

**Sara Chiong**

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**From:** HOCKIN, Sophie (NHS NORTH EAST LONDON ICB - A3A8R) [REDACTED]  
**Sent:** 20 September 2024 16:34  
**To:** Local Plan  
**Subject:** NHS NEL Regulation 19 Representations  
**Attachments:** Representation to Local Plan reg 19 FINAL 20.09.2024.pdf  
**Follow Up Flag:** Follow up  
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Please find enclosed representations made on behalf of the NHS North East London Integrated Care Board.

Kind regards,

Sophie

**Sophie Hockin MRTPI, Senior Manager – Regeneration and Infrastructure**  
**NHS North East London**  
Pronouns: She/Her  
NHS North East London  
Part of North East London Health and Care Partnership

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## North East London

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20<sup>th</sup> September 2024

Dear Ellie,

### **NHS NEL ICB REPRESENTATION TO THE NEWHAM LOCAL PLAN REGULATION 19 CONSULTATION**

I write on behalf of the NHS North East London Integrated Care Board (NHS NEL) in relation to the Regulation 19 Consultation that the London Borough of Newham (LBN) are currently undertaking on the Newham Draft Submission Local Plan (hereafter referred to as the Local Plan). As per Regulation 19, our comments relate to the four tests of soundness (positively prepared, justified, effective and consistent with national policy), legal compliance and duty to cooperate.

As part of the Local Plan consultation process, NHS NEL have been committed to working with the LBN Planning Policy Team to share knowledge in relation to projected population growth and infrastructure needs to support this growth. As a relatively new organisation we look forward to strengthening this relationship over the coming years. Our response structure will consist of general comments, comments in relation to the evidence base and policy specific comments.

#### General Comments

As per our previous representations, NHS NEL are broadly supportive of the vision and objectives of the Local Plan. We particularly welcome that the first objective of the Local Plan is putting health front and centre to the overall ambition of 'building a fairer Newham'. It is therefore imperative that healthcare infrastructure is supported considering the projected population change within the borough during the plan period. NHS NEL would like to continue to work with LBN to agree an approach to securing developer contributions, prioritisation and associated development viability where key infrastructure cannot be funded in line with population growth given the financial climate. We would also like to work closely with LBN if they decide to develop a Planning Obligations Supplementary Planning Document.

In light of the current financial climate, it is therefore critical that the Local Plan also supports the population of LBN to make healthier life choices to support the plan ambitions of economic growth and improved health outcomes for existing residents. We welcome that the Local Plan addresses health through the 'health in all policies' approach. NHS NEL hope that this translates in particular to more active travel initiatives and green infrastructure as these areas have a significant contribution to make in terms of prevention from a public health perspective.

NHS NEL would like to make a general point regarding references to health infrastructure contained within site allocations. As LBN will be aware planning for healthcare infrastructure is a complex process. There are many variables and scenarios that need to be considered and planning for large site allocations without certainty as to whether they will be delivered by developers (or indeed information

regarding phasing) as envisaged within the Local Plan is one of these. We would therefore request that NHS NEL and LBN continue to work closely together to ensure that the Infrastructure Delivery Plan (IDP) is regularly updated to reflect the forthcoming NHS NEL Infrastructure Strategy and projected population growth as planning permission delivery becomes more certain. Additionally, it is critical to the delivery of new and improved healthcare infrastructure that money continues to be allocated to health infrastructure through the Community Infrastructure Levy (CIL) and S.106 contributions. Going forwards, clarity regarding adequate contributions is required to mitigate the current viability risks to proposed schemes and NHS NEL would welcome the opportunity to discuss this further with you.

Whilst NHS NEL appreciate that this is not related to the Local Plan Regulation 19 consultation, we would like to take the opportunity to request that NHS NEL are consulted on all major residential planning applications. At present we appear to have been removed from the consultation list. If colleagues in Development Management could be made aware of this, it would be most appreciated.

