

From: [Clive Ball \(NWSSP - SES - Property Management\)](#)
To: [NDE](#)
Subject: Draft National Development Framework - Consultation
Date: 12 November 2019 11:56:02
Attachments: [image001.jpg](#)
[SubmissionLetter-12.11.19.pdf](#)

Dear Sir or Madam

On behalf of NHS Wales Shared Services Partnership – Specialist Estate Services (NWSSP-SES), I am pleased to submit the attached document commenting on the consultation draft of the National Development Framework.

I can confirm that I, together with Peter Waldren of WYG, have met with Jonni Tomas and Gemma Christian from the WG NDF team during the consultation period and these discussions have assisted the formulation of this submission.

I trust that you will take these comments into account when reviewing consultation responses. Should you require further information or have any queries please do not hesitate to contact me.

Regards

Clive

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NHS Wales Shared Services Partnership - Specialist Estates Services

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I'm not able to understand Welsh. However NWSSP welcomes correspondence in Welsh or English

12 November 2019

NDF Team
Planning Policy Branch
Planning Directorate
Welsh Government
Cathays Park
Cardiff
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Our ref: Planning/CLKB

Your ref:

Dear Sir or Madam

NHS Wales – Representations on National Development Framework – Consultation Draft

On behalf of NHS Wales Shared Services Partnership – Specialist Estate Services (NWSSP-SES), we are pleased to provide representations on the draft National Development Framework (NDF). NWSSP-SES will make extensive use of the NDF when advising NHS organisations in Wales on the planning procedures and policies associated with promoting new healthcare developments and when disposing of surplus NHS estate.

The representations relate principally to Policy 2 and its supporting text (with brief comments on Policy 3). We reproduce Policy 2 below for ease of reference:

“Policy 2 - Supporting Urban Centres

Proposals for new public service facilities of a significant scale should be located in town and city centres. A sequential approach must be used to assess development plan allocations and to determine planning applications for developments. Only in exceptional circumstances should public service facilities of a significant scale be approved outside of town and city centres.”

The supporting text to this policy states:

“The principle of ‘town centres first’ is well established in planning policy in relation to retail developments. However, good planning can help us re-think the future of town and city centres, which are moving away from their traditional retail roles. They remain important focal points of communities and are increasingly becoming places to live and work, centres of community and cultural activity, and the focus for public services such as health and education.

Public service facilities include hospitals, primary healthcare facilities, libraries, universities and colleges and any public sector organization building which attracts significant numbers of workers

and visitors. Local planning authorities, both urban and rural, should be confident in defining what constitutes development of 'a significant scale' for their area. Appropriate definitions can be produced through an understanding of the type and scale of development an area can expect, the quality of the public transport services they will rely upon and with local consultation."

Policy 2 Representations

NWSSP-SES is, in principle, supportive of what we understand to be the thrust of Policy 2; that is, to bolster the role of town centres as focal points of community activity and service provision. However, we note reference to the retail 'town centre first' principle in the explanatory text to Policy 2, which we have significant experience of applying in respect of commercial development and consider that Policy 2 as drafted raises important practical difficulties. Indeed, these practical difficulties may be so significant that they actually work against the aims of providing accessible, timely, efficient and appropriate healthcare facilities, while providing as best value as possible for the local communities they are intended to serve.

Sequential approach

The 'town centre first' principle, as applies to retail and as appears to be intended to apply to hospitals and primary healthcare (also known as the 'sequential test'), requires that all potential suitable and available town centre options, and then edge of centre options, are thoroughly assessed before out-of-centre sites are considered for key town centre uses. Planning Policy Wales has only recently been updated. It makes it clear, at paragraph 4.3.21, that *"the sequential approach applies to retail and all other uses complementary to retail and commercial centres. Other complementary uses include, for example, ...non-residential establishments (D1),... However, some education, **healthcare** and community uses may have specific accessibility requirements which mean they need to be located close to the communities they serve."* (SES emphasis) PPW does not require a sequential test for hospitals (Use Class C2) and accepts that for healthcare facilities (Class D1), proximity to the community population is more important than a town centre location.

For the avoidance of doubt:

- Town Centre is often defined as an area defined on the local authority's policies map, including the primary shopping area and areas predominantly occupied by main town centre uses within or adjacent to the primary shopping area. References to "town centres" or "centres" generally apply to city centres, town centres, district centres and local centres but generally exclude small parades of shops of purely neighbourhood significance.
- Edge of Centre is often defined as a location within 300 metres of a town centre boundary. In determining whether a site falls within the definition of edge of centre, account should be taken of local circumstances (e.g. an intervening main road may mean that a straight line 300m is inappropriate).
- Out of centre is often defined as a location which is not in or on the edge of a centre but not necessarily outside the urban area.
- Out of town is often defined as a location out of centre that is outside the existing

urban area.

Accordingly, Policy 2 as currently worded would seek to place (e.g.) District General Hospitals (the average size of the 16 DGH sites in Wales is 37.5 acres) in the primary shopping area or immediately adjacent streets (for it to be a “town centre” location). In our experience, very few town centre, or even edge-of-centre sites would be able to accommodate such development.

