

Torbay Local Plan 2025–2045

Regulation 19 Publication Version, August 2026

Joint representation by **NHS Devon Integrated Care Board** and **Torbay and South Devon NHS Foundation Trust**

Dear Sir/Madam,

On behalf of NHS Devon Integrated Care Board and Torbay and South Devon NHS Foundation Trust, we welcome the opportunity to comment on the Regulation 19 Publication Version of the Torbay Local Plan 2025 – 2045.

The NHS supports the overall spatial strategy and the Plan's positive approach to health and healthcare. That support is subject to the focused modifications set out in this representation. These modifications are required to ensure that the relevant policies and supporting evidence provide an effective and deliverable framework for identifying and mitigating the healthcare infrastructure consequences of planned growth.

The Regulation 19 Plan contains a number of positive and important provisions, including:

- the overarching vision for a healthy, happy and prosperous Torbay;
- the commitment to reducing health inequalities and creating healthy and inclusive communities;
- the maintenance and improvement of strategic health services, with a particular focus on Torbay Hospital;
- recognition that the NHS has identified severe shortfalls in primary and secondary healthcare provision;
- the commitment to seek healthcare contributions where development is likely to increase pressure on health services;
- inclusion of healthcare within the developer-contributions hierarchy;
- expectation that development will be supported by the timely delivery of infrastructure; and
- recognition of the relationship between housing delivery, workforce availability and the effective operation of healthcare services.

The August 2026 NPPF replaced the December 2024 version against which the Publication Plan was prepared. It introduces separate plan-making and national decision-making policies, includes a dedicated chapter on promoting healthy communities and expressly defines public service infrastructure as including healthcare facilities of all types.

1. Overall NHS position on soundness

The NHS considers that the Plan is positively prepared in its approach to health, wellbeing and healthcare infrastructure. It establishes a supportive strategic direction and contains clear recognition of the need for development to contribute towards healthcare where it would exacerbate shortfalls in provision.

The NHS does not object to the principle or overall scale and distribution of growth set out in the Plan. Planned housing delivery is important to the future sustainability of Torbay, including the availability of appropriate and affordable homes for the healthcare workforce. The NHS's Regulation 18 response recognised that housing delivery and workforce resilience are intrinsically linked to the effective operation of Torbay Hospital, community services and primary care.

However, because the national policy context changed after the Plan was published, the NHS considers that targeted updates are needed to ensure that the Plan is:

- **justified**, through explicit consideration of the current and future healthcare infrastructure evidence;
- **effective**, through clear delivery, phasing, monitoring and engagement mechanisms; and
- **consistent with national policy**, particularly the August 2026 NPPF provisions relating to public service infrastructure and healthy communities.

The recommendations below do not require a change to the spatial strategy. They are intended to connect the Plan's strong healthcare aspirations to the infrastructure evidence, delivery arrangements and policy mechanisms necessary to implement them.

Accordingly, the NHS supports submission of the Plan subject to the focused modifications identified in this representation. In the absence of those modifications, the NHS considers that the relevant elements of the Plan would not adequately demonstrate that healthcare infrastructure requirements arising from planned growth have been identified, assessed and provided for. This would raise concerns regarding whether those elements are justified, effective and consistent with national policy.

2. The August 2026 National Planning Policy Framework

The NHS recognises that the Regulation 19 Plan was prepared and published by reference to the December 2024 NPPF. The new NPPF was published on 17 August 2026, after commencement of the Regulation 19 consultation. It would therefore be unreasonable to suggest that the Council should have anticipated every provision of the final Framework.

Nevertheless, the Plan will be examined and implemented within this revised national policy context. The NHS therefore recommends that the Council review the Plan before submission and update the relevant terminology, policies, supporting text and infrastructure evidence.

The new Framework expressly defines public service infrastructure as including healthcare facilities of all types. The NHS considers this to encompass the range of physical infrastructure necessary to provide healthcare, including GP premises, health centres, community healthcare facilities, acute hospital estate, diagnostic facilities and community clinical bases.

