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**WRITTEN STATEMENT ON BEHALF OF UCLH NHS FOUNDATION TRUST (REPRESENTOR REF 446) IN RELATION TO CAMDEN LOCAL PLAN EXAMINATION MATTERS, ISSUES AND QUESTIONS - MATTER 6: SUPPORTING CAMDEN'S COMMUNITIES - POLICY SC3**

This representation is made on behalf of our client, University College London Hospital (UCLH) NHS Foundation Trust (representor ref. 446), and is submitted in response to Matter 6, Policy SC3 of the Inspector's Matters, Issues and Questions (MIQs)

By way of background, University College London Hospital NHS Foundation Trust (the Trust), provides world leading acute and specialist services in a number of hospitals located in the London Borough of Camden. It hosts the second largest biomedical research centre in the NHS, and its close relationship with UCLH enables it to translate research into life changing treatments for patients. It also occupies a number of non-clinical facilities within Camden including residential, office and laboratories. Within Camden, the Trust owns and runs the following hospitals and institutes:

- University College Hospital, Euston Road;
- University College Hospital, Grafton Way Building;
- University College Hospital, Macmillan Cancer Centre;
- University College Hospital, Elizabeth Garrett Anderson Wing;
- University College Hospital, Bedford Passage (opening 2026);
- National Hospital for Neurology and Neurosurgery, Queen Square;
- National Hospital for Neurology and Neurosurgery, Cleveland Street;
- Royal National ENT and Eastman Dental Hospitals, Huntley Street;
- Hospital for Tropical Diseases, Capper Street; and
- Institute of Sport, Exercise and Health, Tottenham Court Road.

As a significant landowner of community facilities within Camden, the Trust previously submitted representations at the Regulation 19 stage of the Local Plan Review in relation to draft policy SC3. At this stage, the Trust stated that whilst it supports Camden's general objectives to work with its partners to ensure social and community infrastructure is developed and modernised to meet changing needs, it was felt that policy SC3 does not enable flexibility to respond to changing requirements in the Trust's services and working practices. Such changes are essential to ensure that patients can be served from good quality rather than sub-standard premises.

At Reg 19, the Trust noted that the policy wording - to require that "any facility must be of at least equivalent quality, quantity" does not recognise that in certain circumstances that requiring equivalent quantity would not be the most effective solution. Improved efficiencies, ways of working, and modern-day needs can often mean that a smaller, more efficient building could be more suitable or there could be a case for sites to be released for alternative uses where services have been consolidated elsewhere.

The Council's response at SD31 (Reg 19 consultation responses) states that the Council believes the Trust's concerns on flexibility have already been addressed - the Council's response stated:

*"This is already addressed at paragraph 10.57: "There may also be circumstances where a community use, either wholly or in part, is no longer required in its current use. In this instance, the applicant will be expected to demonstrate to the Council's satisfaction that the loss of the facility would neither*

*create nor add to a shortfall in provision for the existing community use and, if it would not, that the facility is unable to address a need for any other community use in the local area...The loss of a facility may also be acceptable where this forms part of an asset management strategy of a public or voluntary body and the loss is necessary to allow the service to continue operating successfully, for example where a facility is underused or no longer fit for purpose".*

We contest that our comments are addressed in para 10.57 of policy SC3 and set out the main reasons for this below in response to the three questions (Qs 4, 5 & 6) raised under Matter 6, Policy SC3.

Question 4. Is Policy SC3 consistent with national policy and in general conformity with the London Plan?

