

NHSPS Response to Matter 13, Issue 2, Q.1:**(c): Is the policy approach justified in respect of health care provision?****(d): Are any modifications necessary in the interests of soundness?**

1. This response follows a representation submitted at Regulation 19 stage, in which NHSPS sought modifications to Policy EC9.
2. In terms of the loss of health care provision, Policy EC9 requires demonstration of both Parts A and B in justifying the loss of uses, buildings or land for community services and facilities – within which health care facilities fall under. Requirements under the Policy include both alternative provision and a 12-month marketing period.
3. Policy HC14 which concerns health infrastructure in particular, on the other hand, allows demonstration of an NHS Estate Reorganisation Programme to justify the loss of existing healthcare infrastructure. This approach is consistent with the NHS's approach to commission healthcare provision and in managing existing healthcare estate by undertaking the due internal disposal process prior to declaring a property to be surplus to requirements.
4. Following further review, NHSPS considers the approach of Policy EC9 as not being justified and to be inconsistent with Policy HC14 which particularly addresses the provision and loss of healthcare infrastructure.
5. In line with Policy HC14, the requirements for health commissioning and the form of any health provision are a decision for local health commissioners and should not be constrained by planning policy.
6. NHSPS requests the following modification (*shown in red italics*) to ensure the Local Plan is positively prepared and effective and to ensure consistency within the Local Plan (Policy HC14) in clearly defining the requirements to justify the loss of health care infrastructure, under Parts A and B of Policy EC9.
7. *“Where healthcare facilities are formally declared surplus to the operational requirements of the NHS or identified as surplus as part of a published estates strategy or transformation plan, the requirements listed under Parts (a) to (b) of the Policy will not apply.”*
8. The NHS needs to retain the flexibility to implement its health commissioning strategy (at pace) to meet the needs of the population at any time and consider modifications to be necessary to provide clarity and consistency on the application of Policy EC9 in respect of health care provision.

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