Plan-making Policy HC1 provides stronger support for healthcare infrastructure planning by requiring planning authorities to understand existing infrastructure deficits, consider identified local health needs, identify facilities and contributions expected from development, and attach considerable importance to sufficient healthcare provision aligned with population needs.

The revised national policy framework therefore strengthens the expectation that Local Plans should:

- identify healthcare infrastructure requirements;
- engage with relevant NHS organisations;
- reflect healthcare projects within Infrastructure Delivery Plans;
- identify infrastructure and contributions expected from development;
- distinguish healthcare infrastructure from the wider determinants of health;
- coordinate infrastructure delivery with planned growth; and
- demonstrate that identified healthcare requirements are deliverable.

The NHS recommends targeted updates to the Torbay Plan to make this alignment explicit.

3. Evolution of the NHS healthcare infrastructure evidence

Since the earlier stages of Plan preparation, NHS Devon Integrated Care Board and Torbay and South Devon NHS Foundation Trust have substantially developed their understanding of the relationship between planned development and healthcare infrastructure.

Historically, NHS assessments of proposed growth often focused upon:

- additional patient activity;
- increased service demand;
- operational pressures;
- potential effects upon waiting times and service capacity; and
- the financial consequences of providing additional healthcare activity.

That evidence demonstrated that development would generate additional demand, but did not always identify with sufficient clarity the physical infrastructure intervention required to accommodate that demand.

The NHS approach has now progressed beyond a principally service-impact assessment towards a comprehensive infrastructure-planning approach:

Development generates population. The additional population generates healthcare activity. That activity creates a requirement for physical infrastructure. The required infrastructure must then be identified, costed, funded, phased and delivered.

The Trust is not seeking developer funding to subsidise routine service delivery or address unrelated operational pressures. The emerging approach identifies the additional acute and community healthcare infrastructure required to accommodate the demand generated by development.

This may include, where supported by evidence:

- emergency and urgent-care infrastructure;
- inpatient facilities;
- planned-care and day-case facilities;
- theatres and treatment facilities;
- outpatient infrastructure;
- community clinical bases;
- supporting accommodation and enabling infrastructure; and
- associated healthcare estate needed to provide additional capacity.

The developing acute methodology defines acute healthcare infrastructure as the buildings, clinical facilities, equipment and associated estate required to support acute, secondary and associated community healthcare pathways and capacity.

The NHS evidence is increasingly structured to demonstrate:

1. the population generated by the development;
2. the resulting healthcare activity;
3. existing infrastructure capacity;
4. the additional infrastructure requirement attributable to the development;
5. the infrastructure project or intervention capable of addressing that requirement;
6. the cost of the development-related infrastructure;
7. the relationship between the development and the proposed mitigation;
8. the proposed delivery and phasing arrangements; and
9. compliance with the statutory and national policy tests applicable to planning obligations.

The identification of healthcare requirements within the Plan or Infrastructure Delivery Plan would not, by itself, determine the amount or form of any individual planning obligation. Site-specific mitigation would remain subject to proportionate evidence and the applicable statutory and national policy tests.

Primary care evidence has similarly progressed towards a transparent assessment of development-generated population, GP premises and Primary Care Network infrastructure capacity, patient lists, cumulative planned growth, additional floorspace requirements and the cost of the infrastructure intervention required. Depending upon the evidence and local estate circumstances, mitigation may include extension, reconfiguration, relocation or replacement of existing premises, new floorspace, direct provision, or appropriately serviced land on larger or strategic development sites. Contributions or other mitigation would be sought only where development-generated demand cannot be accommodated within available infrastructure capacity.

This evolving evidence places the NHS in a much stronger position to assist the Council in maintaining an up-to-date and deliverable healthcare Infrastructure Delivery Plan.

4. Relevance of the Exeter Plan Examination

The importance of identifying deliverable healthcare infrastructure, rather than relying solely upon evidence of service pressure, has also arisen during the ongoing Exeter Plan Examination.