### Evidence Base Comments

#### *Area Profile and Population Forecasts*

NHS NEL consider that the evidence base would benefit from an 'Area Profile' document which clearly sets out an analysis of age, tenure, housing benefit, household size and composition, children in household, types of accommodation, ethnicity, working status, qualifications, income, disabilities, access to vehicles, length lived in area, satisfaction with area, future plans, work and education, shopping and social/community facility. The inclusion of an 'Area Profile' would ensure that all data relating to population is contained within one document which would enable more constructive discussions with developers when seeking contributions through planning obligations. It would also help target the wider determinants of health and contribute to meaningful community wealth building at a neighbourhood level.

NHS NEL acknowledge that some of this information is contained within a range of existing evidence base documents but as outlined above there are significant benefits to the delivery of the Local Plan by ensuring that an Area Profile forms part of the evidence base.

#### *Inclusion of LBN Public Health Documents within Evidence Base*

NHS NEL welcome references throughout the Local Plan to the *50 Steps to a Healthier Newham (Newham Health and Wellbeing Strategy 2024-2027)* and *Well Newham 50 Steps to a Healthier Borough Part 2: The Evidence for Action* however these documents do not seem to have been included within the publicly available evidence base documents on this link: <https://www.newham.gov.uk/planning-development-conservation/newham-local-plan-refresh/4> We trust that they will be included within the evidence base that is submitted for examination.

### Policy Specific Comments

#### *Policy SI1: Existing community facilities and health facilities*

NHS NEL supports the protection of existing health facilities and recognises that affordable housing is a nationwide priority which must be robustly supported through national, regional, and local planning policy. However, NHS NEL would like to see a little more flexibility within the wording of this policy to allow for the disposal of existing health facilities where required. In terms of the tests of soundness this will ensure that the policy is effective through improving the delivery of the Local Plan.

By way of background, disposal of existing health facilities will occur when dictated by the NHS North East London Integrated Care Board Infrastructure Strategy, and money secured through disposal will be reinvested into other health infrastructure within the borough. A key source of funding for

improvement and expansion of health infrastructure is through S106 planning obligations but the rate of population growth in North East London cannot be supported by developer contributions alone and there is a gap between demand for healthcare / population growth, and the rate of adaptation of health infrastructure to support that demand. Where sites can provide a revenue stream through redevelopment, that money can form a significant reinvestment into Newham's existing and proposed health assets, freeing up developer viability to deliver more affordable housing and other planning obligations.

Whilst as currently worded the policy allows for some exceptions, such as where the proposal forms part 'of a strategy from a recognised public sector body's estates programme', the consolidation of healthcare services, in particular GP Surgeries may not fall within this category. NHS NEL would therefore like clarity on this matter and suggest that it would be beneficial to include a definition of a recognised public sector body's estates programme (or simply a definition for recognised public sector bodies) within Appendix 1: Glossary and Abbreviations. Through providing clarity on the definition the Local Plan's conformity with the tests of soundness will be improved.

Clause 2 of Policy SI1 suggests the preferred alternative use for the disposal sites will be for the maximum viable amount of affordable housing, but NHS Options and Needs Assessments contain opportunities for redevelopment as a mechanism of securing and reinvesting capital into its extensive health network. In order to meet the health needs in the borough without disrupting the ability of developers to bring forward viable schemes with policy compliant levels of affordable housing, the loss of a health facility on a site where the NHS owns the freehold should be able to provide standard market units for the purpose of acquiring funding to be reinvested in the London Borough of Newham.

Notwithstanding the above, the opportunity for NHS sites to deliver key worker accommodation should not be prohibited by policy. The current Estates Strategy is exploring options for developing land for key worker accommodation which may not fall within the conventional models of affordable housing provision. Again, we would like the policy or justification text to reflect this, as key worker accommodation is essential to service delivery.

