

SOUTH PLANNING COMMITTEE
SCHEDULE OF ADDITIONAL LETTERS

Date: 10 August 2021

NOTE: This schedule reports only additional letters received before 5pm on the day before committee. Any items received on the day of Committee will be reported verbally to the meeting

Item No.	Application No.	Originator:
5	19/05560/OUT	Case officer

Update on meeting with Homes England regarding affordable housing:

A virtual meeting took place between senior Council officers and Homes England and the applicant on 5th August 21 to seek clarification on the circumstances in which Homes England would consider funding an affordable housing gap at the Harworth site.

Homes England confirmed that if the affordable housing is required through a Section 106 legal agreement or planning condition, then they would not be able to fund it. However, funding may be available for any additional affordable homes provided on the site above those required by the s106/planning condition. Where the s106/planning condition does not require policy compliant levels of affordable housing, robust and independent viability reports must be in place to support the reduced developer contribution.

Homes England confirm that whilst they will not fund any affordable housing which is required by a Planning Obligation funding can be given where the scheme cannot deliver at a policy compliant level for viability reasons. This is provided that the reduced contribution is supported by a robust and independent viability report. Homes England have funded 'additional' homes with affordable tenures on a number of developments throughout the county.

Harworth have confirmed that they are committed to submit an application to H.E. but they cannot do so until the current outline planning application has been determined. They have agreed to enter into a legal undertaking with the Council to submit an application to Homes England as soon as possible after the application is determined.

The Harworth application has been supported by a robust viability report which has been independently validated by the Councils' viability consultant. As such, the eligibility criteria for HE funding are met.

At the meeting HE indicated that there is no cap on the amount of funding potentially available. As such, the full 15% shortfall in affordable homes relative to policy compliant levels could potentially be funded by HE, providing this conforms with the viability criteria established by Harworth.

HE indicated at the meeting that there is the potential for them to become involved as an investor partner in the Harworth development and potentially a strategic partner in the future. They cite Harworth's development at Waverley, Rotherham as a good example of recent constructive collaboration between Harworth and HE:

<https://harworthgroup.com/projects/waverley/>

It should be noted that delivery of affordable homes up to and potentially above policy compliant levels would not just be dependent on Homes England funding or clawback funding from the viability review mechanism. Other registered providers of social housing have the ability to add social housing to the Harworth scheme and to compete with developers of open market housing for plots within the site. This has happened at other major development sites in Shropshire and it is to be expected that Harworth will receive communications from such

providers following any planning permission. One example could be the provision of older persons accommodation such as extra care apartments. These units can often be delivered on a relatively smaller footprint which does not affect viability.

In conclusion, there are realistic grounds for optimism that the current deficit in affordable home delivery at the Site has the potential to be addressed by Homes England grant funding. Addressing the affordable homes deficit in this way would increase the ability to utilise any clawback funding from the viability review process to address other infrastructure priorities such as healthcare (CCG) and highway issues (Gaskell Arms, B4308) which have been clearly highlighted during the planning consultation process. These other priorities will be specifically listed in the viability review clause of the s106 legal agreement to accompany any planning permission.

Item No.	Application No.	Originator:
5	19/05560/OUT	Clinical Commissioning Group

Message sent on behalf of Claire Parker, Director of Partnerships, NHS Shropshire, Telford and Wrekin CCG

Dear Ian and Grahame

Thank you for your time on Friday to meet with Tom, Darren and PJB Associates.

Hopefully the additional information that we were able to present (attached) utilising the data from a national piece of work provided the full picture for you on existing capacity issues and dispelled some myths around practices not fully utilising their estate or working “part time hours”. We request that this report is shared with members of the Committee.

On this front, we would like to formally record our concern to the Committee over some of the comments made both during direct conversations between the CCG and the Council and more worryingly by officers and members at the Shropshire Planning Committee in June.

Specifically we are frustrated that there continue to be comments around the CCG making late representations to the Committee and having had several months to consider specific outcomes of the scheme, particularly finance. We categorically dispute this, feel misrepresented and that our concerns around these comments made verbally to officers have not been recorded and as such request that these are presented formally to the Committee.

For clarity we maintain that the narrative of the meetings with the Council and Harworths that had been taking place for over a year, suddenly changed from discussing high level principles and opportunities to a request for detailed technical/ financial requirements in the weeks prior to the June meeting. In addition we would like to point out that we have no record of a formal request for feedback being made to the CCG by either local authority as part of the consultation process and have no historic evidence of any discussions taking place between the CCG and Telford and Wrekin Council .