The Inspectors have specifically asked:

- whether evidence supporting contributions towards GP provision is sufficiently robust to meet the tests applicable to planning obligations;
- whether strategic policies make sufficient provision for health infrastructure;
- whether the assumptions within the Infrastructure Delivery Plan remain accurate; and
- whether viability evidence properly accounts for healthcare infrastructure contributions.

The NHS does not suggest that the Exeter examination determines the approach that must be taken in Torbay. Each Local Plan must be considered on its individual evidence and circumstances.

However, the Exeter examination demonstrates that the following are legitimate and material Local Plan examination matters:

- the robustness of healthcare infrastructure evidence;
- the distinction between healthcare service pressures and infrastructure requirements;
- the relationship between planned growth and NHS projects;
- compliance with the relevant planning-obligation tests;

- the inclusion of healthcare projects within Infrastructure Delivery Plans;
- consideration of healthcare requirements within viability evidence; and
- effective policy mechanisms for securing development-related mitigation.

Constructive discussions through the Exeter examination have resulted in proposed wording that distinguishes the wider determinants of health from the separate requirement to provide primary, secondary and community healthcare infrastructure. The emerging wording provides for contributions where development generates additional demand, where mitigation is supported by appropriate evidence, and where the relevant regulatory and national policy tests are met.

That experience provides helpful context for the targeted updates proposed below.

5. Strategic Policy SCS: Sustainable and inclusive communities strategy

NHS support

The NHS strongly supports Strategic Policy SCS.

The policy appropriately recognises:

- the role of development in improving quality of life;
- the need to reduce health inequalities;
- access to health and other community facilities;
- the maintenance and improvement of strategic health services;
- the particular importance of Torbay Hospital; and
- the need for development to contribute to health services where it would exacerbate shortfalls.

The associated explanation is also strongly supported, particularly the acknowledgement that the NHS has identified severe shortfalls in primary and secondary healthcare provision and that contributions will be sought where development is likely to increase pressure upon health services.

Reason for proposed update

The policy provides a strong strategic foundation but should be updated to use the August 2026 NPPF terminology of public service infrastructure and to recognise primary, community and acute healthcare infrastructure expressly.

This would remove any potential uncertainty as to whether the policy applies only to access to healthcare services or also to the physical infrastructure required to provide those services.

Suggested amendment

Amend the relevant parts of Strategic Policy SCS to state:

The maintenance and improvement of strategic healthcare services and public service infrastructure in Torbay, commensurate with the size, distribution, needs and age structure of the population, with a key focus on Torbay Hospital and the primary, community and acute healthcare infrastructure serving Torbay.

And:

Contribute towards health services and healthcare infrastructure, policing and other public service infrastructure where development generates additional demand or would exacerbate an identified shortfall in provision.

Add to the supporting text:

Healthcare infrastructure includes primary, community and acute healthcare facilities and associated healthcare estate. The Council will work with NHS Devon Integrated Care Board, Torbay and South Devon NHS Foundation Trust and other relevant healthcare providers to identify the infrastructure required to support planned growth and ensure that development-related requirements are reflected within the Infrastructure Delivery Plan.

6. Strategic Policy SC1: Public health and wellbeing

NHS support

The NHS strongly supports Policy SC1 and its emphasis upon:

- reducing health inequalities;
- healthy lifestyles;
- sustainable neighbourhoods;
- active travel;
- appropriate housing;
- social connectedness;
- employment;
- access to nature;
- public transport; and
- healthy food environments.

These matters are important determinants of population health and should remain central to the Plan.

Reason for proposed update

The determinants of health and the provision of healthcare infrastructure are closely connected but distinct planning considerations.

A development may provide high-quality homes, active travel, green infrastructure and healthy public spaces while still generating additional demand that cannot be accommodated within existing healthcare premises.

The policy should therefore distinguish:

1. creating places that support good health and reduce inequalities; and
2. ensuring that the physical healthcare infrastructure required to provide access to treatment keeps pace with development.

