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BY ONLINE SUBMISSION AND EMAIL ONLY

RE: Consultation on Colchester Preferred Options Local Plan – Regulation 18

Thank you for the opportunity to comment on the above document. The following representations are submitted by NHS Property Services (NHSPS) and these comments have also been submitted as part of the online consultation platform.

NHS Property Services

NHS Property Services (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. NHSPS is part of the NHS and is wholly owned by the Department of Health and Social Care (DHSC) – all surplus funds are reinvested directly into the NHS to tackle the biggest estates challenges including space utilisation, quality, and access with the core objective to enable excellent patient care.

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.

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.

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.

Draft Policy ST1: Health and Wellbeing

Draft Policy ST1 sets out the Council's commitment to making sure that new developments support health and wellbeing and contribute to reducing health inequalities through the built and natural environment. NHSPS support the inclusion of a standalone health policy that supports healthy lives. 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 promoting healthy and safe communities. In accordance with the NPPF, these requirements should be based on identified needs in the joint strategic needs assessment and support delivery of relevant health strategies, such as the health and wellbeing board's joint local health and wellbeing strategy and the integrated care board's infrastructure plan.

The policy also includes the requirement for a Health Impact Assessment for all residential developments of more than 50 units. The use of health impact assessment is a useful tool to ensure planning applicants and the Local Planning Authority have the right information to make sound planning decisions in promoting healthy and safe communities. The Planning Practice Guidance supports the use of health impact assessments. NHSPS supports the requirement for Health Impact Assessment to focus on major developments with potential for significant health impacts

Draft Policy ST7: Infrastructure Delivery and Impact Mitigation

Draft Policy ST7 sets out the overarching policy for ensuring development makes a positive contribution to sustainable growth through the delivery of appropriate infrastructure in a timely manner. NHSPS welcomes the recognition of health infrastructure as necessary infrastructure, with an expectation that development proposals will make provision to meet the cost of healthcare infrastructure made necessary by the development. We also note and support this being reflected within Policy CS2 in instances where there is an identified need for the enhancement or provision of community facilities. 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 and development across the Local Plan area. 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. NHSPS recommends that the Council engage with the relevant 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 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. It should be emphasised that the NHS and its partners will need to work with the Council in the formulation of appropriate mitigation measures.

Draft Policy NZ1: Net Zero Carbon Development (in operation)

Draft Policy NZ1 seeks to support the Council's overarching net-zero carbon standard across all developments. 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.

Draft Policy H2: Affordable Housing

NHSPS support the principle of delivering affordable housing in order to meet identified local needs. To further support this policy, 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.

Draft Policy CS1: Retention of Community Facilities

Draft Policy CS1 focuses on ensuring there is sufficient community and social infrastructure to meet the identified local need and seeks to do so through the inclusion of requirements to be demonstrated where a proposed development results in the loss of an existing facility. NHSPS supports the provision of sufficient, quality community facilities but does not consider the proposed policy approach to be 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 modification (*shown in red italics*) to Draft Policy CS1 or as an addition in supporting paragraphs to ensure the principle of alternative uses for NHS land and property will be fully supported:

Proposed Modification to Draft Policy CS1:
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“Any proposal that would result in the loss of a site or building currently or last used for, or allocated for the provision of community / social infrastructure including community facilities, services, leisure or cultural activities that benefit the community, will only be supported in cases where the Council is satisfied that:

- a. An alternative, equivalent community facility to meet local needs is, or will be, provided in an equally or more accessible location within a minimum walking distance of the locality (800m or the minimum distance based on that appropriate for the facility being provided as set out in the relevant evidence); or
- b. It has been proven to the satisfaction of the Council that there is no longer a proven need for the community facility; and
- c. It has been proven to the satisfaction of the Council based on written evidence as detailed in a-c below, submitted with the Planning Application, that it would not be economically viable to retain the site/building for the existing or an alternative community use; and (in all cases)
- d. The community facility could not be provided or operated by either the current occupier or by any alternative occupier, and it has been marketed to the satisfaction of the Council in order to confirm that there is no interest for any community use and the site or building is genuinely redundant.

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 (a) to (d) above will not apply.”

Proposed addition to supporting paragraphs:

“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 (a) to (d) will not apply.”

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, particularly the ICB, 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.

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 Colchester City Council for the opportunity to comment on the Colchester Preferred Options 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.

Yours faithfully,

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For and on behalf of NHS Property Services Ltd