Throughout these high level discussions we have outlined that several strategic workstreams were underway to help us fully understand the impact of this (and all other) developments is on Primary Care Estates and that we would be unable to respond in detail before this work is complete. We have also been explicitly clear about the limited role of the CCG in Primary Care Estates throughout these meetings, specifically that we have limited influence or control as the practices are individual businesses and have individual estates arrangements.

We feel that none of this dialogue has been reported to the Committee and again we request that this concern is formally made to the committee.

In terms of the request for a specific response to the financial offer towards healthcare provision by midday today, we would like to reiterate the points made on Friday that this specific offer and the complexities around it must go through a specific governance process within the CCG prior to any decision being made. As such, we can confirm that we are not able to make any formal response at this stage other than the view that the outline financial contribution fails to provide sufficient funds to address the inevitable impact the development will have on local healthcare provision.

We would politely request sight of the officers' report in advance of the August 10th Planning Committee so that we can be assured that our concerns are highlighted as requested.

Many thanks

Claire Parker
 Director of Partnerships
 NHS Shropshire, Telford and Wrekin CCG

Item No.	Application No.	Originator:
5	19/05560/OUT	Clinical Commissioning Group

Dear Ian and Grahame

I refer to the proposed meeting later today to discuss the Ironbridge Power Station development and hopefully the information provided below will shed more light on the query you raised during our last discussion in terms of opening times and capacity issues at the Ironbridge Surgery.

Firstly, below is a quick re-cap to give you the background in terms of current patient numbers at the respective local practices;

Patient Population

Practice	Q1 2021/22	Q4 2020/21	Q3 2020/21	Q2 2020/21	Q1 2020/21	Q1 2019/20
Ironbridge	5,061	4,923	4,847	4,793	4,773	4,568
Broseley	4,660	4,673	4,670	4,669	4,684	4,686
Much Wenlock (split with Cressage)	8,184	8,249	8,138	8,147	8,149	8,111
Total	17,905	17,845	17,655	17,609	17,606	17,365
<i>Variance</i>	<i>60</i>		<i>239</i>			<i>241</i>

The suggestion is that the new housing development would create around 2,550 additional patients by 2032. Based on the current rate of increase of around 240 patients per year across all 3 practices that would mean an overall population of **23,500** by 2032 – or an increase of approx. **31%** over current levels.

Practice Opening Times

Practice	Main/Branch	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Ironbridge	Main	0830-1800	0830-1800	0830-1800	0830-2030	0830-1800	Closed *	Closed *
Broseley	Main	0830-1800	0830-1800	0830-1800	0830-1800	0830-1800	Closed *	Closed *
Much Wenlock	Main	0830-1800	0830-1800	0830-1800	0830-1800	0830-1800	Closed *	Closed *
Cressage	Branch	0830-1800	0830-1800	0830-1800	0830-1800	0830-1230	Closed *	Closed *

* Patients are still able to access appointments over the weekend via the Extended Access/Extended Hours services – appointments can be provided by own GPs or GPs from other practices either at patient's own practice or, more usually, at another practice location

As far as the Ironbridge Surgery is concerned you can see that the Surgery is open between the hours of 08:30 and 18:00 each day of the working week apart from on a Thursday where they have a late night opening until 20:30. Therefore it is clear this is a full time Surgery and not part time as was the implication from our previous meeting.

Practice Staffing

Actual vs WTE

Actual Headcount @ 31st March 2021					WTE @ 31st March 2021				
	Admin	Direct Patient Care	GPs	Nurses		Admin	Direct Patient Care	GPs	Nurses
Ironbridge	10	1	5	2	Ironbridge	6.4	0.2	3	1
Broseley	11	2	5	4	Broseley	6.8	1.1	2.2	2.1
Much Wenlock	14	6	7	4	Much Wenlock	10.5	4	5.3	1.9

At Ironbridge we currently have 3 consulting rooms and 1 treatment room and the staffing figures provided in the table above confirm there are 5 GPs and 2 nurses based there. However, in terms of WTE (whole time equivalent), this translates to 3 GPs and 1 nurse. On the assumption each would need exclusive use of a room to ensure patient privacy and confidentiality then this inevitably means 4 rooms are needed (i.e. the current room capacity).

Therefore this seems to clearly establish the surgery is effectively open full time throughout the week and there are 4 consulting/treatment rooms to allow 4 WTE clinical staff to deliver their services. Therefore, it would not be physically practical to treat any more patients without the addition of new treatment/consulting rooms.

