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OXFORD CITY COUNCIL

Oxford Local Plan 2045
Submission Draft
COMMENT FORM

Part A

You only need to fill Part A in once

Your name: Hyacynth Cabiles

Organisation (if applicable): NHS Property Services (NHSPS)

Address: [redacted]

Email: [redacted]

Date: 18.03.2026

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NHS Property Services

NHS Property Services Ltd
[redacted]

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17 March 2026

BY EMAIL ONLY

RE: Consultation on Oxford Local Plan 2045 Submission Draft – Regulation 19

Thank you for the opportunity to comment on the above document. The following representations are submitted by NHS Property Services (NHSPS).

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.

NHS Property Services

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 S3 (Infrastructure Delivery in New Development)

Draft Policy S3 states that all new development will be required to provide for the necessary on-site or off-site infrastructure requirements arising from the proposal. NHSPS welcomes the inclusion of the policy in highlighting the need for developers to engage with infrastructure providers and ensuring the appropriate measures are in place to mitigate the individual and cumulative impact of developments, including health as set out in supporting paragraphs.

As demonstrated, we would welcome the Council continue its engagement with the NHS to further refine the identified healthcare needs and proposed solutions to support the level of growth proposed by the Local Plan, as identified in the IDP, prior to submission.

In doing so, we would 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. In working together with the NHS, we recommend the Council 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. As a starting point, we suggest the following process for determining the appropriate form of contribution towards the provision of healthcare infrastructure where this is justified:

- 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.
- Assess the level and type of demand generated by the proposal.
- 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 developments create 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 clarified that the NHS and its partners will need to work with the council in the formulation of appropriate mitigation measures.

Draft Policy H2: Delivering Affordable Homes

NHSPS support the inclusion of a policy which seeks to deliver affordable housing in line with local housing need. To support the effective implementation of this policy, we suggest the Council also 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 R1: Net Zero Building in Operation

Draft Policy R1 guides the ways in which developments would need to demonstrate achieving net zero carbon in operation. As a last resort, this includes developers contributing to the Council's carbon offsetting fund where on-site delivery cannot be met. The NHS requires all new development projects to be net zero carbon, and NHSPS fully support policies that promote carbon neutral development. In considering the implementation of policies related to net zero, we would highlight that NHS property could benefit from carbon offset funds collected where on-site carbon mitigation requirements cannot be met. This would support the NHS to reach the goal of becoming the world's first net zero healthcare provider.

Draft Policy HD7: Health Impact Assessment

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 Local Plan requirement for Health Impact Assessment to focus on major developments with potential for significant health impacts. Further guidance is provided by Public Health England (now the Office for Health Improvement and Disparities) in its 2020 guidance.

Draft Policy C3: Protection, alteration and provision of Local Community Facilities

Draft Policy C3 focuses on the provision of new community facilities and redevelopment of existing community facilities. NHSPS supports the provision of sufficient, quality community facilities but does

not consider the proposed policy approach to be positively prepared or effective in its current form. While it is unclear whether healthcare facilities are exclusively considered to be a community facility, 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 C3 and/or supporting paragraphs.

Proposed Modification to Draft Policy C3:

"Planning permission will not be granted for development that results in the loss of such facilities unless:

c) Suitable replacement can be provided on-site, or at a location equally or more accessible by walking, cycling and public transport; or

d) There are facilities nearby and within the neighbourhood that can be enhanced to ensure none of the local community function and accessibility is lost; or

e) The proposal is for an alternative community facility for which there is greater need or demand*; or*

f) *The facility is declared surplus or identified as part of an estates strategy or service transformation plan where investment is needed towards modern, fit for purpose infrastructure and facilities.*

Proposed Modification to supporting paragraphs:

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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, there will be no requirement to retain any part of the site in an alternative community use.

Recommended Policy Addition – Health and Wellbeing/ Healthy Places

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. On this basis, we welcome/ recommend the inclusion of a comprehensive policy on healthy places in the Local Plan, and encourage the Council to engage with the NHS on this matter ahead of the Regulation 19 document being prepared. Specific policy requirements to build for healthy places should include the following which are priorities for the health system and clearly cross-referenced to other policies with appropriate level of further details in the Supporting Text, and councils should be encouraged to add/ supplement other general health determinants:

> *All developments should demonstrate how they are supporting healthy places and lives, addressing physical and mental health impacts and helping to reduce health inequalities through the planning system. In doing so, they should demonstrate how they are meeting identified local health needs and supporting the delivery of local health, wellbeing and estate infrastructure strategies.*
>
> *1. Optimise early and proactive engagement with the director of public health, NHS and health system partners in support of delivering local health needs and priorities.*
>
> *2. Utilise appropriate design tools and formal assessments to demonstrate how developments enable and support healthy lives across the general health determinants.*
>
> *3. Provide opportunities for people to improving physical activity through active travel modes that ensure developments are well connected to employment, health and leisure facilities and public transport.*
>
> *4. Encourage safe, secure and public spaces and places that promote community cohesion and optimise inclusive access for the general population and specific groups.*
>
> *5. Promote sustainable developments that consider the health impact of climate change impacts and help deliver local objectives for net zero and improved air quality.*

6. Provide access to a healthy food environment, including managing appropriate locations of food and drink uses, and making space for food growing opportunities (allotments and/or providing sufficient garden space).

7. Make provision for key worker affordable housing, in particular NHS workers, where there is identified local housing need.

8. Provide sufficient opportunities for access to and contact with the natural environment in all developments including community facilities.

9. Deliver improved or new healthcare infrastructure with good accessibility in neighbourhoods of high deprivation or town centre locations.

Evidence Base – Local Plan Viability Assessment

The draft policy requirements identified in the Plan are supported by the Local Plan Viability Assessment Update (December 2025). Having reviewed the report, we note that where contributions towards healthcare have been identified in the policy requirements for site-specific testing, the assessment does not include a specific allowance for contributions towards healthcare. The report tests a lump sum for S106 contributions of £4,000 per unit to cover site specific mitigation.

Without prejudice to any future representations the NHS or its partners may make on specific planning applications or applications for CIL funding, in our view the S106 headroom identified as part of the site-specific testing is generally sufficient to enable financial contributions to be secured for healthcare, and therefore we consider that overall the assessment of plan-wide viability demonstrates that policy requirements in relation to healthcare infrastructure contributions are deliverable. However, we are concerned that without explicit mention of required healthcare mitigation in the viability assessment, healthcare mitigation will compete with other planning obligations or be ignored entirely.

As noted in our general comments above, healthcare facilities are currently experiencing significant strain. Furthermore, if appropriate mitigation is not secured, the growth strategy outlined in the Plan is expected to exacerbate this situation. We would recommend that the viability assessment includes a separate cost input for typologies where a healthcare contribution is expected. This would ensure that healthcare mitigation is appropriately weighted when evaluating the potential planning obligations necessary to mitigate the full impact of a development.

A separate cost input for health would also mean that developers are adequately informed in advance, in accordance with ICB's estate strategy and the development's location and size, that they may be required to make on-site provision or off-site financial contributions to mitigate the impact on healthcare infrastructure resulting from their development. Such an approach would also support the effective implementation of Draft Policy S3 in situations when a viability assessment demonstrates that development proposals are unable to fund the full range of infrastructure requirements. We would welcome further engagement with the Council to on this issue to determine a reasonable cost assumption that could be used in future viability assessments.

Conclusion

NHSPS thank Oxford City Council for the opportunity to comment on the Oxford 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, [redacted]

Yours faithfully,

Hyacynth Cabiles MRTPI
[redacted]

For and on behalf of NHS Property Services Ltd