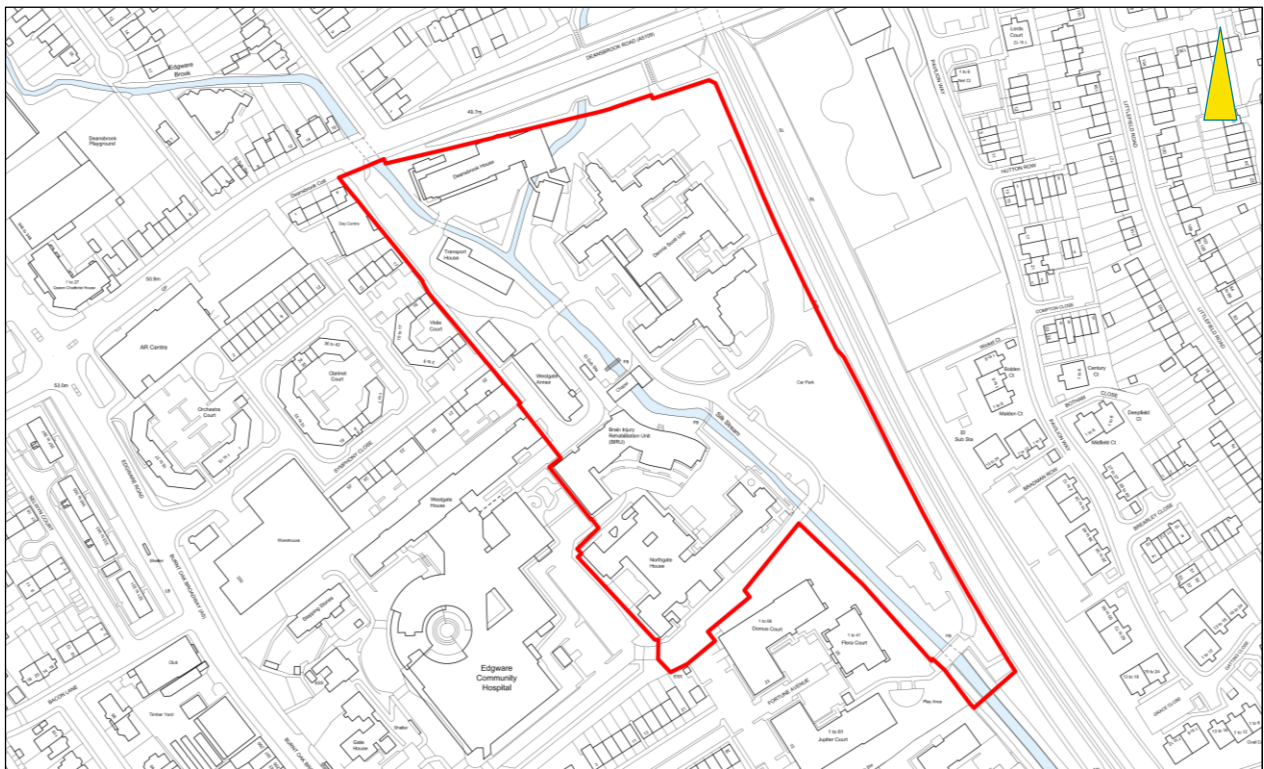
Key Points

- major site in single ownership;
- opportunity to deliver new homes throughout the plan period on previously-developed land;
- modern hospital building to be retained and potentially expanded to accommodate services relocated from the rest of the site – all healthcare services that need to be on the site can continue to be accommodated here;
- potentially up to 4.15 hectares of land available for development (Plot B, eastern site only) – primarily outdated buildings and car parking; and
- the site's owner supports the allocation of the site but **objects** to specific aspects of the proposed allocation as currently drafted.

1. Introduction

Montagu Evans LLP acts on behalf of NHS Property Services ('NHS PS') in respect of Edgware Community Hospital ('ECH'; **Figure 1**). The site boundary has been amended since our Regulation 18 submission because an application was submitted (and validated in January 2021) in respect of the redevelopment of land between the main hospital building and Burnt Oak Broadway.

Figure 1 – Site Boundary (Indicative – approximately 4.15 hectares)



Source – Tate Hindle Architects.

We made detailed representations at the Regulation 18 stage of the local plan in relation to the Edgware Community Hospital site in March 2020.

NHS Property Services is a property owner and manager, providing specialist healthcare environments for the delivery of local healthcare services by other parties. Healthcare services are provided by NHS trusts in accordance with local commissioners' requirements.

Whilst at ECH some services are delivered from modern accommodation, large parts of the estate are not of the same quality; some buildings are over 100 years old. It is NHS PS's aim to invest in the estate to ensure that occupiers can provide all of their services from modern accommodation that is fit for the future. Such investment is paid for by receipts or income from surplus assets, including from the development of surplus land.

2. Commitment to the Provision of Healthcare Floorspace at ECH

In our Regulation 18 Representations we highlighted that the potential development of this site for residential-led development does not mean that it will require current occupiers to leave the site or that it will force any diminution of services. Whilst ultimately NHS PS is a specialist space provider and therefore has no influence over the services that are provided at ECH (services are commissioned by local CCGs), any NHS PS proposals for this site will not require any current occupiers to leave the site; it considers that better use can be made of the land by way of space reorganisation. However, if in the future occupiers do choose to leave the site (for example because they want to provide commissioned services from other sites / locations), NHS PS will explore alternative uses for any surplus land.