The fact Ironbridge has no further capacity was confirmed following the review of surgeries undertaken by the independent medical services specialists Community Ventures, who advised Ironbridge needed 5 rooms based upon current capacity and therefore they are already a consulting/treatment room down. This review did not take into account the impact the redevelopment of Ironbridge Power Station would have on local healthcare facilities.

Current Staffing Levels (WTE per 100,000 Patients)

Practice	Admin / Non Clinical			Direct Patient Care			GP			Nurses			Total Clinical Staff		
	Practice	CCG	England	Practice	CCG	England	Practice	CCG	England	Practice	CCG	England	Practice	CCG	England
Ironbridge	127	126	115	3	28	25	60	48	46	19	32	28	82	108	99
Broseley	145	126	115	24	28	25	48	48	46	46	32	28	118	108	99
Much Wenlock	128	126	115	49	28	25	65	48	46	23	32	28	137	108	99
Average	133	126	115	25	28	25	58	48	46	29	32	28	112	108	99
<i>Varianc e</i>		7	18		-3	0		10	12		-3	1		4	13

It should also be taken into account an increase on patient numbers does not just impact on clinical accommodation but it also results in a knock on effect of the need for more non clinical space to accommodate, for instance, additional administrative staff and space to store the additional records and so on.

As a cross check on staffing levels the above table has been prepared which provides details on how the Ironbridge Surgery compares with other local surgeries as well as providing comparative averages for the CCG as well as England as a whole.

If we just take the Ironbridge Surgery into account, on the basis this is where the additional patient numbers would naturally fall from the new development, the WTE per 100,000 patients for Ironbridge for all clinical staff is only 82 as opposed to an average of 108 for the CCG and 99 across England. This would suggest that the fact all consulting and treatment rooms at Ironbridge are currently occupied by WTE clinical staff is not down to the Surgery being over staffed.

We look forward to discussing the finer details of the figures provided above during today's meeting but hopefully you will see the Surgery is at capacity without the influx of new residents.

Developer Contribution to Healthcare

As you are aware we have already provided details of the national calculator which is used elsewhere in the country to determine a suitable level of healthcare development contributions. We are of course aware this particular development is coming under a lot of competing pressures for Section 106 funding and there are concerns as a result around the viability of the development.

We believe there is effectively a current offer on the table from the developer to provide a cash contribution for healthcare of £500,000 plus the provision of an on site serviced plot for a new Surgery (with an estimated value of £375,000). As the CCG has not yet had chance to consider all of its options at this stage it would not wish to be tied to a commitment to take a serviced plot on site in case another alternative was pursued and would instead prefer at this stage to keep the agreed Section 106 contribution as a straight monetary arrangement.

We have previously been advised by Grahame that Harworth's were expecting their healthcare obligation on this site to be along the lines of a development they are undertaking in Thoresby in Nottinghamshire where they agreed a flat rate of £850 per unit. In order to try to make headway in this matter the CCG would consider accepting this arrangement be applied to the Ironbridge Power Station which would equate to 1,075 units x £850 = £913,750.

We look forward to hopefully agreeing a way forward at today's meeting.

Kind regards,

Rob Elliott

Item No.	Application No.	Originator:
5	19/05560/OUT	Case officer

Case officer response to CCG representation

The further information submitted by the CCG indicates that there is a pre-existing healthcare capacity issue in the local area which will need to be addressed by the CCG irrespective of the outcome of the current application. It supports the conclusion that without s106 funding for new healthcare provision the Harworth scheme would be likely to exacerbate this pre-existing situation over time, though the pressure from new residential development within the Telford is significantly greater. The officer understands that none of the new Telford housing developments mainly responsible for this growth have been required to make a healthcare funding contribution in their respective planning applications.

The CCG information indicates that there are particular capacity issues at the Ironbridge surgery. The CCG considers that if residents from the Harworth scheme are given the choice they would be likely to register preferentially for the Ironbridge surgery rather than with Much Wenlock / Cressage or Broseley, thereby compounding issues at Ironbridge. However, the Much Wenlock practice at King Street is also relatively close to the Harworth site and the CCG could potentially close the Ironbridge surgery to new admissions. The CCG has not so far indicated that these other local practices would not have some buffer capacity to accommodate residents from the Harworth scheme during the initial stages of the development.

