

Part B: Your Response

Please complete a separate **Part B form** for each response that you wish to make. One **Part A form** must be enclosed with your **Part B form(s)**.

To assist in making a response, separate **Guidance** is available on the Council's website. Responses should be returned by **5:00pm on Tuesday 11th June 2024**.

Name and Organisation:	Stephen Locke Associates on behalf of Mr A O'Neill
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Q1. To which document(s) does this response relate?

a. Draft policy on Housing Provision for Older People and those with Disabilities and Special Needs and its explanation.	<input checked="" type="checkbox"/>
b. Updated Additional Sustainability Appraisal of the Draft Shropshire Local Plan Report.	<input type="checkbox"/>
c. Updated Housing and Employment Topic Paper.	<input type="checkbox"/>
d. Updated Green Belt Topic Paper.	<input type="checkbox"/>

Q2. To which paragraph(s) of the document(s) does this response relate?

Paragraph(s):

Q3. Do you consider the document(s) are:

- A. Legally compliant Yes: No:
- B. Sound Yes: No:

Q4. Please detail your comments on the specified document(s).

Please be as precise as possible.

SEE SUPPORTING REPRESENTATION COMMENTS.

(Please continue on a separate sheet if necessary)

Please succinctly provide all necessary evidence and information to support your response. After this stage, further submissions may only be made if invited by the Planning Inspectors, based on the matters and issues identified for examination.

Q5. Do you consider it necessary to participate in relevant examination hearing session(s)?

Please note: This response provides an initial indication of your wish to participate in relevant hearing session(s). You may be asked to confirm your request to participate.

- No, I do not wish to/consider it necessary to participate in hearing session(s)
- Yes, I consider it is necessary/wish to participate in hearing session(s)

The Inspectors will determine the most appropriate procedure to consider comments made during this consultation.

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SEE SUPPORTING REPRESENTATION REPORT.

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PLANNING REPRESENTATION SUBMISSION

SUBMITTED ON

SHROPSHIRE LOCAL PLAN

UPDATED GREEN BELT TOPIC PAPER
CONSULTATION (APRIL 2024)

ON BEHALF OF

MR A O'NEILL & MS F TRENCHARD-DAVIES

Stephen Locke Associates

Barcaldine, Barrack Lane
Lilleshall, Newport
Shropshire, TF10 9ER



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Appendices

Appendix 1 – **Site Area plan – Aston Hall, Shifnal**

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1.0 Introduction

1.1 This document has been prepared on behalf of the owners of Aston Hall, Shifnal to make representations on the recently published Updated Green Belt Topic Paper (published in April 2024) which forms part of the suite of documents being submitted as part of the new Shropshire Local Plan.

1.2 The document has been produced by Stephen Locke Associates on behalf of Mr O'Neill & Ms Trenchard-Davies who own land and property at Aston Hall in Shifnal which currently lies within the Shropshire green belt.

1.3 The need to meet housing, employment and infrastructure needs means that Green Belts should not be preserved without a rational review of their purpose set against the need for change.

1.4 Shropshire has a small area of green belt on the eastern side of the County but some of the settlements in that area are in need of further development. It is considered that a useful approach is to look at the difference between urban fringe – land under the influence of the urban area - and open countryside, and to favour the latter in determining which land to try and keep open, taking into account the types of edges and boundaries that can be achieved.

2.0 Interim Findings

2.1 The ongoing local plan review requested a further Green Belt Topic Paper to document exceptional circumstances for releasing Green Belt to accommodate any of the proposed contributions to the housing and employment needs forecast to arise within the Black Country.

2.2 Having reviewed the Updated Green Belt Topic Paper we would like to put forward a suggested site on the edge of Shifnal which would help to deliver much needed specialist housing and care facilities for older people and those with disabilities and special needs.

2.3 The updated green belt topic paper focuses on a number of more sustainable settlements along the eastern side of Shropshire including Albrighton, Alveley, Bridgnorth and Shifnal.

