

Statement of Common Ground

This Statement of Common Ground (SoCG) is between Epsom & Ewell Borough Council (EEBC) and NHS Property Services Ltd (NHSPS) in relation to the Epsom & Ewell Local Plan 2040.

1) Constituent parties to this SOCG

Epsom & Ewell Borough Council (EEBC)
NHS Property Services Ltd (NHSPS)

2) Background

This SOCG sets out the agreed position as of May 2025 in relation to primary healthcare matters and Epsom and Ewell Borough Council's (EEBC) Proposed Submission Local Plan.

NHS Property Services (NHSPS) is a property owner and manager, providing specialist healthcare environments for the delivery of local healthcare services by other parties. NHSPS manages, maintains and improves NHS properties working in partnership with NHS Integrated Care Board organisations.

3) Local Plan engagement and outcomes

EEBC has engaged with NHSPS during the preparation of the Local Plan.

Regulation 18 Draft Local Plan

NHSPS responded to the Regulation 18 consultation on the 17th March 2023. A copy of the full response can be provided by EEBC upon request. The main areas of comment are summarised below:

Issues raised for consideration

Site allocations: SA2 (Town Hall, Hope Lodge and Epsom Clinic) and SA5 (Land at West Park Hospital). NHSPS was supportive of Site Allocation SA2, however, emphasised the suitability of Epsom Clinic Site to be an individual site allocation. NHSPS provided constructive comments on Site Allocation SA5 to include the New Epsom and Ewell Community Hospital Site.

Healthy design: NHS Property Services suggest that the policy be amended to include healthy design aspects. They provide context to the connection between planning and health and the important role the planning system has in creating healthy communities.

Matters in dispute

Policy wording: S16 (Infrastructure Delivery) and DM20 (Community and Cultural Facilities). NHSPS was supportive of the aim of these policies but objected to the specific wording. NHSPS provided alternative wording to ensure that where NHS facilities were no longer needed nor viable, NHS estate reorganisation programmes would be sufficient evidence for the local authority to support an alternative use of the site.

Regulation 19 Proposed Submission Local Plan

The Regulation 19 Proposed Submission Local Plan consultation was undertaken from 20 December 2024 to 5 February 2025. NHSPS provided a response dated 5th February 2025, the key points which are set out below. A copy of the full response is provided in Appendix 1.

Matters in agreement

Site Allocations SA32 (land at West Park Hospital (North) and SA8 (Epsom Clinic) – Support given to Site Allocation SA32 for the inclusion of the New Epsom and Ewell Community Hospital Site within the allocation. Support given to Site Allocation SA8 for allocating the Epsom Clinic Site separately to the Town Hall and Hope Lodge Sites.

Policy DM12: Health Impact Assessments – NHSPS Supports the policy, highlighting the Council's commitment to ensuring that new developments promote healthier lifestyles through use of HIAs.

Policy S17: Infrastructure Delivery – Support the overall approach to infrastructure delivery and provide context that NHS and partners will need to work with Council to formulate mitigation measures re: health provision.

Infrastructure Delivery Plan - Supports EEBC's efforts to work with NHS Surrey Heartlands Integrated Care Board.

Issues raised for consideration

Policy S6: Affordable Housing – Include a requirement specifically for NHS staff or care provider staff.

Matters in dispute

Policy DM20: Community and Cultural Facilities – Consider policy is not positively prepared because policy does not state that loss of community facility will be allowed where it is part of a wider public service estate reorganisation. Alternative wording proposed.

4) Positions of the parties

Both parties agree:

- EEBC and NHSPS have worked constructively to identify and allocate NHS owned land which is surplus to requirements.
- The NHSPS are broadly supportive of the policies within the Proposed Submission Local Plan.

Areas where the parties have not reached agreement:

- NHSPS are seeking a modification to the wording of policy DM20: Community and Cultural Facilities as set out below (proposed modification **in red**), to ensure the policy approach is 'positively prepared and effective. This is to ensure flexibility with regards to the NHS estate to align with any changes to the estate strategy for the area:

Proposed Modification to Draft Policy DM20:

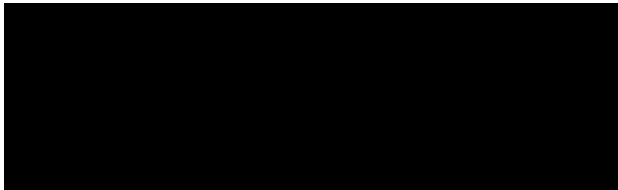
2. *the council will only support the loss of existing community and cultural facilities where:*

- a. *. The proposal is supported by clear and robust evidence that demonstrates that the facility is no longer needed or no longer economically viable to retain in the existing use; ~~and~~*
- b. *It has been vacant and actively marketed for a community use without success for at least 18 months; or*
- c. *It can be re-provided elsewhere within the borough or provision can be delivered in a different way; ~~or~~*
- d. *the loss or change of use of an existing built community facility is part of a wider public service estate reorganisation.*

- EEBC consider that Policy DM20 as written in the Proposed Submission Local Plan provides adequate flexibility, as shown where it can be justified through clear and robust evidence. The Council has not included these suggested changes in the [Schedule of Proposed Modifications](#) (Examination Library Document SD13).