3. Objection

On page 238 of the Regulation 18 draft Local Plan the following assumption is set out: *"25% hospital continuing in use, with associated car parking"*. We assume that the reference to *"25% hospital continuing in use"* should refer to the site area rather than hospital floorspace.

On page 299 of the Regulation 19 draft, under the heading 'Proposed uses / allocation (as a proportion of floorspace)', it is stated that:

"75% of the site by floorspace to continue in use as a hospital, with associated car parking; with 25% of site by floorspace to be residential."

Our objection relates to this provision which, in terms of the tests as at paragraph 135 of the 2019 NPPF, is **not justified** and **not consistent with national policy**.

(a) 'Not Justified'

The requirement for 75% of the site by floorspace to continue in use as a hospital is not based on any evidence. Indeed, even as site owner NHS PS itself cannot say precisely how much floorspace will be needed in the future. This is because commissioning and service location decisions are wholly beyond its remit; these are made by CCGs and, in the future, will be decided by Integrated Care Boards.

However, NHS PS is certain that all of the current floorspace is not needed, not least because there is a significant amount of unused or inefficiently-used floorspace on the site.

Furthermore, evolving models of care are likely to affect the amount of floorspace that is needed across the whole healthcare estate and in this regard the Government has recently noted that one of its key objectives is *"moving services out of hospitals and into the community, focusing on preventative healthcare."*¹ Such change can be rapid as demonstrated by the significant shift to online / telephone outpatient consultations as a consequence of the Covid-19 pandemic.

Changes such as these can have wide-ranging benefits and therefore should be fully supported by the planning system. Benefits include:

- time savings for patients and staff – enabling everyone to be more productive;
- improved infection control – a significant consideration in improving patient outcomes;
- reducing the need to travel (and thus improving congestion and air quality);
- a more efficient use of space, thus reducing the costs of operating facilities and enabling land to be used for other purposes.

NHS PS's aspiration is to consolidate existing services into the under-occupied main hospital – which is one of the most modern and best-quality buildings on the site – or in to other improved buildings, and then to release remaining areas for redevelopment.

¹ See <https://www.gov.uk/government/news/health-and-care-bill-introduced-to-parliament>

If NHS PS was required to retain an arbitrary proportion of the existing floorspace on the site this would result in avoidable costs (maintenance, security, power and so on) which would have to be met out of the public purse.

(b) 'Not Consistent with National Policy'

National planning policy (NPPF [paragraph 117](#)) is clear that:

"Planning policies and decisions should promote an effective use of land in meeting the need for homes and other uses, while safeguarding and improving the environment and ensuring safe and healthy living conditions. Strategic policies should set out a clear strategy for accommodating objectively assessed needs, in a way that makes as much use as possible of previously-developed or 'brownfield' land". (our emphasis)

If an arbitrary restriction is placed on the redevelopment of the site, it cannot be said that the opportunity is being taken to make as much use as possible of this previously-developed land. Thus, the site allocation as currently drafted would not be consistent with national policy.

4. Requested Changes

To address the above issues, we respectfully request that the following change be made to the draft site allocation:

Delete the following:

Proposed uses / allocation (as a proportion of floorspace):

~~75% of the site by floorspace to continue in use as a hospital, with associated car parking; with 25% of site by floorspace to be residential.~~

Replace with:

Proposed uses / allocation:

Residential use on surplus land subject to evidence being provided that either: (a) any service(s) that would be displaced have already been or will be relocated elsewhere on the site; or (b) service commissioners and / or providers have confirmed that service(s) no longer need to be provided from the site.

At this stage it is not possible to accurately estimate the potential dwelling yield of the site. However we note that the land between the south-western side of the main hospital building and Burnt Oak Broadway is subject of an application for 129 dwellings (21/0274/OUT) and based on that site's capacity, we consider that the capacity of any surplus land to the east / north-east of the main hospital building could be significantly in excess of the 336-dwelling indicative capacity set out in the Regulation 19 draft local plan (we estimate the capacity to be in the region of **450 to 500 dwellings**). We request that this indicative capacity be reflected in the site allocation.

There are other minor changes that we request be made to the proposed site allocation:

- update the site's area – the area shown on [Figure 1](#) is 4.15 ha;
- replace the red line boundary plan with [Figure 1](#);
- correct the spelling of 'Burnt Oak' in 'Site Description';
- correct the spelling of 'metre' in 'Site requirements and development guidelines';
- delete the following "Any tall building should be located away from Silk Stream main river" on the basis that if any tall buildings are proposed, regard should be paid to the Building Heights SPD. Thus it is not justified to add additional restrictions at this stage;
- correct the 'Site Description' to reflect actual building heights:

~~An NHS hospital on a relatively low-density site, with buildings of 1-2 storeys~~

An NHS hospital on a relatively low-density site, with buildings of 1-5 storeys

~~To the north and south are 3-4 storey residential blocks~~

To the north and south are 3-6 storey residential blocks

- amend the requirement for a 10 metre buffer along the Silk Stream to reflect the Environment Agency's requirement for an 8 metre buffer alongside a Main River so as not to unnecessarily constrain flexibility in delivering development in proximity to the Main River.

Montagu Evans LLP

06 August 2021