2.4 Paragraph 4.15 of the Topic Paper states that *“the Planning Inspectors concluded that for the purpose of effectiveness, there is a need to identify sites to accommodate any proposed contributions to unmet needs forecast to arise in the Black Country.”* It is also important to note that there are wider needs for Shropshire.

3.0 Land at Aston Hall, Shifnal

3.1 Shifnal is a town located on the M54/A5 corridor, a key road and rail transport corridor, linking Shropshire to the West Midlands. The town has experienced significant growth over recent years, much of which has occurred during the period addressed within the draft Shropshire Local Plan.

3.2 Within the draft Shropshire Local Plan, Shifnal is proposed to be identified as a Key Centre (this is in effect a continuation of the role that the settlement plays within the adopted Development Plan). Indeed, the settlement represents the largest of the proposed Key Centres in Shropshire.

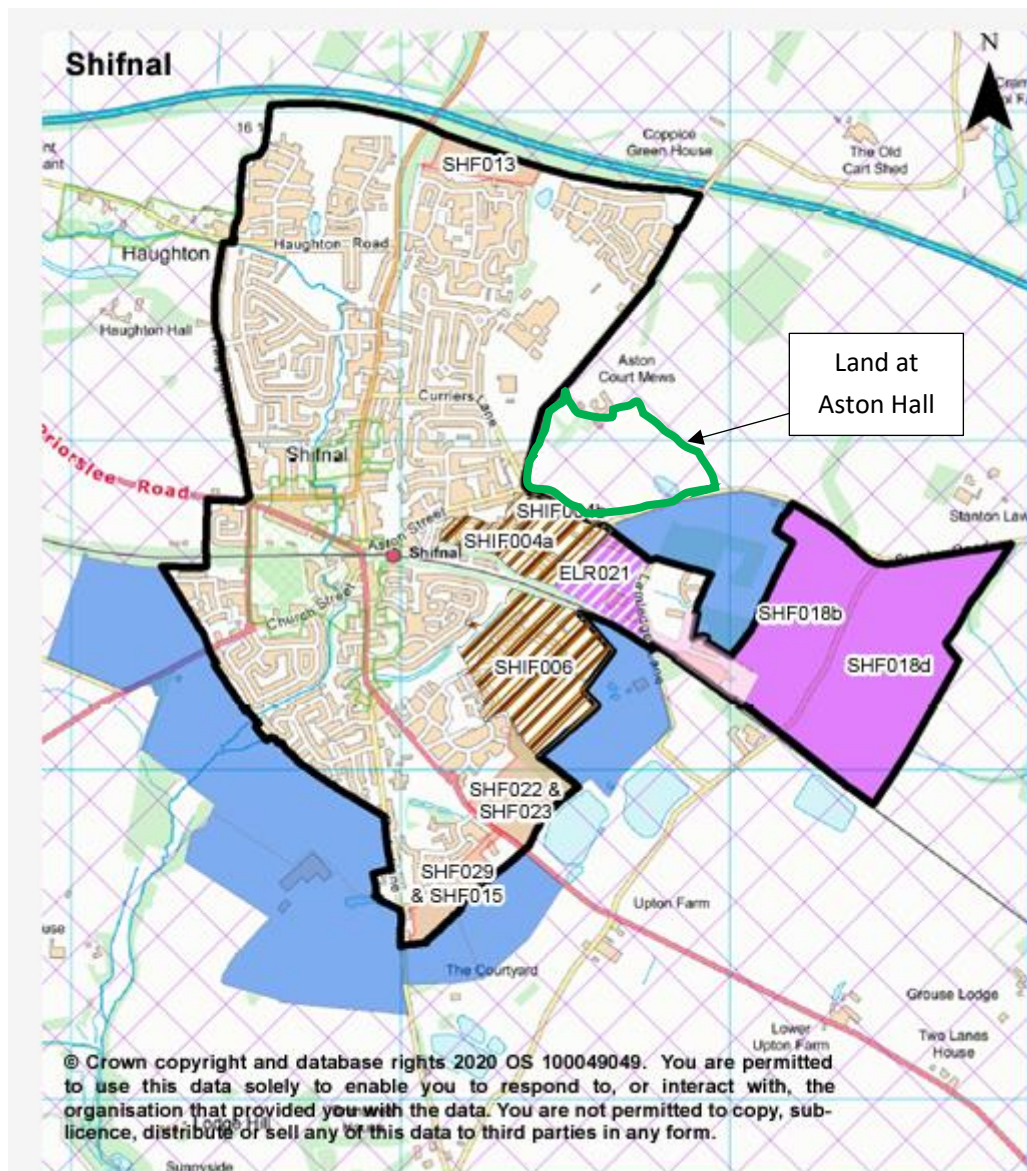
3.3 Aston Hall lies on the eastern side of the town and is identified on the plan shown at **Appendix 1**. The land adjoins the existing built development boundary and can be described as urban fringe extending to around 13 ha. Aston Hall itself has been converted into residential apartments and there is an extensive range of private residential barn units to the north.

