

# **SHROPSHIRE LOCAL PLAN**

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

### **Matter 8 – Infrastructure and delivery, monitoring and viability**

### **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

The Tyler Parkes Partnership Ltd is a planning, architecture, and master planning consultancy based in Shirley, Solihull. We have previously been instructed by Mr Robert Graves of the Midlands Partnership Foundation NHS Trust (MPFT) and Shropshire Community Health NHS Trust (SCHT) (ID reference: A0669) to make representations to the Shropshire Local Plan and now, following the publication of the Inspectors' Matters, Issues and Questions submit a further written statement for consideration as part of the Examination in Public.

## Disclaimer

This report has been produced for Mr Robert Graves of the Midlands Partnership Foundation NHS Trust (MPFT) and Shropshire Community Health NHS Trust (SCHT) (ID reference: A0669) for the Shropshire Local Plan Examination in Public. This report may not be used by any other person or organisation. The Tyler-Parkes Partnership Ltd, its Directors and/or employees (TPP) confirm that the report has been prepared in accordance with the RTPI code of professional conduct, and that, to the best of our knowledge, no conflict of duty arises and no information acquired in confidence has been disclosed.

TPP does not accept any responsibility or liability for any loss, damage or liability, either directly or indirectly, attributable to the use of or reliance upon information contained within this report. TPP disclaims all warranties, expressed or implied, as to the accuracy of the information contained in this report. TPP shall not be liable to any person for any loss or damage that may result from the use of any of the information contained within the report.

Document Prepared by	The Tyler Parkes Partnership Ltd.
Document Approved by	DC
Document Status	Final
Document Reference	21011

## 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 8 Questions relevant to NHS service provision.

***Matter 8 – Infrastructure and delivery, monitoring and viability (policies SP1, SP2, SP14) Issue: Whether the approach to infrastructure delivery, implementation and monitoring is positively prepared, justified and consistent with national policy.***

22. Policy SP1 is clear that development must contribute to the health and well-being of the population. This implies that new development should help secure necessary supporting health infrastructure and, if it led to a deterioration in health services, would not be acceptable. This policy is supported.

23. Policies SP2 and SP14 set out the strategic approach including more sustainable development with necessary supporting infrastructure including the settlement hierarchy and strategic corridors respectively.

24. Both policies are supported. The NHS is committed to working with the Council to ensure effective delivery of health services located in the right places with the appropriate level of financial support to secure their development through the development process.

### **Infrastructure**

***Q1. What strategic infrastructure is necessary for the Local Plan (including saved sites) to be implemented? What is the likely cost? How will it be brought forward and funded?***

25. It is very important that NHS infrastructure improvements and provision are identified as part of the Strategic Infrastructure and Investment Plan. There is a need for the evidence base to cover the full breadth of NHS services. An element of catch-up is required. This can be achieved through ongoing iterations of the Strategic Infrastructure and Investment Plan. It would be helpful if the local plan could explicitly state this.

***Q2. What are the likely impacts of the proposed scale and distribution of development on the various aspects of infrastructure? How have these been assessed?***

26. For health services at the local level there is the question of extended or new services for primary care in the areas where new development is located. It is also possible that surplus capacity could impact on the choice of development location. However, the significant proposed population increase over the plan period also has implications for increasing the level of service provision of all types and levels to meet full range of care needs and, in some circumstances, this will inevitably require new capital investment.

***Q3. Are the infrastructure requirements clearly set out in a policy/ policies in the Local Plan? If not, should they be?***

27. It is appropriate for infrastructure requirements to be specified where this is a) appropriate and b) where they are known. Strategic allocations are the obvious example, but it is also the case that some of the health infrastructure enhancement to reflect the growth in population will require improvements on existing sites. Dovetailing infrastructure enhancement on a continuing basis is important through the Strategic Infrastructure and Investment Plan. It is important that a

commitment to this mechanism is made specific in the local plan.

**Q4. Shropshire's Strategic Infrastructure and Investment Plan 2022 includes a number of projects that have funding gaps. Are these likely to affect the delivery of the Plan, including the saved sites), and if so how?**

28. The NHS envisage that likely funding gaps resulting from population growth over and above that already taken into account in resource allocations should be fed into the Investment Plan which will be updated on a regular basis. Under the existing planning system, it is envisaged these would then be identified for funding through development either through the review of CIL or S106. Essentially a similar process should happen under proposed legislation.