5) Signatories

Epsom & Ewell Borough Council:

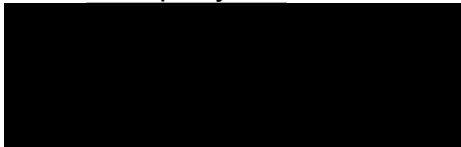


Councillor Peter O'Donovan

Chair of Licencing and Planning Policy Committee

Date: 16/05/25

NHS Property Services Ltd



Marc Hoenen

Date: 15/05/25

Appendix 1: NHS Property Services Ltd Regulation 19 Proposed Submission Local Plan Consultation Response



Epsom and Ewell Council
Planning Policy
The Old Town Hall
The Parade
Epsom KT18 5BY

NHS Property Services Ltd
10 South Colonnade
Canary Wharf
London E14 4PU

05/02/2025

BY EMAIL ONLY

RE: Consultation on Epsom and Ewell Proposed Submission Local Plan 2022-2040

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.



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 S6 Affordable Housing

As part of preparing additional guidance to inform detailed delivery of this policy, we suggest the Council 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 commuting 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 DM12 Health Impact Assessments

Draft Policy DM12 sets out the Council's commitment to making sure that new major developments promote healthier lifestyles and improve overall health and wellbeing through the use of HIAs. NHSPS welcomes and supports the inclusion of policies that support healthy lifestyles, and the requirement for Health Impact Assessment on significant residential developments of 100 units or more or schemes providing 50 or more C2 bedspaces. 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.

Draft Policy S17: Infrastructure Delivery

Draft Policy S17 states that all new development must contribute towards the provision (and where appropriate, maintenance) of infrastructure and services. This includes provision to mitigate against

any substantial cumulative effects on existing infrastructure services. The infrastructure necessary to support new development should either be provided on site as an integral part of the development or be secured off-site through financial contributions via the infrastructure levy.

NHSPS supports the overall approach to infrastructure delivery set out with Strategic Policy S17 and welcomes that the delivery of health infrastructure could be supported through S106 or other appropriate agreements as well as Community Infrastructure Levy (CIL).

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 DM20 Community and Cultural Facilities

Draft Policy DM20 focuses on the development and protection of Community Facilities which includes GPs, health centres and dentists. 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. 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 DM20.

Proposed Modification to Draft Policy DM20:

2. *the council will only support the loss of existing community and cultural facilities where:*
- a. *. The proposal is supported by clear and robust evidence that demonstrates that the facility is no longer needed or no longer economically viable to retain in the existing use; and*
 - b. *It has been vacant and actively marketed for a community use without success for at least 18 months; or*
 - c. *It can be re-provided elsewhere within the borough or provision can be delivered in a different way; or*
 - d. *the loss or change of use of an existing built community facility is part of a wider public service estate reorganisation.*

Site Allocations

NHSPS's Property Strategy team has been supporting Clinical Commissioning Groups and Sustainability and Transformation Plan groups to look at ways of better using the local health and public estate. This includes identifying opportunities to reconfigure the estate to better meet commissioning needs, as well as opportunities for delivering new homes (and other appropriate land uses) on surplus sites emerging from the site promotion process.

Site Allocation SA32

Site Allocation SA32 – Land at West Park Hospital (North) is currently allocated for residential development of approximately 150 dwellings. NHSPS notes and supports the inclusion of the New Epsom and Ewell Community Hospital (NEECH) as part of this site allocation

Site Allocation SA8

Site Allocation SA8 – Epsom Clinic is currently allocated for residential development of approximately 30 dwellings, NHSPS supports this allocation.

Evidence Base Infrastructure Delivery Plan

The provision of adequate healthcare infrastructure is in our view critical to the delivery of sustainable development. A sound IDP must include sufficient detail to provide clarity around the healthcare infrastructure required to the level of growth proposed by the Plan, and to ensure that both planning obligations and the capital allocation process for the Community Infrastructure Levy (CIL) effectively support and result in capital funding towards delivery of the required infrastructure.

NHSPS supports the Council's efforts to work with Surrey heartlands ICB to ensure that the assessment of existing healthcare infrastructure is robust, and the mitigation options secured align with NHS requirements. We note and support the inclusion of primary healthcare provision as a part of the strategic allocation SA35 – Land at Horton Farm. NHSPS welcomes the inclusion of three sites recommended by the ICB (Old Cottage Hospital, Shadbolt Park house and Bourne Hall Health Centre) to provide additional capacity over the plan period.

Conclusion

NHSPS thank Epsom and Ewell Borough Council for the opportunity to comment on the Epsom and Ewell Local Plan 2022-2040. 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,

Daniel Fleet
Town Planner

[REDACTED]

For and on behalf of NHS Property Services Ltd