

CELG(4) HIS 63

Communities, Equality and Local Government Committee

Inquiry into the Welsh Government's Historic Environment Policy

Response from NHS Wales Shared Services Partnership – Facilities Services

Dear Sir/Madam

INQUIRY INTO THE WELSH GOVERNMENT'S HISTORIC ENVIRONMENT POLICY

I am responding to your invitation dated 31 May 2012 to contribute to your inquiry into the Welsh Government's historic environment policy.

I am Head of Property Management at NHS Wales Shared Services Partnership – Facilities Services (NWSSP-FS). NWSSP-FS is part of the NHS in Wales providing support and advice to NHS bodies and the Welsh Government's Health Department on property, construction and engineering matters. Part of our responsibility is to manage the process for all NHS Wales' property disposals and acquisitions.

The disposal of surplus health properties brings us into regular contact with local authorities' planning and conservation officers particularly with regard to historic buildings and the wider historic environment.

The comments below relate primarily to listed buildings and are based on current and past case experience:

1. It would be helpful if all listing notices included a plan issued by CADW clearly identifying the extent of the statutory designation rather than a reliance on description alone.
2. The current lack of clarity on the curtilage of listed buildings is causing uncertainty and impacting on the ability to ensure preservation of the buildings with a clear historic merit.

Example 1: We are currently commencing the disposal of a hospital site in excess of 2 hectares. The site is not within the Conservation area but has a listing relating to the centre part only of a small block at the hospital entrance. The floor area of the listing is approximately the size of a large house and yet the local authority has deemed the whole site with approx. 15,000m² of buildings as being within the curtilage of the listed building.

Example 2: We are currently disposing of a hospital site with a large listed building element where the local authority has included additional buildings within the curtilage. The local authority requested a viability exercise to demonstrate whether the curtilage buildings impacted on redevelopment feasibility. Despite the subsequent report clearly demonstrating that the retention of curtilage buildings removed all viability, the local authority refused to allow demolition.

The above examples result in significantly high holding costs for landowners partially for non-listed buildings which may or may not be demolished. Any buildings worthy of retention should be listed – buildings within the curtilage are either worthy of listing or they are not. The ambiguity needs to be removed.

3. The policy of curtilage buildings should be abandoned. Imposing the obligations of listed building law on 'non' listed buildings creates uncertainty and confusion. In most such cases local authorities will require a detailed planning application before considering whether or not to allow demolition of curtilage buildings. This is not possible for public sector bodies such as the NHS where the end use and/or detailed design is not known. Additionally, the significant costs of pursuing a detailed application could be abortive.
4. There should be greater involvement with the landowner in the early stages when a potential listing is being considered.
5. The current system lacks a robust process of appeal against a local authority's definition of 'curtilage building/s'.
6. In our experience there are a number of former NHS sites disposed of more than 10 years ago where the listed buildings remain unoccupied and undeveloped. There should therefore be more emphasis on the viability of re-using and retaining listed buildings (whether from the perspective of cost/value or from a potential user) and consideration given to assessing and ensuring retention of the priority elements of a listed building rather than the entire listed elements – this would at least ensure the prioritised parts are refurbished and reutilised rather than the whole building deteriorating into uneconomic repair over years of standing vacant.



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7. The current process leads to significant costs being diverted from core NHS services into securing and maintaining buildings pending finding a possible purchaser with a viable use.

I hope the above comments are helpful and look forward to the outcome of the inquiry and the publication of the Historic Environment Strategy in the autumn.

Yours faithfully

Gareth H Roberts
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