3.4 The land at Aston Hall would provide a sustainable site to accommodate unmet needs on the edge of Shifnal.

4.0 Green Belt Release Proposed within the draft Shropshire Local Plan

4.1 Table 5.1 of the Green Belt Topic Paper shows the proposed green belt release by location and type. It is suggested that the 13 ha at Aston Hall could also be included in this total either as a specific usage or as safeguarded land.

4.2 The strategic nature of the land is highlighted (edged green) in the plan shown below:



4.3 The land infills between the existing settlement boundary to the west and south and the safeguarded land to the south east. In terms of sustainability and accessibility, the land is closer to centre of Shifnal than most of the other suggested allocations and safeguarded land.

5.0 Assessment of Reasonable Alternatives

5.1 The Council have undertaken a study of reasonable alternative sites which is an important part of the process of determining whether Green Belt release is appropriate.

5.2 It is considered that the land identified at Aston Hall is a reasonable alternative or an additional site that warrants further consideration.

5.3 Paragraph 140 of the NPPF states “*Green Belt boundaries should only be altered where exceptional circumstances are fully evidenced and justified, through the preparation or updating of plans...*” This paragraph goes on to state “*...where a need for changes to Green Belt boundaries has been established through strategic policies, detailed amendments to those boundaries may be made through nonstrategic policies, including neighbourhood plans.*”

5.4 The owners of Aston Hall feel that the land has potential for a strategic Care Village and this would amount to exceptional circumstances to warrant release from green belt. Paragraph 63 of the National Planning Policy Framework emphasises the importance of planning policies in ensuring that housing needs for different groups, including housing-with-care for older people, are addressed.

6.0 Focus on the town of Shifnal

6.1 Section 9 of the Updated Green Belt Topic Paper covers the town of Shifnal. The initial paragraphs help to show the key strategic nature of the settlement both as an existing town and for future development. The town is also well placed to accommodate unmet needs from neighbouring Black Country authorities.

6.2 One site is proposed to be removed from the Green Belt, but the site is less sustainable than the land at Aston Hall. It is also recognised that the proposed allocations within the draft Shropshire Local Plan will exhaust much of the remaining supply of safeguarded land that exists around the settlement. As such we would encourage the inclusion of the land at Aston Hall to help provide further land for future needs.