We therefore request that the wording of the policy is amended as follows (see additional text in bold):

*"the preferred alternative use will be for the maximum viable amount of affordable housing (unless located in a Primary Shopping Area, Strategic Industrial Location or Local Industrial Location, **or where a recognised public sector body can demonstrate that the proposed use of land will generate revenue to be reinvested in existing or new social infrastructure in Newham as part of a recognised estates programme**)".*

The amendment would ensure the plan is deliverable by granting more flexibility to the NHS to fund necessary infrastructure works, ensuring social infrastructure keeps pace with housing growth.

### Policy BFN4 – developer contributions

The prioritisation hierarchy outlined in part 3 of policy BFN4 should be amended to include health and social infrastructure as priority b):

3) *Where financial viability concerns are substantiated, it is expected that the Plan's objectives will be prioritised as follows:*

- a) *affordable and family housing*
- b) health and social infrastructure**
- c) *local access to employment and training*
- d) *delivery of other required infrastructure*

This amendment would ensure that the policy is reflective of the proposed vision and objectives of the Local Plan as well as the Council's wider priorities in relation to community wealth building. Newham's health outcomes are consistently significantly lower than both the London and England averages, whilst economic activity level remains in line or above comparable averages.

Currently, health infrastructure is covered by part d) *delivery of other required infrastructure*. The quantum of residential development proposed in the Local Plan and Site Allocations must have adequate social infrastructure to support new and existing residents. With Healthy Places forming a core principle of the National Planning Policy Framework consultation and the limited resources of the NHS to fund new and existing health infrastructure, developer contributions must be recognised as a key component of improving the borough's health assets.

NHS NEL welcomes that on page 160 under the heading *Planning Obligations*, it is noted that contributions may be secured from residential development which generates additional demand for community and health facilities. We therefore request that this is reflected within the wording of Policy BFN4 to formalise the borough's stance.

## *Newham Hospital Green Space designation in relation to Policy GWS1: Green Spaces – Policies Map*

As can be seen from the screen shot of the Newham Local Plan Policies Map, most of the site of Newham Hospital is designated within Policy GWS1. NHS NEL recognises the importance of green space conservation and re-provision, and supports Policy GWS1, but the designations within the hospital grounds and on small, landscaped areas south of Glen Road, as shown in the image below, are restrictive in the context of potential hospital development and growth. As currently drawn this designation could impact upon the delivery of the Local Plan, particularly in respect of *Policy S12: New and re-provided community facilities and health facilities* and *N10 Plaistow*.





Policy GWS1 sets out that that green space within this designation 'will be protected to ensure that there is no net loss'. Whilst there are exceptions listed within part 3, NHS NEL are of the view that the site is not captured within any of these exceptions. Given the financially constrained environment within which NHS NEL and other partners are currently operating within, it is critical that the redevelopment of a site is not further burdened by the costs associated with justifying the loss of green space. LBN can be reassured that the NHS has a swathe of green initiatives as well as the Greener NHS programme and so corporately will be endeavouring to achieve as environmentally sustainable a development as possible. NHS NEL want to ensure that the potential development or redevelopment of the Newham Hospital site can occur with the least amount of resistance and best value for money for the public purse.

A masterplan exercise has been commissioned by One Public Estate (run by the Local Government Association) for a large area of land including Newham Hospital and Newham Leisure Centre. The concept behind One Public Estate is to ensure that synergies between publicly owned land and assets within close proximity to each other are maximised. It is anticipated that this work will be undertaken during Q4 2024 and Q1 2025. Ultimately, there is the potential for this work to form a Supplementary Planning Document to support delivery.

To ensure the masterplan work is effective and deliverable over the plan period, the sporadic green space designations within the hospital, along Glen Road, and in the space off Cherry Treeway should be removed to allow a deliverable masterplan to come forward and sit alongside the Local Plan.

#### Future engagement

Please do not hesitate to contact me should you have any queries regarding any aspect of this letter. We hope that our comments will be taken into account and look forward to continuing to work with you to secure high quality health care infrastructure for the London Borough of Newham and also contribute to reducing social inequality within the borough through preventative measures.

Yours sincerely,



Sophie Hockin MRTPI

Senior Manager – Regeneration and Infrastructure

On behalf of NHS North East London