To mandate a sequential approach for hospitals and primary healthcare, as Policy 2 is presently worded, raises significant implications for the delivery of new, and improvement of existing, healthcare facilities in Wales. In particular, Policy 2 as drafted raises significant uncertainty about:

1. the ‘catchment area’ to be adopted to sequentially test any given healthcare facility (i.e. which designated centres should be considered to offer potentially sequentially preferable locations);
2. how the sequential test applies to applications to extend existing healthcare facilities (i.e. whether a healthcare facility should be ‘disaggregated’, with the new floorspace being located in a town centre on its own, separate from an existing facility or broken up into multiple new facilities on different town centre sites);
3. what constitutes ‘suitability’ in terms of a potential town centre site;
4. in what time period a site would need to be ‘available’ in order to be considered sequentially preferable;
5. whether viability is a legitimate consideration; and
6. ‘Significant scale’ and ‘exceptional circumstances’ are left undefined.

Each of these points are considered further below.

Catchment area

In order to apply a sequential approach a development’s ‘catchment area’ must firstly be understood. This is the area the proposed development is primarily intended to serve and effectively defines the area within which the sequential search is carried out. With retail development, the catchment area is usually defined by a particular drive-time isochrone from the application site. Sites further afield would effectively serve a different area of need. However, healthcare facilities do not function like retail facilities and drive time isochrones are not relevant. Hospitals, at one end of the scale, often serve a large regional area. Other healthcare facilities (GP surgeries and clinics etc.) are often at the other end of the scale and serve a very local area.

In respect of a regional hospital, the ‘catchment area’ may include more than one local authority area and more than one designated city or town centre, along with many other smaller, local centres. While demonstrating compliance with the sequential test on this basis presents a very onerous task for an applicant to address, it also raises the question of which of the centres would be sequentially preferable. Moreover, location in one particular town centre may not increase accessibility for the wider ‘catchment area’ population whereas an edge of town location served by a range of bus services may actually be more accessible to the area’s population as a whole. These practical difficulties are recognised in PPW which excludes Class C2 hospitals from requiring compliance with the sequential test. PPW rightly seeks to ensure it is the accessibility of healthcare facilities which has primacy, not the benefits of increasing city/town centre activity levels.

In respect of smaller facilities such as GP surgeries, these facilities often have “specific accessibility requirements”, as identified in PPW para 4.3.21, which mean they need to be located closest to the communities they are intended to serve, often irrespective of whether this area is served by a city/town centre. Indeed, the catchment area of a GP surgery may not encompass a single town or city centre. Policy 2, as drafted, could have the unintended consequence of multiple GP surgeries locating in a centre, some way distant from the community they serve, simply to satisfy the NDF policy requirement. This would *reduce* accessibility for the catchment population.

Disaggregation

Applying the sequential approach raises the question of whether ‘disaggregation’ is necessary; that is, consideration being given to whether a proposed development can be broken up into different elements in order that its constituent parts can be located on multiple sequentially preferable sites. Technical Advice Note 4 (Retail and Commercial Development) currently “encourages” developers to consider “*whether or not elements of their proposal could be located on a site or number of sites in a centre*” (para 7.4). While only technical advice, there has been much debate at appeals and this issue is the subject of a wealth of High Court and Inspectors’ decisions. Policy 2 as drafted raises ambiguity in this respect as no mention is made of disaggregation but reference is made to the retail ‘town centre first’ principle.

If disaggregation were to apply to hospitals and primary healthcare facilities it would raise the prospect of gross inefficiencies. Differing hospital wards and facilities could be split across a town centre or multiple centres, each requiring its own administration, clinical facilities and bed spaces. GP surgeries could be split in the same way. This is contrary to the current trend of co-locating facilities in order to offer holistic health services.

A further nuance relates to proposals to extend existing facilities. Disaggregating such facilities gives rise to the possibility of the extension element having to be located elsewhere than the intended facility to be extended (a point debated at numerous retail appeals).

We believe it should be explicit in the NDF that disaggregation is not required.

Suitability, availability and viability

In applying the sequential approach to commercial uses such as retail, for a site to be sequentially preferable it must be ‘suitable’, ‘available’ and ‘viable’. Each of these terms has been subject of much debate in retail decisions and is subject to significant legal and Inspectors decisions on their interpretation and requirements.

For a site to be sequentially preferable it must be suitable for the “broad type of development which is proposed in the application¹.” However, the court derived definition of ‘suitability’ will inevitably evolve over time and uncertainty associated with this will inevitably result in disagreements at application determination stage, delay in decision taking and inconsistency across

¹ Aldergate High Court judgement. Neutral Citation Number: [2016] EWHC 1670 (Admin)

authority areas.

The definition of 'availability' has been held to be five years², seven years³ or dependent on the urgency of the need⁴. Again, the uncertainty as to whether a site will be considered available will inevitably result in delay and inconsistency across authority areas.