The committee report confirms that the draft legal agreement makes provision for £0.5m of capital funding plus a serviced plot (potential value >£300k). The capital sum is less than the £0.913m being requested by the CCG who have reduced this from an initial request of £1.27m.

Officers held a recent virtual meeting with the CCG at which they reiterated that the capital funding request came too late for it to be taken into account as part of the detailed consultations between SC and T&W officers and Harworth and that, accordingly, it was necessary to make contingency measures of £0.5m plus a serviced plot in order to finalise the infrastructure funding agreement. (It should be noted that the initial planning consultation to the CCG was sent out in January 2021 and subsequent communications made the May 2021 response deadline to the CCH clear). The financial discussions took place in a difficult context of limited funding and competing priorities. This included funding items put forward by T&W council which were necessary in order to secure an approval resolution for their equivalent outline application.

Notwithstanding this, and the fact that there is no precedent for healthcare funding from major planning applications in Shropshire, officers have indicated to the CCG that healthcare funding will be identified as a priority for any clawback funding which may become available from the viability review process. Additionally, healthcare will be identified as a priority for the next review of the Much Wenlock Place Plan in order that other non-Harworth CIL funding within the place plan area can potentially be accessed for healthcare purposes. This would be in addition to the £0.5m capital sum and serviced plot provided for in the draft legal agreement.

It is considered that the funding proposals in the current draft legal agreement represent an appropriate contribution in the difficult circumstances of the application and that any current shortfall relative to the amount requested by the CCG can be addressed and through the viability review mechanism and by other CIL funding. The Government's practice guidance on Viability advises in this respect that the cumulative cost burden of a s106 agreement should not be so great as to render the scheme unviable.

Item No.	Application No.	Originator:
5	19/05560/OUT	Case officer

Case officer update on highway matters raised by Councillor Claire Wild

Councillor Wilde has made a further representation relating to local traffic issues which has been assessed by the Highway Authority as follows:

Requested planning condition:

Councillor Wilde has requested that draft condition 21 (Buildwas Bank Roundabout) in appendix 1 is amended to provide a Puffin Crossing prior to occupation of the 50th dwelling at the Site. This is to ensure that a suitable crossing facility is in place to accommodate any pedestrian movements of school children from the Harworth site towards Buildwas Academy

School in the first 5 development years prior to construction of the new primary school. The highway officer has not supported this request for the following reasons:

The timing trigger for provision of the roundabout and associate works (including the puffin crossing) has been agreed with Harworth as prior to the occupation of the 180th house and this is set out in the draft condition. Bringing the puffin crossing works forward has cost implications which have not been agreed with Harworth and means that the crossing would be delivered in advance of the wider roundabout works and potentially before the associated speed limit reduction could be legally secured.

Experience with other highway schemes has shown that early / premature delivery of pedestrian crossings can have safety implications as drivers become accustomed to low levels of pedestrian use and may disregard the crossings. Additionally, the first residents will be located at the west side of the site a 20-25 minute walk from Buildwas village. In this location it is considered that parents of school children will be more likely to drive to school, notwithstanding the desire to promote sustainable non-vehicular transport options. It is with subsequent residential development further to the east that the greatest potential for pedestrian linkage exists, by which time the puffin crossing will have been delivered.

As an interim measure the highway officer has confirmed that a reduced speed limit could be prioritised on the approach to the Buildwas Bank junction - a temporary traffic regulation order could be imposed to expedite this, supported by mobile variable messaged signage.

Legal Agreement Clause:

Councillor Wilde has requested a legal clause providing for traffic calming measures to be installed at the centre of Buildwas village and at Leighton in accordance with the approved highways report and within an agreed early timescale, in consultation with Leighton and Eaton Constantine Parish Council. Draft condition 20 addresses this matter and is backed up by a recommended legal agreement clause. The timing trigger for the works is prior to the occupation of the 150th home. This has been agreed with Harworth and is considered to be an appropriate timescale having regard to the locations in question and the cost implications. It is confirmed that Leighton and Eaton Constantine Parish Councils would be consulted by the Highway Authority as a matter of course prior to the commencement of any works.

Item No.	Application No.	Originator:
7	20/00820/FUL Proposed Pig Farm South West of Manor Farm, Sheriffhales	Case Officer

At 7.2.1 of the report it is stated that the design details of the two store storage buildings have been queried with the agent. Revised details have subsequently been submitted on which the raised ridge ventilators originally shown on these buildings have been deleted, the northern gable ends amended to be completely open to allow for unobstructed access and the internal layout amended to show single straw storage spaces.