Suggested amendment

Add the following to Policy SC1:

Development must address both the wider determinants of health and its implications for access to, and the capacity of, healthcare infrastructure. Where development is likely to generate additional demand for primary, community or acute healthcare infrastructure that cannot be accommodated within available infrastructure capacity,

proposals must be informed by proportionate engagement with the relevant NHS organisation and must identify any necessary development-related mitigation.

Where the Plan retains a Health Impact Assessment requirement, add:

Health Impact Assessments must consider both the wider determinants of health and the implications of the development for healthcare access, capacity and infrastructure. The scope of the assessment should be proportionate to the development and informed by engagement with the Council's public health function and the relevant NHS organisation.

This would ensure that Health Impact Assessments do not focus solely upon healthy placemaking while overlooking the infrastructure required to provide healthcare.

7. Strategic Policy INS: Sustainable infrastructure

NHS support

The NHS strongly supports Strategic Policy INS, including its requirements that development:

- provide or contribute to the infrastructure required to meet the needs it generates;
- deliver infrastructure at the appropriate time;
- phase development and infrastructure where necessary;
- provide infrastructure on site where possible; and
- secure off-site infrastructure through planning obligations where appropriate.

These provisions establish an effective starting point for infrastructure delivery.

Reason for proposed update

The reference to physical, social and environmental infrastructure is broad enough potentially to include healthcare. However, the examples of critical infrastructure focus upon flood defence, highway safety, water, sewerage, waste and environmental requirements.

The August 2026 NPPF now expressly includes healthcare facilities of all types within public service infrastructure. The NHS therefore recommends that the policy identify healthcare expressly.

The purpose of this change is not to suggest that every development will require a healthcare contribution. Any mitigation must remain justified by the circumstances and impacts of the

development. Rather, it ensures that healthcare is treated as a mainstream infrastructure consideration alongside education, transport and utilities.

Suggested amendment

Amend the opening paragraph of Strategic Policy INS to read:

All development will be expected to provide the physical, social, environmental and public service infrastructure needed to make it acceptable in planning terms. Public service infrastructure includes healthcare facilities of all types, including primary, community and acute healthcare infrastructure.

Add:

Where proportionate evidence provided by the relevant NHS organisation demonstrates that development, either individually or cumulatively with other planned growth, generates a requirement for additional healthcare infrastructure, the necessary development-related mitigation will be identified and secured through appropriate on-site provision, appropriately serviced land, works, premises reconfiguration, extension, relocation, replacement, new healthcare floorspace, direct delivery or financial contributions, subject to the relevant statutory and national policy tests.

Add:

Infrastructure must be delivered at the stage at which it is required. For phased or strategic development, an infrastructure delivery strategy must identify healthcare requirements, delivery responsibilities, funding arrangements and appropriate delivery or occupation triggers.

8. Strategic Policy IN1: Prioritisation of planning obligations

NHS support

The NHS welcomes the express inclusion of healthcare contributions within Policy IN1.

The policy provides an important basis for ensuring that development contributes towards the infrastructure required to mitigate its impact. The NHS also supports:

- application-specific consideration of obligations;
- independent assessment where viability is relied upon;
- review mechanisms where contributions are reduced;
- pooling of contributions where appropriate; and

- the acknowledgement that specialist accommodation may generate different healthcare requirements.

Need for clarification

The policy places employment and healthcare contributions at priority four. However, paragraph 7.10 appears to describe priority four as employment and town-centre regeneration while placing health facilities within broader sustainable development contributions.

This internal inconsistency could create uncertainty when infrastructure requirements are prioritised, particularly where viability is constrained.

The policy should also make clear that the hierarchy does not override an application-specific assessment of whether healthcare mitigation is necessary to make a particular development acceptable.