In respect of viability, town centre sites are by their very nature expensive. They are often in multiple ownerships, and in order to realise any development potential a piecemeal, protracted or compulsory acquisition is often required. This is challenging for commercial operators but will be particularly burdensome for public sector bodies such as NHS Wales. Policy 2 will expose the NHS Wales to significant additional costs and associated scrutiny of its use of public funds and will inevitably delay site assembly and stymie the timely provision of facilities.

Definitions

Finally, we note the draft policy wording does not define the 'exceptional circumstances' which would justify a non-town/city centre location. Also, the wording does not define 'significant scale' (at and above which the sequential test requirement applies), leaving this to local planning authorities to define. The absence of a well-defined policy merely introduces uncertainty, ambiguity and inconsistency. As outlined above, healthcare facilities often serve cross authority boundary areas – different definitions between authorities potentially raises uncertainty as to the need to apply a sequential approach. Furthermore, leaving terms to be defined by LPAs will also introduce delay (in all likelihood significant delay) in these terms being defined as many will only do so as part of LDP preparation.

While applicability of the retail sequential approach as outlined in PPW is clear (it applies to all scales of development), a higher and clearly stated threshold should be adopted in the NDF for healthcare facilities. We consider that 2,500 sq m (GIA) would be an appropriate threshold and replicates another Welsh planning policy threshold (i.e. that relating to the requirement for retail impact assessments).

Given the foregoing, it is our view that Policy 2 will significantly increase complexity and public cost and will delay site assembly and application determination, introduce undue delay to improving existing and delivering new healthcare facilities throughout Wales.

Suggested Changes

As outlined above, NWSSP-SES is supportive in principle of the thrust of Policy 2 to bolster the role of town centres as focal points of community activity and service provision. Accordingly, we offer a suggested change in Policy 2 wording which in our view will deliver the policy aims, as set out below.

² Peel Centre, Gloucester. Appeal Ref. APP/U1620/A/14/2214917

³ Bath Press recovered appeal. Appeal Ref. APP/F0114/A/13/2191952

⁴ Ibid

"Policy 2 - Supporting Urban Centres

Proposals for new public service facilities should be located where accessibility requirements and healthcare needs of communities are best met. This will typically be within built up areas where good accessibility by foot, cycle and public transport exists or can be provided as part of development proposals and where footfall associated with public service facilities can help support other local services. For major development proposals towns and cities should be considered, having regard to matters such as the benefits of co-locating services, timeframes for delivery and the best use of public resources."

The supporting text to this policy to read:

"Good planning can help us re-think the future of town and city centres, which are moving away from their traditional retail roles. They remain important focal points of communities and are increasingly becoming places to live and work, centres of community and cultural activity, and the focus for public services such as health and education.

Public service facilities include primary healthcare facilities, libraries, universities and colleges and any public sector organisation building which attracts significant numbers of workers and visitors. It should be demonstrated that designated centres have in the first instance been considered to accommodate major public service facilities i.e. those facilities delivering an additional 2,500sqm GIA or greater. It is recognised some public services uses including healthcare facilities may have specific accessibility requirements which preclude an in-centre location. Planning authorities should be flexible in their approach where it is necessary."

Policy 3 Representations

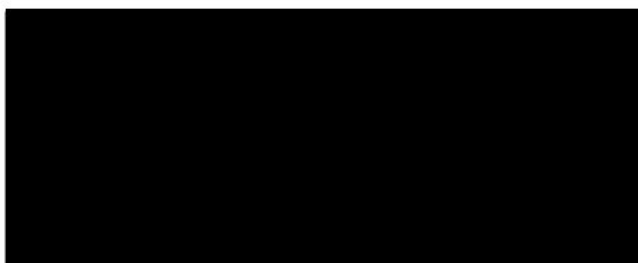
NWSSP-SES notes the content of Policy 3 regarding public investment, buildings and land and supports the creation of sustainable and accessible places and development. NWSSP-SES notes the requirement in the supporting text to assess all potential costs of such development, including in respect of the longer term environmental and societal costs which may not offset short term capital receipts. NWSSP-SES trusts that the Welsh Government will have considered the balance of these costs and benefits, including the potentially lower capital receipts to the public purse.

Furthermore, we consider it may be appropriate to amend the supporting text to specifically refer to the longer term environmental and societal *benefits* (and not just the costs) which can result from development of land, including public land, as follows:

~~"In assessing the cost or value of the potential development of publicly owned land, either by the public sector or following a sale to a private or third sector interest, all potential costs and benefits should be considered. These include costs and benefits to the environment, climate change targets and wider society. A development in an unsustainable location that results in increased car trips, that is poorly served by public transport, that is inaccessible to the least mobile or poorest members of society, that fails to make a contribution to supporting vibrant town and city centres will have negative impacts on both current and future generations. A short term capital receipt or a cheaper development cost is unlikely to offset these longer term costs."~~

We trust the above representations are helpful. Should you wish to discuss further please do not hesitate to contact us.

Yours sincerely



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