**Q5. Are there known sources of funding for development expected to be delivered in the first 5-7 years of the Local Plan? Are these all in the Council's latest Infrastructure Delivery Plan?**

29. From an NHS perspective, this is still work in progress since, for example, the IPD does not include all of the necessary health infrastructure required (especially in respect of acute services). The NHS is committed to collaborative working to help resolve this matter.

**Q6. Will the delivery of strategic infrastructure allow for the delivery of planned development in line with the submitted housing trajectory (examination document GC4p)? If not, what will be the shortcomings and how will the Council address these matters?**

**Q7. How will the provision of infrastructure be related in terms of timing/phasing to development proposals / areas?**

30. Where specific provision of extra NHS services is required then the IDP process should be informing this, otherwise there is a risk that undue pressure would be placed on existing capacity which will already be stretched. New development should not result in deterioration of the quality of existing services to the existing population.

**Q8. Has the Council produced an Infrastructure Funding Statement as recommended in PPG (Paragraph: 059 Reference ID: 61-059-20190315)? If not, please explain why. Are there effective mechanisms in place between the Council, other neighbouring authorities and infrastructure providers to coordinate the planning and provision of infrastructure?**

31. Our client believes that the strengthened implementation processes as proposed by the Council should enable this to happen. At the recent meeting with the Council it was confirmed that Telford & Wrekin Council would be invited to take part in these processes. This would be supported by the NHS.

**Q10. How will other agencies and organisations be involved? What level of commitment/agreement is there?**

32. Our clients understanding is that the implementation processes are being put into place shortly by the Council. The NHS will take a pro-active part and the new arrangements conveniently dovetail with the establishment of the new Integrated Health Board.

**Viability**

**Q14. Has the viability assessment been carried out following the advice in the PPG?**

33. Contrary to the advice set out in the PPG, the Viability Assessment does not appear to have taken specific account of the implications for improving health infrastructure arising from the level of growth proposed. This seems to be substantiated by the Local Plan Delivery and Viability Study (July 2020) that only identifies the following matters relating to Health and well-being:

- Promoting active travel.
- Promoting access to sustainable travel options.
- Access to open space.

***Q15. Why was the viability assessment not updated at the regulation 19 stage of the Local Plan preparation and where is the justification for this? Is the viability assessment up to date and does it justify the policies in the Local Plan?***

34. According to guidance, the Viability Assessment should be updated as part of the current local plan in order to demonstrate viability to meet the full range of supporting infrastructure required to support growth. This would then negate the need for assessments on a site-by-site basis when planning permission is being sought.

35. Notwithstanding this and, as indicated above, it is the view of our client that the existing CIL requires urgent updating. An update of the Viability Assessment would be required to inform this, or what replaces it, linked to the implementation processes.

36. It is important that the local plan stresses the urgency of this matter whatever the legislative position.

***Q16. Has the Council engaged with landowners, developers, and infrastructure and affordable housing providers to secure evidence on costs and values to inform viability assessment at the plan making stage?***

37. Engagement has taken place mainly in respect of primary health care provision but there remains a need for this to be enhanced across the whole service area and on a continuing basis. This has implications for both the Council and the NHS.

***Q17. Has appropriate regard been had to the cumulative impacts on development of all existing and proposed local standards, supplementary planning documents and policies?***

38. The need for health services to be fully considered alongside other services is necessary to ensure that the existing resident population does not see a drop in the standards of service provision. It is our belief that the impact of growth on the quality of health services available to the existing resident population is a matter that should be afforded very high priority.

***Q18. Within Shropshire's Strategic Infrastructure and Investment Plan 2022 there are some projects which rely on developer contributions. Have these been taken into account in the viability assessment?***

39. This question assumes that all appropriate infrastructure projects have been identified. If the projects have not all been identified, then it would appear that the viability assessment could not have taken them into account.

***Q19. Does the viability assessment identify any issues with viability and if so, what are these? Are they likely to undermine the deliverability of the Local Plan? If so, how does the Council intend to***

***address the issue?***

40. This question is addressed to the Council.