

# **SHROPSHIRE LOCAL PLAN**

## **EXAMINATION IN PUBLIC STAGE 1: July 2022**

### **Matter 3 – Development Strategy**

**Written Statement prepared on behalf of  
Midlands Partnership Foundation NHS  
Trust (MPFT) and Shropshire Community  
NHS Trust (SCHAT)  
(ID Reference: AO669)**

OUR REFERENCE: 21011  
DATE: June 2022

## Notice

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## Background

1. The Regulation 19 representation and this statement have been prepared by Tyler Parkes on behalf of the Property Team at the Midlands Partnership Foundation NHS Trust (MPFT) and Shropshire Community Health NHS Trust (SCHT) and seeks to address the collective requirements of the NHS, including the Shrewsbury and Telford Hospital NHS Trust, in seeking financial contributions towards the delivery of essential healthcare infrastructure in Shropshire to support the growing population over the plan period.

2. Specific changes to the plan have been suggested in relation to Policy DC25 which we understand will be discussed during Stage 2 of the Public Examination. Notwithstanding this, the Inspectors questions for Stage 1 raise a number of matters where comment on behalf NHS interests is appropriate.

3. There is a strong relationship between the local plan and CIL (and whatever replaces this as set out in the Levelling Up and Planning Bill), S106 and the Strategic Infrastructure and Investment Plan and supporting processes. Discussions with the Council's planning team on 18 May 2022, attended by David Carter, Tyler-Parkes Senior Planning Consultant, Duncan Burton from the Property Team at the Midlands Partnership NHS Foundation Trust and Edward West, Planning Policy and Strategy Manager at Shropshire Council, recognise the importance of health infrastructure. However, to date, the Council accept that the focus has been on primary care.

4. The result is that financial support for health infrastructure as a whole, through the development process has not been as high as it might have been. Nevertheless, it is recognised this is 'water under the bridge' and it will be much more fruitful to look forward by strengthening the policy framework and pro-actively improving collaborative working.

5. The policy framework in the local plan should not only explicitly enable support for health infrastructure provision but also be clear that:

- The type of facilities and activities falling within 'health infrastructure', which should include acute services, mental health care, community care as well as primary care facilities,
- Developer funding towards the gap in both capital and revenue expenditure arising directly from the proposed scale of growth should be eligible, in principle, for developer contributions, and
- That such provision should ensure that its provision takes high priority in the list of infrastructure requirements.

6. It is considered that sustainable development cannot be achieved when growth takes place if the quality of service provision for the existing population is compromised and if otherwise unfunded services, equipment and facilities are unable to meet the needs arising from the additional population.

7. Growth in Shropshire will have profound implications for future service requirements. The NHS locally fully appreciates this has implications and obligations for them as well as the Council and other service providers. The pending reorganisation of the NHS away from Clinical Commissioning Groups to new Integrated Health Boards (in July 2022), the establishment of supporting networking arrangements to support the Strategic Infrastructure and Investment Plan (ongoing), changes to the planning system through the Levelling Up Bill, as well as the new local plan broadly dovetail, thus helping to facilitate improvements to collaborative working moving forward.

8. Below, brief notes are set out in relation to the Matter 3 Questions relevant to NHS service provision.

***Matter 3 – Development Strategy (Policies SP1 – SP15) Issue: Whether the Development Strategy is justified, effective and consistent with national policy.***

***Q13. How have the health impacts of the Local Plan been assessed and addressed? Is Policy SP6 justified, effective and consistent with national policy?***

14. Our client's representation supports Policy SP6, but the integration of health infrastructure into the planning process has not been as effective as it could be. Notwithstanding this, we are hopeful that the examination process will lead to Main Modifications to the plan to overcome the issues. Subject to the necessary strengthening of policy and the approach to service delivery, then concerns over soundness will be addressed.

15. Shropshire Council was one of the early adopters of CIL, but that document is 'light' on its support for the provision of health infrastructure. There is a need for the existing CIL to be reviewed although it is recognised that the emerging legislation will impact on this. Even so it would be helpful if the plan could include a policy commitment to a review of CIL so that the full range of supporting infrastructure can be fully taken into account.

***Q29. Are there any cross-boundary issues such as transport, education, health or other infrastructure requirements that arise from the proposed housing and employment site allocations? If so, how have they been addressed through co-operation.***

16. Our understanding is that ONS population estimates are the basis of NHS funding allocations. This means that if cross boundary adjustments are made through the planning system (say to provide for extra housing in Shropshire that cannot be accommodated in the West Midlands conurbation), then this would effectively increase the demand for services in Shropshire above the level that has been anticipated. This could affect both capital and revenue and, whilst the proportions of total budgets affected might be small, the size of those budgets means the financial implications in £s could be significant.

17. Higher level health services can have cross local authority boundary implications. The obvious example relates to Shrewsbury and Telford where respective facilities serve people across boundaries.

18. We are not aware that such considerations have been taken specifically into account in respect of health services and it is this dimension that the NHS wishes to be more pro-actively addressed in future working with both Shropshire and Telford & Wrekin Councils.