



Planning for our future

Draft Plan Site Submission Form

1. Name	██████████
2. Your company name or organisation	NHS Property Services
3. Your clients name/company/organisation (where applicable)	
4. Your e-mail address	████████████████████
5. Your telephone number	
6. Your address	99 Gresham Street, Second Floor Office, London, EC2V 7NG
7. Client's name (if applicable)	
8. Site name	Stroud Health Centre
9. Site address	Stroud Health Centre Beeches Green Stroud Gloucestershire GL5 4BH
Your interest in the site	<input checked="" type="checkbox"/> Owner of the site
11. OS Grid reference (EENN)	SO8489 0542
12. Total site area (hectares)	0.584
13. Developable area (hectares)	0.584
14. Has any part of the site previously been considered as part of the Local Plan Review or Strategic Assessment of Land Availability (SALA)?	<input type="radio"/> No
15. Is the site in single ownership?	<input type="radio"/> Yes
16. Current use(s) of the site (e.g. vacant, agricultural, employment etc.) Please include Use Class if known	Health use and ancillary uses
17. Past uses	n/a
18. Planning history (please include reference numbers, planning application/ SHLAA site, if known)	S.08/0440/FUL S.05/2183/FUL S.04/1829/FUL
19. Access to the site (vehicle and pedestrian)	Through the loop to the front of the Health Centre which connects back to Beeches Green
20. Is the site proposed for RESIDENTIAL development? If YES, please indicate the TOTAL number of residential units:	Market Housing <input type="radio"/> c. 20-30
21. Is the site proposed for institutional residential development?	The site may also be suitable for care/extra care accommodation.
22. Is the site proposed for NON RESIDENTIAL development?	<input checked="" type="checkbox"/> Community facilities

23. Are there any constraints restricting the development potential of the site? (e.g. easements, footpaths, services, TPO's etc)	<input type="radio"/> No There are no known constraints to development
24. Please provide an estimate of the number of dwellings to be built on the site per annum (1st April to 31st March)	2024/2025 – 20 dwellings However this is to be determined in accordance with CCG and NHSPS strategy
25. Please indicate the current market status of the site:	<input checked="" type="checkbox"/> No interest currently
26. Each site submission must be accompanied by a site location plan on an Ordnance Survey base and clearly showing the site boundaries and access to the site.	Stroud Health Centre Site Location map attached

NHS Property Services representation regarding Site submission

The Stroud Health Centre/Beeches Green site is being put forward following due consideration of policy E16 of the Stroud District Local Plan DPD which states '*Where planning permission is required, development which involves the loss of individual shops, public houses, village halls and other community facilities located outside defined retail and town centre boundaries will be supported where all the criteria below are satisfied:*

1. *there is no prospect of the current use continuing (which is evidenced)*
2. *there are adequate similar use facilities either within that settlement or adjoining countryside which cater for the needs of the local population and is accessible by walking or cycling—a distance of 800m*
3. *the current or previous use is no longer viable, demonstrated by audited financial and marketing evidence over an agreed reasonable period.'*

The site should be considered for inclusion into Stroud District Local Plan for a mixed-use development comprising healthcare and residential uses which would contribute to Stroud District council's housing supply requirement of 11,400 dwellings whilst respecting the conditions of policy E16.

Stroud Valley's Family Practice and Beeches Green Surgery currently occupy the ground floor of the health centre building. Gloucestershire Health and Care NHS Foundation Trust (GHC) occupy the small podiatry clinic on the site, to the rear of the health centre. The upper floors of the health centre building were previously in use as offices but are now vacant. The St Bede's building at the rear of the site is also vacant (it is understood that it was last in use as offices (Use Class B1)).

The partners and staff of Locking Hill Surgery and Stroud Valley's Family Practice are working together with Stroud Regeneration Ltd. They have had their business case to move to a refurbished building at King Street in Stroud approved by NHS Gloucestershire Clinical Commissioning Group (CCG). The CCG has identified these practices as being a very high priority for development and the former Woolworths building in King Street has been identified as a suitable site. This is part of the wider regeneration of the centre of Stroud, particularly the Five Valley's Shopping Centre.

It is therefore likely that Stroud Valley's Family Practice will relocate from the health centre on the site some time in 2021, with Beeches Green Surgery remaining on the ground floor.

The CCG will need to consider whether there is an ongoing need for the site to deliver healthcare services. However, if the vacant parts of the site become surplus to the NHS' requirements, there is an opportunity to consider the development of the Beeches Green/Stroud Health Centre site for a mix of healthcare and residential uses. We are therefore intending to work with Beeches Green Surgery, GHC and the CCG to bring forward proposals for the site's development. The site's development could take a variety of forms that might include:

- continued use of the ground floor of the existing health centre building for healthcare, with residential uses on the upper floors and residential development on the rear part of the site; and
- redevelopment of the whole site for a mix of healthcare and residential uses.

The Council owns land and buildings at the front of the site, and we will explore our site's development potential with them too.