Paragraph 10.57 (supporting text) of policy SC3 in full states,

*"There may also be circumstances where a community use, either wholly or in part, is no longer required in its current use. In this instance, the applicant will be expected to demonstrate to the Council's satisfaction that the loss of the facility would neither create nor add to a shortfall in provision for the existing community use and, if it would not, that the facility is unable to address a need for any other community use in the local area. The Council will require marketing and vacancy evidence covering a 12 month period to show that the premises have been offered at a reasonable charge to community groups or voluntary organisations. The Council has set out further details in Camden Planning Guidance on community uses, leisure facilities and pubs, and developers will be expected to have due regard to this. The loss of a facility may also be acceptable where this forms part of an asset management strategy of a public or voluntary body and the loss is necessary to allow the service to continue operating successfully, for example where a facility is underused or no longer fit for purpose."*

Within para 10.57 it is not clear whether public bodies such as UCLH would be required to address the first part of the paragraph - demonstrating they would not create or add to a shortfall in provision and be required to market premises for a 12 month period for alternative community uses, if in the case in question, they were not proposing a replacement facility. The requirements of medical operators are different to many other community uses (e.g. a leisure centre) - there may be cases where sites need to be released straight for alternative uses to ensure maximum value to support improvement to the Trust's wider services and operations. For example, the Trust's former Eastman Dental Hospital and Royal National Ear Nose and Throat sites gained permission for alternative uses to provide commercial/ residential development. This enabled the services of these two former sites to be consolidated into one facility at Huntley Street and the proceeds from the former sites to be re-deployed into improving the services at Huntley Street and across the wider estate.

The policy wording (SC3 D. b.) implies that in cases where a replacement facility is not being provided, where the existing facility is no longer required on site, and there is no reasonable prospect of a social or community use - then the maximum viable amount of affordable housing has to be sought as an alternative - not enabling flexibility for other uses.

The supporting text then goes on to suggest that loss of a facility may be acceptable as part of an asset management strategy where it is underused or no longer fit for purpose. There is no clarification on what criteria would be applied to conclude loss would be acceptable and it appears confusing to simply state loss 'may' be acceptable.

With regard to national policy, we do not believe policy SC3 is consistent with national policy.

Paragraph 86 of the NPPF states that:

*"Planning policies should: e) be flexible enough to accommodate needs not anticipated in the plan, and allow for new and flexible working practices and spaces to enable a rapid response to changes in economic circumstances;"* and



Part b) of paragraph 128 states that local planning authorities:

*“should support proposals to: .... “make more effective use of sites that provide community services such as schools and hospitals, provided this maintains or improves the quality of service provision and access to open space.”*

The Trust is a key enabler to service transformation and changing requirements, along with other NHS Trusts in Camden, and there is a need to continue to improve levels of care. There is a critical need to ensure planning policies are flexible enough to respond to change, as set out in national policy, to ensure optimum delivery of services. As we have stated above we do not believe that policy SC3 provides sufficient flexibility, it does not recognise that the circumstances of different types of community use are different and it is unclear in its exact requirements on criteria which would need to be met, to enable loss/ reduction in size of a facility to be accepted or for alternative uses to be permitted.

With regard to the London Plan (2021), Policy S1 (Developing London’s social infrastructure) specifically allows for the loss of social infrastructure where it is part of a transformation plan.

Policy S1 states:

*“Development proposals that would result in a loss of social infrastructure in an area of defined need as identified in the borough’s social infrastructure needs assessment required under Part A should only be permitted where:*

- 1) there are realistic proposals for re-provision that continue to serve the needs of the neighbourhood and wider community, or;*
- 2) the loss is part of a wider public service transformation plan which requires investment in modern, fit for purpose infrastructure and facilities to meet future population needs or to sustain and improve services.”*

Whilst the supporting text to policy SC3 suggests there may be some flexibility for loss of a facility by way of an asset management strategy, as we state above, it is unclear in stating it ‘may’ be acceptable. Policy SC3 needs to clearly define circumstances where a loss, or a reduced quantum, is acceptable - ensuring flexibility for different types of community facilities to more closely align with policy S1.

London Plan Policy S2 (Health and social care facilities) also requests boroughs to work with Clinical Commissioning Groups (CCGs) - now known as Integrated Care Systems (ICS), and other NHS and community organisations to meet a number of objectives. Part 2 includes understanding the impact and implications of service transformation plans and new models of care on current and future health infrastructure provision to maximise health and care outcomes and part 5 includes identifying opportunities to make better use of existing and proposed new infrastructure through integration, co-location or reconfiguration of services, and facilitate the release of surplus buildings and land for other uses.

