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25th January 2023

Dear Sir/ Madam,

Exeter Council - Community Infrastructure Levy- Draft Charging Schedule, December 2022

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

Foreword

NHSPS is wholly owned by the Department of Health and Social Care. NHSPS manages, maintains and improves NHS properties and facilities, working in partnership with NHS organisations to create safe, efficient, sustainable, 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.

About NHS Property Services

In April 2013, the Primary Care Trust and Strategic Health Authority estate transferred to NHSPS, Community Health Partnerships and NHS community health and hospital trusts. All 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.

NHSPS support NHS commissioners to deliver a local health and public estate that can be put to better use. This includes identifying opportunities to reconfigure the estate to meet commissioning needs, as well as opportunities for delivering new homes (and other appropriate land uses) on surplus sites. 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 allowed to develop, modernise or be protected in line with integrated NHS strategies. Planning policies should support this and be prepared in consultation with the NHS to ensure they help deliver estate transformation.

An important part of this is ensuring the NHS continues to receive S106 and Community Infrastructure Levy (CIL) developer contributions to mitigate the impacts of growth and help deliver transformation plans.

CIL Charging Schedule and health infrastructure

The Exeter Community Infrastructure Levy Draft Charging Schedule outlines the proposed CIL rates for differing development types. NHSPS supports the securing of CIL monies from development for

infrastructure, noting that this ensures sustainable development, which aligns with both national and local plan policies. The use of financial viability assessments to ensure the adopted CIL rates do not render development unviable is further supported.

NHSPS endorses the securing of CIL monies from residential developments, however notes that the Draft Charging Schedule does not include a rate for “flatted residential” homes. NHSPS highlight that residential developments resulting in new homes have an impact on healthcare infrastructure, and therefore requests that a rate be applied to flatted residential homes.

With regards to the provision of medical or healthcare services, NHSPS requests that it be made clear that a nil CIL rate be adopted, as this will facilitate the provision of healthcare infrastructure within the City of Exeter.

Partnership working between NHS and the Council

The delivery of health infrastructure including new purpose-built healthcare infrastructure to mitigate the impacts of development requires extensive capital funding. This means significant funding secured through CIL allocations for health should be anticipated over the Local Plan period. The NHS, Council and other partners must work together to plan the infrastructure and necessary funding required to support the projected housing development and related population growth across the borough. Continued partnership working with the Council is encouraged to help secure the appropriate infrastructure to support sustainable development in the borough. A vital part of this is ensuring that the NHS has the resources required to develop additional healthcare infrastructure where necessary. This means updates to the Infrastructure Delivery Plan, and the capital allocation process for the Community Infrastructure Levy must support and result in funding allocations towards health care infrastructure to ensure the Council meets the objectives of the Local Plan as a whole.

Conclusion

NHSPS supports charging CIL to ensure development is sustainable, noting that the provision of health infrastructure should be supported through nil charging rates on healthcare developments. The NHS and Council should work collaboratively to ensure the delivery of vital healthcare infrastructure, including access to CIL funds for the delivery of health infrastructure projects.

NHSPS would welcome further engagement in relation to the above comments on the draft community infrastructure levy charging schedule. Please contact us at town.planning@property.nhs.uk.

Yours faithfully,

NHS Property Services