Suggested amendment

Retain healthcare infrastructure within priority four and amend both the policy and explanatory text consistently:

4. Healthcare and employment infrastructure contributions.

Supporting text:

Healthcare infrastructure contributions will be sought where proportionate evidence provided by the relevant NHS organisation demonstrates that development would generate additional demand that cannot be accommodated within available infrastructure capacity. Contributions may support primary, community or acute healthcare infrastructure and must relate only to the mitigation of development-generated impacts.

Healthcare infrastructure mitigation may comprise land, appropriately serviced land, premises reconfiguration, extension, relocation or replacement, new healthcare floorspace, direct delivery of infrastructure, associated works, or financial contributions, as justified by proportionate evidence.

The priority hierarchy is a starting point and does not displace the assessment of individual obligations against the applicable statutory and national policy tests. Where healthcare infrastructure mitigation is necessary to make a development acceptable, that requirement will be considered on its individual planning merits.

Opportunities to align healthcare infrastructure investment with town-centre regeneration, neighbourhood renewal, co-location, public-sector estate optimisation and prevention objectives should be considered where appropriate. However,

healthcare infrastructure requirements must be identified and prioritised principally on the basis of population need, service catchments, infrastructure capacity, clinical requirements, operational requirements and deliverability. While wider regeneration, estate optimisation and prevention benefits may represent important additional outcomes, the absence of such benefits should not reduce the planning weight afforded to healthcare infrastructure that is otherwise necessary to accommodate development-generated demand or address identified infrastructure requirements.

Where viability evidence results in a proposed reduction in identified healthcare mitigation, the Council will consult the relevant NHS organisation and, where appropriate, secure a viability review mechanism through the planning obligation.

Reason for modification

The policy correctly recognises healthcare infrastructure within the planning obligations hierarchy. However, additional clarification is necessary to ensure the policy and supporting text provide a clear and effective framework for considering development-related healthcare infrastructure requirements.

The proposed changes would clarify the circumstances in which healthcare mitigation may be required, recognise the full range of mitigation measures that may be appropriate, and confirm that the priority hierarchy does not override the assessment of individual obligations against the applicable statutory and national policy tests.

The amendments would also support opportunities to align healthcare infrastructure investment with wider regeneration and public estate initiatives where appropriate, whilst confirming that healthcare infrastructure priorities should continue to be informed principally by population need, service catchments, infrastructure capacity, clinical requirements and deliverability.

These changes would strengthen the effectiveness of the policy and supporting text without altering the Council's overall infrastructure hierarchy or approach to viability.

9. Future Growth Areas and strategic allocations

NHS position

The NHS supports the identification of Torquay Gateway and West of Paignton as Future Growth Areas and welcomes the requirement for development to be supported by timely infrastructure.

The scale and cumulative nature of development within these areas make early and coordinated infrastructure planning particularly important.

Suggested amendment

Add the following to the Future Growth Area and relevant strategic allocation policies:

Masterplans and infrastructure delivery strategies must be prepared following proportionate engagement with NHS Devon Integrated Care Board and Torbay and South Devon NHS Foundation Trust. They must assess the individual and cumulative implications of development for primary, community and acute healthcare infrastructure and identify any necessary land, appropriately serviced land, floorspace, works, infrastructure projects, direct provision or financial contributions. Healthcare infrastructure must be appropriately coordinated and phased with housing delivery.

For the Torquay Gateway and Torbay Hospital area, add:

Development must safeguard and, where appropriate, support the safe and effective operation, accessibility, modernisation, redevelopment, estate transformation and reasonable future expansion of Torbay Hospital as strategic public service infrastructure. Proposals must not prejudice the delivery of existing or future healthcare infrastructure projects, including strategic hospital redevelopment or replacement facilities, or introduce incompatible access, amenity or operational constraints.

This would strengthen rather than alter the spatial strategy and would give practical effect to the Plan's existing focus on Torbay Hospital.

10. Infrastructure Delivery Plan

The NHS welcomes the Council's commitment to prepare and maintain an Infrastructure Delivery Plan with input from infrastructure providers.