Subject to the vacant parts of the site no longer being required for NHS commissioned healthcare services, these areas could be developed to provide c. 20 to 30 residential units. The site may also be suitable for care/extra care accommodation.

There are no insurmountable site constraints which would prohibit development on this site. Although access to the site is restricted via the existing routes at the front of the site, the traffic associated with residential uses is likely to be of a different character and less than the former office and healthcare uses that have occupied the site.

NHS Property Services representation regarding Stroud Local Plan Review

Thank you for the opportunity to comment on the Stroud Local Plan review document. The following comments are submitted by NHS Property Services (NHSPS).

Foreword

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.

Overview

In principle NHSPS, who will henceforth be referred to as 'we' within this response, agree with the comments put forward by Stroud Council in the 'Stroud Local Plan Review' document with regards to healthcare and support the document. There are however minor modifications which we believe may need to be considered to produce a sound document. The aforementioned issue will be addressed in the section titled 'Our representation'

Our representation

Emerging policy DHC5 states that:

'Proposals for the multi-use and co-location of health facilities with other services and facilities will be supported'

We support policy DHC5 but have concerns over how this will interplay with retained Policy E16 of the Stroud Local Plan which stipulates that:

'Where planning permission is required, development which involves the loss of individual shops, public houses, village halls and other community facilities located outside defined retail and town centre boundaries will be supported where all the criteria below are satisfied:

1. *there is no prospect of the current use continuing (which is evidenced)*
2. *there are adequate similar use facilities either within that settlement or adjoining countryside which cater for the needs of the local population and is accessible by walking or cycling—a distance of 800m*
3. *the current or previous use is no longer viable, demonstrated by audited financial and marketing evidence over an agreed reasonable period.'*

We do not support policy E16 unless there are modifications made to the policy as recommended in our modifications section.

Given that much surplus NHS property is outdated and no longer suitable for modern healthcare or other C2 or D1 uses without significant investment. Where NHS commissioners can demonstrate that healthcare facilities are no longer required for the provision of services, there should be a presumption that such sites are suitable for other appropriate uses (including housing), and should not be subject to restrictive policies or periods of marketing.

Modifications

Local Plans by nature adopt policies that “ensure an integrated approach to considering the location of housing, economic uses and community facilities and services” (Paragraph 92e).

As such, the plan can be made sound through changes of wording for Policy DHC5.

Policy DHC5 should read.

‘Proposals for the multi-use and co-location of health facilities with other services and facilities will be supported and should be in line with NHS Estates strategy.’

Moreover, with regards to Policy E16, whilst Paragraph 92c of the NPPF states that planning policies and decisions should ‘guard against the unnecessary loss of valued facilities and services’, the overarching objective of this same paragraph is to ensure the delivery of facilities and services for the community.

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. This has a direct impact on the provision and quality of healthcare facilities and services, as it can prevent or delay the reinvestment of capital in modern and fit-for purpose facilities and the additional requirement for ongoing revenue to be spent on maintaining inefficient parts of the estate. Furthermore, most surplus healthcare facilities are purpose-built and at the end of their useful lives, and thus highly unlikely to be viable or suitable for other uses.

Hence, 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’s rigorous 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 and that adequate alternatives would be provided.

This would be in accordance with Paragraph 118 “promote and support the development of under-utilised land and buildings, especially if this would help to meet identified needs for housing where land supply is constrained and available sites could be used more effectively” and Paragraph 127e “to optimise the potential of the site to accommodate development” of the NPPF. It also advises Local Plans to “take a positive approach to applications for alternative uses of land which is currently developed but not allocated for a specific purpose in plans, continuing that Local Plans should “make more effective use of sites that provide community services” (paragraph 121).

As such policy E16 should read

Where planning permission is required, development which involves the loss of individual shops, public houses, village halls and other community facilities located outside defined retail and town centre boundaries will be supported where ~~all~~ the criteria below are satisfied:

1. *there is no prospect of the current use continuing (which is evidenced); or*

2. *there are adequate similar use facilities either within that settlement or adjoining countryside which cater for the needs of the local population and is accessible by walking or cycling—a distance of 800m; or*
3. *the current or previous use is no longer viable, demonstrated by audited financial and marketing evidence over an agreed reasonable period unless in the loss of facilities arises from an NHS Service modernisation strategy following a rationalisation programme"*

These changes would directly affect the soundness issues as addressed above.

Summary

We support Policy DHC5 of the Stroud Local Plan review however Policy E16 is not consistent with national policy or in line with other policies within the local plan document therefore is not sound. We therefore urge that the suggested modifications to the policy are taken forward. It is imperative that the site is not subject to overly onerous policies, particularly when the NHSPS is obliged by MHCLG to deliver more housing. We also have a statutory duty to help finance improved healthcare services and facilities nationally through the disposal of our sites.

All NHS organisations are looking to make more effective use of the health estate and support strategies to reconfigure healthcare services, improve the quality of care and ensure that the estate is managed sustainably and effectively. We are constantly reviewing our sites, and we would support further engagement with the Council on this matter as part of the Local Plan preparation.

Yours sincerely



Graduate Town Planner – NHS Property Services Ltd