6.3 The Topic Paper aims to support the role and function of Shifnal and Part B of paragraph 9.23 lists exceptional circumstances for the release of land in Green Belt as including Supporting the Role and Function of Shifnal. Key attributes of the town and aims / objectives include:

i. Shifnal is the largest Key Centre in Shropshire and benefits from a highly sustainable location on the M54/A5 strategic road and rail corridor. Shifnal provides a station on the Shrewsbury-Wolverhampton Railway Line in the town and is close to stations in Telford and at Cosford and Albrighton.

ii. Shifnal performs a key role within the east of the County. Shifnal supports the role of the principal market town at Bridgnorth and complements the function of the adjacent ‘built up area’ of Telford.

iii. The strategy for Shifnal should support the role and function of the town as an important Key Centre. This should increase the self-containment and sustainability of the community; ensure the longer-term sustainability of its services and facilities; and deliver housing and employment to meet the needs of the town and other communities in the Green Belt.

iv. This cannot be achieved without delivering new development opportunities particularly to provide new employment to reduce the ‘dormitory’ character of the settlement and to deliver new investment in critical infrastructure to continue to meet the needs of the community.

v. It is considered this represents an exceptional circumstance to justify the release of land from the Green Belt.

6.4 Other key exceptional circumstances include :

- Creating sustainable patterns of development
- Supporting the Community Vitality of Shifnal
- Improving employment opportunities in Shifnal
- Changing the Dormitory Character of Shifnal
- Improving the Investment Programme for Shifnal
- Investment Potential and Business Needs

6.5 It is also important to note that the provision of a significant number of extra care units would enable the release of a significant number of existing housing units on to the market. This would be due to future occupants of the extra care accommodation vacating existing properties, which are often under-occupied and larger family houses. This would be a major boost to the wider housing market.

7.0 The Need for Extra Health Care Facilities specialist housing and care facilities for older people and those with disabilities and special needs

7.1 The owners of Aston Hall have identified the need for specialist facilities for the older population – not only in Shifnal but in the eastern side of the County. The town has limited care home provision and with the growing population this need will only become more acute.

7.2 The Shifnal Neighbourhood Plan specifically identifies the need to encourage the provision of additional care home places and whilst the policy of Shropshire Council's Adult Services Department is to support people to remain at home for as long as possible, with admission to a care home as a very last resort, the current provision in Shifnal of a single private residential care home totalling 31 beds has been assessed through the work on Neighbourhood Plan as being insufficient to support the growing population over the plan period.

7.3 There is interest in making additional care home provision in Shifnal, with an outstanding planning permission for the provision of extra care facilities at 'The Uplands'. This would comprise 29 self-contained apartments with communal facilities. In addition, there have been proposals for a 60 bed extra care home as part of development at Stanton Road. The development of care homes in these locations is supported by the Neighbourhood Plan, subject to the other policies in the development plan. However, over the lifetime of the plan there is the potential need for further care home provision. Further provision within Shifnal Town will not only address these needs but will provide new jobs in the town.

7.4 The land at Aston Hall has the potential to provide for the further need for care facility provision but also provide for the wider needs of the area.

7.5 The concept of a care village would also include significant areas of public open space. This space could retain the character of the existing landscape and would be useable and attractive for both residents of the care village and the wider Shifnal community.

8.0 Conclusions

8.1 This document has been produced in response to the Shropshire Local Plan Updated Green Belt Topic Paper (April 2024). The purpose of this document is to summarise the exceptional circumstances identified for releasing Green Belt to meet Shropshire housing and employment land needs and identify the exceptional circumstances for releasing Green Belt to accommodate any of the proposed contributions to the housing and employment needs forecast to arise within the Black Country.

8.2 We have identified land at Shifnal that could be released from Green Belt to meet crucial needs for additional elderly care and health accommodation / facilities. Planning Practice Guidance (PPG) states that the need to provide housing for older people is critical, whilst recognising that there are a variety of specialist housing types to meet the needs of this group.

8.3 This type of accommodation helps occupants live independently for longer, feel more connected to their community and assists in reducing social care needs and wider health costs. It would support improved physical health as well as psychological and social well-being for its residents, including reducing the feeling of loneliness as well as helping couples remain together when one partner's needs require additional care.

