

SHROPSHIRE LOCAL PLAN

EXAMINATION IN PUBLIC STAGE 2: December 2024

Matter 31 – Transport and Infrastructure

**Written Statement prepared on behalf of
Midlands Partnership Foundation NHS
Trust (MPFT) and Shropshire Community
NHS Trust (SCHAT)
(ID Reference: AO669, B-A209)**

OUR REFERENCE: 21011
DATE: September 2024

Notice

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1. The Regulation 19 representation and this statement have been prepared by the Tyler Parkes Partnership Ltd 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. There is a strong relationship between the local plan and Community Infrastructure Levy (CIL), S106 and the Strategic Infrastructure and Investment Plan (SIIP) and supporting processes. Discussions with the Council's planning team and the hearing sessions for Stage 1 of this Examination recognized the importance of health infrastructure but also that the focus in the submission version of the plan had been on primary care.

3. The result was that financial support for health infrastructure as a whole, through the development process has not been as high as it might have been. Stage 1 of the Examination was important since it was accepted by the Council there was a need to look forward by strengthening the policy framework and pro-actively improving collaborative working.

4. Thereby 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' should include acute services, mental health care, community care as well as primary care facilities,
- Developer funding towards the gap arising directly from the proposed scale of growth should be eligible, in principle, for developer contributions, and
- That such provision should take high priority in the list of infrastructure requirements.

5. Sustainable development cannot truly be achieved should growth take 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.

6. 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 reorganisation of the NHS away from Clinical Commissioning Groups to new Integrated Health Boards took place in 2022, the establishment of supporting networking arrangements to support the Strategic Infrastructure and Investment Plan (ongoing), as well as the new local plan broadly dovetail, thus helping to facilitate improvements to collaborative working moving forward.

7. Below, brief notes are set out in relation to the Matter 31 Questions relevant to NHS service provision.

Matter 31 – Transport and Infrastructure

Whether the Plan has been positively prepared and whether it is justified, effective and consistent with national policy in relation to transport and infrastructure.

Questions

DP25 – Infrastructure Provision (see MM058)

Introductory comment:

8. In relation to MM058 it is a little surprising there is no further strengthening of the policy, not least in relation to the commitments made by the County Council at the Stage 1 hearings.

9. In particular the original representations on behalf of the NHS had sought a strengthening of the policy to the following effect:

Policy DP25 Infrastructure Provision and explanatory text be amended as follows (proposed new wording is shown in bold):

*‘1.... Where a new development would lead to a shortfall in infrastructure provision, the development will be required to fund necessary improvements through a suitable developer contribution, unless the identified shortfall is being addressed by other means. **The infrastructure requirements will be set out in the Local Infrastructure Plan, Shropshire Place Plans, Strategic Infrastructure Implementation Plan, Local Infrastructure List, Site Allocations Policies and masterplans.***

*Explanation ‘...4.226. To ensure the viability of development, Policy DP25 provides a clear prioritisation for the use of CIL funds. In the first instance the statutory and critical needs of a development that are required to make a development acceptable 4/19 should be met. This includes necessary education provision directly resulting from the development, as well as contributions to local and strategic highway improvements and the provision of additional health facilities **including critical healthcare infrastructure identified by the Midlands Partnership Foundation NHS Trust (MPFT) and Shropshire Community Health NHS Trust (SCHT)**...’*

10. There would now be a need for some amendment to the above suggestion to cover changes since it was drafted, such as reference to the Integrated Care Board and the Shropshire Strategic Infrastructure and Investment Plan (SIIP), as well as an additional point to the policy about the need for the SIIP to be updated annually.

Q1. Is the policy justified, effective and consistent with national planning policy?

11. Subject to strengthening on the lines indicated above then this would be the case. Without further clarification the plan would remain unsound.

12. At the Stage 1 hearings the point was made that CIL should be updated. This point still stands and there should be a commitment to its review as a matter of priority. It is understood that it is 12 years since the CIL in Shropshire first came into effect. Five of the policy provisions to DP25 relate to CIL. Can this really represent an up-to-date policy given the age of the CIL?

Q2. Is the policy detailed enough? Should it make reference to specific infrastructure such as NHS and emergency services infrastructure?

13. We believe this should indeed be the case and without these wider references the impression might be that local authority provided services would be prioritised. As it stands the policy is vague about what constitutes 'infrastructure'.