The IDP is the principal mechanism for translating the Plan's positive healthcare policies into a deliverable programme. It should therefore include primary, community and acute healthcare requirements rather than relying upon infrastructure needs being identified only when individual planning applications are submitted.

The NHS recommends that the healthcare schedule within the IDP identifies, as appropriate:

- the geographical area or development served;
- the existing infrastructure position;
- the additional requirement associated with planned growth;
- the proposed infrastructure intervention or project;
- indicative floorspace or other capacity measures;
- indicative project costs and evidence sources;
- responsible and supporting delivery organisations;
- confirmed and anticipated funding;

- any identified funding gap;
- the relationship with planned development;
- expected delivery timescales;
- development or occupation triggers; and
- arrangements for review and monitoring.

The NHS recognises that the IDP will be reviewed throughout the Plan period and that individual project details may develop. However, its status as a living document should not defer identification of the principal healthcare infrastructure requirements arising from the Plan. Before submission, the evidence base should identify the known or reasonably foreseeable primary, community and acute healthcare requirements associated with planned growth, the principal infrastructure interventions capable of addressing them, indicative costs and funding assumptions, delivery responsibilities, and a credible process for resolving outstanding information.

Torbay and South Devon NHS Foundation Trust has come a considerable way in developing its understanding of these matters. The Trust's emerging work now moves beyond forecasting service activity and operational impacts towards identifying the acute and community healthcare infrastructure needed to accommodate development-generated demand.

The Trust wishes to continue working with Torbay Council to ensure that this developing evidence is incorporated into the IDP, including:

- identifiable capital projects;
- the relationship between demand and infrastructure;
- cost evidence;
- funding sources and gaps;
- delivery timescales; and
- the contribution that planned development may reasonably make.

The Council should maintain the healthcare section of the Infrastructure Delivery Plan through an agreed review process with NHS Devon Integrated Care Board and Torbay and South Devon NHS Foundation Trust. Reviews should take account of housing delivery, cumulative growth, revised population assumptions, infrastructure capacity, project development, costs, funding decisions and healthcare mitigation secured, allocated or spent.

11. Viability and deliverability

The NHS recognises that Torbay has significant viability challenges and supports the Plan's pragmatic approach to viability.

The August 2026 NPPF's stronger support for healthcare infrastructure does not remove the need to consider the viability and deliverability of development. Individual requests must remain evidence-based and proportionate.

However, healthcare infrastructure requirements should be considered within viability evidence from the outset, alongside education, transport, affordable housing and other infrastructure. They should not be omitted from the assessment and considered only after land values, development assumptions or other policy costs have been established.

The NHS recommends that the whole-plan viability evidence:

- identifies reasonable healthcare infrastructure assumptions;
- reflects available NHS evidence;
- considers the cumulative requirements of growth areas;
- distinguishes healthcare infrastructure from service expenditure;
- tests the implications of the Plan's prioritisation hierarchy; and
- explains how healthcare requirements will be addressed if viability restricts the full range of contributions.

This will provide greater certainty to the Council, developers and the NHS and reduce the likelihood of unresolved infrastructure issues emerging at application stage.

12. Monitoring

The Plan's monitoring framework should demonstrate whether healthcare infrastructure delivery is keeping pace with planned growth.

The NHS recommends the inclusion of indicators covering:

- healthcare infrastructure projects identified within the IDP;
- healthcare land, premises, floorspace or other capacity delivered;
- healthcare contributions secured, received, allocated and spent;
- progress against agreed healthcare project delivery timescales;
- Health Impact Assessments addressing healthcare infrastructure;
- major and strategic developments involving early NHS engagement; and
- healthcare mitigation reduced or deferred following viability assessment.

Monitoring should be undertaken in collaboration with the relevant NHS bodies and should inform periodic updates to the IDP and future reviews of the Local Plan.

13. Cross-boundary healthcare planning

Healthcare service catchments and patient flows do not follow local authority boundaries. Torbay Hospital and community healthcare services serve populations beyond the administrative boundary of Torbay, while primary care and community pathways may also be affected by development close to the boundary.