8.4 The land at Aston Hall is only a short distance from the centre of Shifnal which would help to maintain the long term vitality of the town. It is crucial that this land is considered as part of the Shropshire Local Plan review. The need for extra care facilities is proven and with a generally modest release of green belt land the settlement (and wider area) can future proof its accommodation for the older generation and provide a facility that would enable, promote and support healthy lifestyles.

Appendix 1

Land at Aston Hall, Shifnal

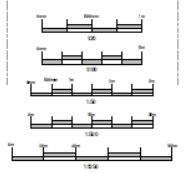


Pre-application Enquiry A1

NOTE:

1. This form is to be completed for planning applications only.
2. It is not a substitute for a planning application and does not constitute an offer of planning permission.
3. It is not a guarantee of planning permission and does not constitute an offer of planning permission.
4. It is not a guarantee of planning permission and does not constitute an offer of planning permission.
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Section:



Ref	Description	Date	By
01	Pre-application Enquiry		
02	Pre-application Enquiry		
03	Pre-application Enquiry		
04	Pre-application Enquiry		
05	Pre-application Enquiry		
06	Pre-application Enquiry		
07	Pre-application Enquiry		
08	Pre-application Enquiry		
09	Pre-application Enquiry		
10	Pre-application Enquiry		

The Planning Application Form
 Application No: 24/0142/A/02/23
 Application Date: 07/06/2024
 www.architectural.co.uk

ARCHITECTURAL

M & Minc. Trenchard Davies

Client: M & Minc. Trenchard Davies

Project: Pre-application enquiry

Site: Existing Site

Date: 07/06/2024

Drawn by: G. Gibson

Scale: A3-D0

<p>Page/Paragraph</p>	<p>Comments on :</p> <p>Appendix 1 <i>Draft DP Policy: Housing Provision for Older People and those with Disabilities and Special Needs.</i></p> <p>This document provides comments on the above draft Shropshire Council development plan policy. The comments have been provided on behalf of our clients who feel there is strong evidence that the UK faces some increasing challenges over the next 10-11 years to 2035 by way of increasing levels of people requiring care, declining access to nursing and residential homes and therefore a greater reliance on Domiciliary care.</p> <p>We have listed the page number and each numbered paragraph from the draft policy in the margins with our comments adjacent.</p>
<p>44/3</p>	<p>Given the ageing population and higher levels of disability among older people there is likely to be an increased requirement for specialist housing options in the future. 5% - where has this figure come from ?</p> <p>Between 2017 and 2035 it is projected that there will be an 80% increase in population aged over 65 likely to have dementia and 63% increase in population unable to manage at least one activity on their own.</p> <p>Based on data in Older People Profile Shropshire 2018 (Shropshire Council) it is likely that more than 5% of housing would benefit from the increased accessibility afforded by compliance with M4(3) to enable the provision of care and the use of equipment including hoists, walking aids, etc.</p>
<p>44/5</p>	<p>In regard to Accessible and Adaptable Housing (p44) Regulations must be formally integrated at the planning application stage to ensure that people with long term health problems and disabilities can be supported in a future proof and accessible environment which, while supporting independent living as much as possible, acknowledges and enables care provision to be seamlessly increased if required.</p>
<p>45 / 9-12 49/21</p>	<p>The over 65 population of Shropshire is set to increase, with the proportion of the population with long term health problems or disabilities increasing with age.</p> <p>83.2% of people aged 85 or over currently have long term health problems or disabilities. The support requirements of people over 65 can vary, either with their own health issues or those of a spouse or carer. When planning future proof housing for older people, consideration should be given to allow for short term increased care and support to be given within the locality to enable the best outcomes for the older person and minimising the impact on other support services.</p> <p>This is the type of flexibility which could provide a specific unit within a Care Village setting which may also help address the significant issues which arise when older people cannot be discharged from an acute setting to a community setting ('bed-blocking') due to lack of provision / availability of a suitable community setting – i.e. when the acute health problem has been addressed but the individual requires more care / rehabilitation before they can be safely discharged to their own home.</p>