Policy SC3 would be better aligned with policy S2 if it also clearly sets out a recognition that release of land for other uses may be the best option to improve services (e.g. as it may be for public bodies such as the Trust to continue to improve service delivery and improvements across its wider estate).



With regard to the above, to ensure compliance with national policy and the London Plan - enabling flexibility to respond to changing circumstances and ensure high levels of service can continue to be provided, we suggest that policy SC3 is amended at part D.1.a. as below (changes shown as underlined).

“To safeguard social and community infrastructure in Camden, the Council will:

1. ensure existing social and community infrastructure is retained, recognising their benefit to the community, including protected groups,

unless:

a. a replacement facility is provided. Any facility must be of at least equivalent quality, quantity (other than where a reduced quantity can still demonstrate successful operation of that facility), and accessibility to that of the existing facility, and must meet the needs of the local population, or its current, or intended users; or”

With regard to para 10.57, we suggest that the latter part of this paragraph is omitted and that a new paragraph is added to provide improved clarity on the circumstances under which loss of a facility, or reduction in floorspace of a facility may be allowed. It is suggested that the following text is therefore removed from paragraph 10.57 and replaced with a new, separate paragraph as proposed below:

*Existing - “The loss of a facility may also be acceptable where this forms part of an asset management strategy of a public or voluntary body and the loss is necessary to allow the service to continue operating successfully, for example where a facility is underused or no longer fit for purpose.”*

*Proposed - “The loss or reduction in size of an existing community facility is acceptable where this can be successfully demonstrated within the Business case/Management Plan of a Health Trust or other public body as required to allow the services provided by that Trust/ body to continue operating successfully or as part of a wider strategy to improve its operations. Alternative uses will also be considered where these may offer the opportunity for wider improvements to services.”*

Amendment of policy SC3 and its supporting text as suggested above will help to ensure it achieves the flexibility required by national planning policy, optimisation of sites, and the ability to respond to changing circumstances - ensuring that the policy is justified and consistent with both national policy and the London Plan.

#### Question 5. Does the Policy provide clarity to applicants on when and how contributions will be sought?

No, the Trust does not believe policy S3 is clear on when and how contributions will be sought. Whilst we agree that contributions may be necessary, the policy and its supporting text do not set out in sufficient detail the type of contribution and the circumstances in which it will be sought.

The draft NPPF, Dec 2025 (PM12: Developer Contributions) states that policy requirements should:

“b. Be set at a level that allows for the planned types of development and sites to be deliverable, maximising certainty and reducing the need for viability assessment at the decision-making stage;

c. Be clear so that they can be accurately accounted for in the price paid for land...”

Greater clarity is therefore needed to understand the context of when, how and what level of contributions will be sought.



Question 6. Are the requirements of criterion D.1b of Policy SC3 which expects the provision of marketing and vacancy evidence for a 12 month period justified and effective?

As stated above, with regard to para 10.57 of policy SC3, the requirement for marketing and vacancy evidence is included within the same paragraph which refers to maybe allowing *“loss of a facility where this forms part of an asset management strategy of a public or voluntary body and the loss is necessary to allow the service to continue operating successfully, for example where a facility is underused or no longer fit for purpose.”*

We do not consider that a 12 month period of marketing should be required for sites operated by the Trust where a site’s release may be required for alternative land uses to facilitate improvements to its estate and to ensure that the Trust can continue to provide leading health services. Imposing such restrictive requirements could hinder the Trust’s ability to deliver improvements and cause delay to essential improvements needed.

The varying circumstances of different community facilities needs to be recognised and policy SC3 needs to be clear to ensure that it does not hinder proposals required to support improvements in healthcare.

I trust that the above clearly sets out the reasoning for the need to amend the wording of draft Policy SC3 and that this suggested amendment can be incorporated within the new Local Plan, to protect the flexibility needed by the Trust and other similar bodies in continuing to deliver the highest quality patient care, excellent education and world-class research.

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