The NHS therefore recommends that the Plan and IDP acknowledge the need for cross-boundary healthcare infrastructure planning.

Suggested supporting text:

The Council will work with neighbouring planning authorities and relevant NHS organisations where planned development may have cross-boundary healthcare infrastructure implications. Healthcare assessment will have regard to actual service catchments, patient flows and infrastructure delivery requirements rather than solely administrative boundaries.

This is consistent with the collaborative infrastructure-provider approach reflected in the Teignbridge Local Plan, which provides for consultation and cooperation with infrastructure providers, consideration of infrastructure capacity and need when determining the location of development, and coordination of infrastructure planning, prioritisation, funding and delivery.

Local Government Reorganisation

The proposed Local Government Reorganisation of Devon reinforces the importance of establishing a clear, consistent and deliverable healthcare infrastructure framework through the present Local Plan.

As reorganisation arrangements develop, the Council should ensure that implementation of the Plan, maintenance of the Infrastructure Delivery Plan and future plan-making take account of inherited development-plan frameworks, planned and committed growth, healthcare service catchments and infrastructure dependencies.

During any transition, the Council should work with relevant neighbouring or successor authorities and NHS organisations to:

- maintain continuity of healthcare infrastructure planning;
- align healthcare evidence and infrastructure schedules where appropriate;
- avoid inconsistent treatment of development-related healthcare mitigation;
- assess cumulative growth implications across relevant healthcare catchments;

- protect contributions and infrastructure commitments secured under predecessor arrangements; and
- ensure that healthcare projects serving future populations are identified through ongoing Infrastructure Delivery Plan and plan-making processes.

Administrative reorganisation should not interrupt, dilute or defer the identification and delivery of healthcare infrastructure required to support planned growth.

14. Requested changes and next steps

The NHS supports the overall spatial strategy and positive healthcare direction of the Torbay Local Plan. However, the NHS considers that a number of focused modifications and evidence updates are necessary to ensure that the Plan provides a clear, justified, effective and deliverable framework for healthcare infrastructure planning and mitigation.

Main Modifications requested

The NHS requests that the following modifications be considered through the examination process:

MM1 – Strategic Policy SCS: Sustainable and Inclusive Communities Strategy

- Amend Strategic Policy SCS and supporting text to:
- adopt the August 2026 NPPF terminology of public service infrastructure;
- expressly recognise primary, community and acute healthcare infrastructure;
- confirm that healthcare infrastructure forms part of the strategic infrastructure necessary to support sustainable communities; and
- strengthen the link between healthcare infrastructure planning and the Infrastructure Delivery Plan.

MM2 – Strategic Policy SC1: Public Health and Wellbeing

Amend Policy SC1 to distinguish between:

- the wider determinants of health and healthy placemaking; and
- the separate requirement to ensure that appropriate healthcare infrastructure capacity is available to meet development-generated demand.

The policy should ensure that developments likely to generate additional demand that cannot be accommodated within available infrastructure capacity are informed by proportionate engagement with the relevant NHS organisation and identify any necessary mitigation.

MM3 – Strategic Policy INS: Sustainable Infrastructure

Amend Policy INS to:

- expressly identify healthcare facilities of all types as public service infrastructure;
- recognise healthcare infrastructure as a mainstream infrastructure consideration alongside education, transport and utilities;
- provide a clear framework for identifying healthcare infrastructure requirements arising from planned growth; and
- support appropriate mitigation measures where justified by proportionate evidence and the applicable statutory and national policy tests.

MM4 – Strategic Policy IN1: Prioritisation of Planning Obligations

Amend Policy IN1 and its supporting text to:

- resolve the inconsistency regarding the treatment of healthcare infrastructure within Priority 4;
- clarify the full range of healthcare mitigation measures that may be appropriate;
- confirm that the infrastructure hierarchy does not override the assessment of individual obligations against the applicable statutory and national policy tests; and
- ensure healthcare infrastructure requirements are considered on their individual planning merits where necessary to make development acceptable.