45 /15 51/33 56/70	The specific residential requirements of older people should be considered. Services such as opticians, chiropody, dentists, social centres, physiotherapy, rehabilitation and the provision of carers and the services associated with assisted living must be easily accessible. Where larger scale developments are planned, opportunities to provide these services within the new community and within purpose built developments should be taken which would enable residents to benefit from easy access to these.
45/15 56/64	Provision should be made to prevent social isolation within the older population. Schemes should be carefully designed to ensure genuinely inclusive communities. Services, activities and communal open spaces should be available and accessible for older people within that community.
46 /17	Accessible apartments and bungalows specifically for older people and/or those with disabilities may be delivered in a variety of scales. Some with smaller numbers within an existing community, and larger scale new-build projects which meet the specific and dynamic requirements of older people and those with disabilities.
45/19 57/73	<p>The requirement for carers to live on site within care settings is acknowledged and provision for carers accommodation should be made. In larger developments of accommodation specifically for older people, provision should be provided both for carers to live on site and also for office accommodation.</p> <p>The care sector faces significant challenges in relation to the recruitment, retention and training of staff. Attention should be given to the need to provide the infrastructure in relation to the initial and ongoing training of staff in line with CQC requirements. With many carers not able to drive and also the requirement to undertake training courses while maintaining care cover for service users, it is essential to provide training settings close to where carers are also responsible for providing care. This is where specific facilities such as a Care Village could provide major benefits.</p>
47/4	There is a need to add an extra 4.d. bullet: Moving within a care village setting but staying within the familiar community as health and circumstances change (e.g. moving from supported living flat into a residential care unit).
48/10	There is also a need to identify the needs of keys areas of the County. For example, population of older people in the Shifnal and Albrighton area is due to increase by 23% between 2017 and 2035. In areas such as this, consideration should be given to the benefits of a care village providing a variety of care options for the population.
48/13	It is important to acknowledge that Assistive Technologies play an extremely important role in the care of older people and those who have disabilities, however regular care staff are still required to ensure that they are used effectively and safety is maintained. Having Domiciliary carers working within a defined small 'patch' offers increased safety and flexibility when using these technologies.

49/21	Existing provision of services used by older people is often within built-up areas with little space for the provision of new accommodation or parking. While it is theoretically possible for older people to walk to appointments, even a short distance can render a service inaccessible.
54/55	Housing with Care settings and suitably designed Care Villages can provide flexible options for specialist housing and care provision within a community as people's needs change with time.
55/61	If improved and higher quality future proof accommodation for is available for older people, it will promote independence and also increase the availability of larger family homes as people downsize.
57/71	<p>Larger scale specialist housing sites may benefit from the provision of services on-site; indeed it may well be cost effective due to economies of scale.</p> <p>One significant workforce challenge within the care sector relates to the requirement of carers to be able to drive (many do not and this immediately creates a barrier to their ability to provide Domiciliary care over a wider geographic area).</p> <p>The concept of carers being able to walk/ cycle from client to client and have rounds of clients within a distinct local area would offer significant gains on a number of fronts – staff recruitment and retention, environmental, economic and time management. It would also offer increased flexibility to those commissioning the care for individual service users by providing a more dynamic and responsive service to meet the changing care needs of individuals. With the increased use of Assistive Technologies, having Domiciliary carers within the immediate vicinity provides an additional safety when it is necessary to respond to an alarm which has been highlighted by the Assistive Technology.</p>
58/77	It is important for physical and mental health and well-being to incorporate a certain amount of amenity space within a development. The aim for this to be denser when creating accommodation for older people could be perceived to be discriminatory.
59/d	While many existing sites containing specialist housing are well integrated into their community, they are often no longer fit for purpose with the increasing requirements of our ageing population and the technologies and equipment which are now integral in care provision. Purpose-built specialist settings can allow for the provision of better quality care and improved outcomes.
General comments	<p>The following comments are made in more general terms to support the notes above. In particular these comments relate to the benefits of a “care village” scenario.</p> <p>There is strong evidence that the UK faces some increasing challenges over the next 10-11 years to 2035 by way of increasing levels of people requiring care, declining access to nursing and residential homes and therefore a greater reliance on Domiciliary care. Whilst this trend tracks the strategy to maintain people's own independence in their own homes as much as possible for as long as possible, it</p>