MM5 – Future Growth Areas and Strategic Allocations

Amend the Future Growth Area and relevant strategic allocation policies to:

- require proportionate NHS engagement;
- assess individual and cumulative impacts upon primary, community and acute healthcare infrastructure;
- identify any necessary healthcare land, floorspace, infrastructure projects, direct provision or financial contributions; and
- ensure that healthcare infrastructure is appropriately coordinated and phased alongside development.

MM6 – Torbay Hospital Safeguarding

Strengthen policy protection for Torbay Hospital by recognising its role as strategic public service infrastructure and ensuring that development does not prejudice its safe operation, accessibility, modernisation or reasonable future expansion.

Supporting text and explanatory text modifications

The NHS also recommends supporting text amendments to:

- define healthcare infrastructure as including primary, community and acute healthcare facilities and associated estate;
- support continued collaboration between Torbay Council, NHS Devon Integrated Care Board and Torbay and South Devon NHS Foundation Trust;
- recognise the importance of cross-boundary healthcare planning based upon healthcare catchments and infrastructure requirements rather than solely administrative boundaries;
- reflect the implications of emerging Local Government Reorganisation arrangements for healthcare infrastructure planning, Infrastructure Delivery Plan governance and infrastructure continuity; and
- support ongoing review of healthcare infrastructure requirements throughout the Plan period.

Infrastructure Delivery Plan, evidence and implementation matters

The NHS recommends that prior to submission the Council should continue work on the healthcare evidence base and Infrastructure Delivery Plan, including:

- identification of principal primary, community and acute healthcare infrastructure requirements arising from planned growth;
- identification of infrastructure projects and indicative interventions capable of addressing those requirements;
- consideration of costs, funding assumptions, delivery responsibilities and phasing arrangements;
- inclusion of healthcare infrastructure assumptions within whole-plan viability evidence;
- establishment of a governance and review process between the Council and NHS organisations for maintaining the healthcare element of the Infrastructure Delivery Plan; and
- inclusion of meaningful healthcare infrastructure monitoring indicators capable of demonstrating whether infrastructure delivery is keeping pace with planned growth.

Overall NHS position

The NHS considers that these are necessary and proportionate modifications and evidence updates. They would not alter the scale or distribution of planned growth. Rather, they are required to translate the Plan's positive strategic direction into a sufficiently clear, evidenced and deliverable policy and infrastructure framework capable of supporting Torbay's existing and future communities.

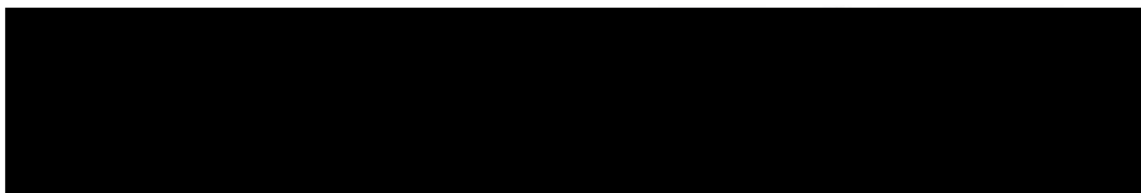
15. Conclusion

NHS Devon Integrated Care Board and Torbay and South Devon NHS Foundation Trust support the overall spatial strategy and the Plan's positive approach to health and healthcare. That support is subject to the focused modifications identified in this representation.

The modifications are necessary to ensure that healthcare infrastructure requirements arising from planned growth are clearly identified, reflected within policy and the Infrastructure Delivery Plan, considered within viability evidence and supported by effective delivery mechanisms.

The NHS remains committed to working constructively with Torbay Council throughout examination and implementation of the Plan to ensure that planned growth is supported by the primary, community and acute healthcare infrastructure required by Torbay's existing and future communities.

Yours faithfully,



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