	<p>remains that Domiciliary care services face the toughest challenges to recruitment retention and overall staffing difficulties.</p> <p>A key factor (aside from decades of under investment and poor practice) is the current need for drivers. This has long been a huge barrier to entry to the sector and with rising fuel costs and busy roads, and time pressures, we have a perfect storm that will not improve simply by maintaining the status quo. Where a critical mass of people is located very closely together in dwellings that offer privacy, independence, safety and security, they also provide huge logistical benefits to a Domiciliary care service that could employ “walkers” so “rounds” could be completed on foot. There are also significant environmental benefits and net zero gains here with a reduced reliance on cars. The concept of a care village needs careful consideration as there are major benefits in this approach.</p> <p>The Skills for Care adult social care workforce ((Workforce Intelligence Summary)2022/23) shows that between 2016/17 and 2022/23 the number of Care Quality Commission (CQC) regulated domiciliary care services increased from 8,659 to 12,808, an increase of 48%. During this same period, the number of CQC care homes with nursing decreased by 5% and the number of CQC care homes without nursing decreased by 11%.</p> <p>In terms of the Staffing overview, there were an estimated 480,000 direct care providing filled posts in domiciliary care services, 44,000 managerial filled posts, 2,300 regulated professionals and 30,000 other filled posts including ancillary non-care providing roles. Half of staff in domiciliary care services were employed on a full-time basis (49%) and 51% were employed part-time. Around 43% of the domiciliary care workforce were employed on zero-hours contracts. This proportion has decreased by three percentage points since last year. Across all services, 22% of the workforce were employed on zero-hours contracts.</p> <p>The benefits of a Care Village scenario are obvious. The inward investment benefit is clear for this scale of project and an incoming developer / care provider would bring significant investment as well as a significant jobs boost to the local economy creating a truly harmonious ecosystem of care provision, investment, local jobs for local people, local economy boosts, reducing the dormitory characteristic of towns such as Shifnal and of course, an additional adult education, careers and training hub that would address some of the labour shortage and recruitment challenges that care providers would consider onerous when looking at a development of this scale.</p> <p>The State of Care is the annual assessment of health care and social care in England. The 22/23 report looks at the trends, shares examples of good and outstanding care, and highlights where care needs to improve.</p> <p>Record numbers of people are waiting for planned care and treatment, with over 7 million people on elective care waiting lists in June 2023. But the true number of people could be much higher, as some people who need treatment are struggling to get a referral from their GP.</p>
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	<p>In the community, people are facing ongoing struggles with getting GP and dental appointments. As a result, some people are using urgent and emergency care services as the first point of contact, or not seeking help until their condition has worsened.</p> <p>Once at hospital, people are facing longer delays in getting the care they need. In 2022, over half (51%) of respondents to our urgent and emergency care survey said they waited more than an hour before being examined by a nurse or doctor, up from 28% in 2020.</p> <p>The latest state of care report from CQC that also identifies significant issues with “bed blocking” within the NHS. With the now “joined up” integrated care boards working closer together, there is significant benefit to a bed blocking facility that would allow for quicker, earlier NHS discharge in to a safe and staffed holding facility within the complex, allowing for either Domiciliary providers or Nursing homes to have time to prepare for the intake / care assessment and address staffing requirements on a regular basis meaning a more structured and regular discharge system but providing circa 60 bed block beds to be churned on a 2-3 week basis meaning NHS beds can be released so much quicker. This would be one of the key commercial advantages to the NHS and local authority and provides a significant solution to a very real problem and could be a key element of a Care Village setting.</p>
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Any queries on this document should be directed to :

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