



**WEST MERCIA  
POLICE**



**John Campion  
Police and Crime Commissioner  
West Mercia**

**Shropshire Local Plan Examination  
Matter 31 – Transport and Infrastructure  
Policy DP25 – Infrastructure Provision (MM058)  
Stage 2 Hearing Statement**



**On behalf of the West Mercia Police and Crime  
Commissioner and West Mercia Police  
Representor ID: A0113**

**September 2024**

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## 1 INTRODUCTION

- 1.1 This Hearing Statement is to be read in conjunction with the previous representations made by the Police and Crime Commissioner for West Mercia (PCC) and West Mercia Police (WMP). These were submitted on 12 February 2021 on their behalf by their then agent (Place Partnership Limited – now defunct). For the avoidance of doubt, this Hearing Statement is submitted by the PCC and WMP directly.
- 1.2 The PCC and WMP are grateful for the opportunity to comment further on the Shropshire Local Plan. These representations and comments are made in respect of the Stage 2 Matters, Issues and Questions, set out in the document issued by the Examination Programme Officer in July 2024. This document covers responses to the questions posed by the Inspectors relating to Matter 31 – Transport and Infrastructure.
- 1.3 We would like to take the opportunity to clarify that, for the purposes of this Hearing Statement, we infer that the reference to ‘NHS’ by the Inspectors in their questions was intended to encompass the following:
- Shropshire, Telford and Wrekin Integrated Care Board (ICB) (this replaced the Clinical Commissioning Group from 01 July 2022 as part of the Health and Care Act 2022)
  - Midlands Partnership University NHS Foundation Trust
  - Shropshire Community Health NHS Trust
- 1.4 However, it is very important to understand that ‘the NHS’ is not a single body but is a name that combines all the health and care services that the public receive together. The Trusts listed above are in fact independent legal entities providing community-based health services, including those that are hospital related, to the public in Shropshire, Telford and Wrekin.
- 1.5 The Shropshire, Telford and Wrekin ICB (also legally independent) is responsible for planning and buying primary health and care services from the network of GP practices across its geographical area. It is also responsible for planning and buying certain types of hospital care and mental health services amongst many other functions.
- 1.6 There are other bodies involved in health and care in Shropshire as well but are beyond the scope of this Hearing Statement to describe. This is why hereafter rather than using the term ‘the NHS’, this document will instead refer to ‘acute health services, primary care and community care’.



1.7 'Emergency services' are defined by this Hearing Statement as referring to the following alongside WMP:

- Shropshire Fire and Rescue Service
- West Midlands Ambulance Service a University NHS Foundation Trust

1.8 Finally, it is confirmed that submission of this Hearing Statement is in accordance with the statutory duty of the PCC to secure and maintain an efficient and effective police force for Shropshire (Part 1 of the Police Reform and Social Responsibility Act 2011 and Policing Protocol Order 2023). It also reflects the statutory duty of Shropshire Council to consider crime and disorder in the exercise of all its planning functions (Section 17 of the Crime and Disorder Act 1998 (as amended by the Police and Justice Act 2006)).



## 2 Question 1 – Is the policy justified, effective and consistent with national planning policy?

- 2.1 Yes, if Main Modification 058 is made to the explanatory text of Policy DP25 to include specific recognition of emergency service facilities. Though as stated in our reply to Question 2 (see below), the Main Modification should include acute health services, primary care and community care as well. This is what is needed to make the policy justified, effective and consistent with national planning policy.
- 2.2 It is because the creation of safe communities is an essential component of sustainability, as articulated in the National Planning Policy Framework (NPPF) (December 2023 iteration). Development Plans, including the Shropshire Local Plan, must be in conformity with this. Otherwise, they cannot be considered justified, effective or consistent with national planning policy, as they will not secure sustainable safe communities as required by paragraphs 2, 7, 8(b), 16, 20, 96(b), 97, 100, 101 and 135(f) of the NPPF.
- 2.3 The underlying reason is that without exception, every existing and planned community must have adequate health care and emergency service coverage. They are all essential services that play a critical role in supporting and ensuring public health and safety in all communities. Their role is fundamental to the delivery of sustainable development and population growth.
- 2.4 Therefore, in order to sustain the level of growth proposed in the Local Plan and for Shropshire Council to continue to meet its statutory requirements (Section 17 of the Crime and Disorder Act 1998 (as amended by the Police and Justice Act 2006)), along with national policy objectives relating to crime reduction, safety, security and infrastructure provision (NPPF paragraphs 2, 7, 8(b), 16, 20, 96(b), 97, 100, 101 and 135(f)), it is essential that Main Modification 058 is made to policy DP25. Thus, ensuring the delivery of health care and emergency services infrastructure in tandem with development growth with the support of contributions (Section 106 agreements and the Community Infrastructure Levy (CIL)).



### 3 Question 2 – Is the policy detailed enough? Should it make reference to specific infrastructure such as NHS and emergency services infrastructure?

- 3.1 In reply, it will only be detailed enough if Main Modification 058 is made to the policy’s explanatory text and yes, this should also make specific reference to community health care and emergency services infrastructure.
- 3.2 By contrast, not referencing acute health services, primary care, community care and emergency services would contrast badly with the basic expectation that when people move into a new housing estate or start to work in a commercial property for example, they expect to have acute health services, primary care, community care and emergency services available to support them should the worst happen to them or their families. This does not happen by chance though. Such services must be planned and infrastructure provided in advance like any other public service such as education. Hence it is entirely reasonable and appropriate for the Shropshire Local Plan to contain planning policy and explanatory text on this subject.
- 3.3 Central Government has also made it abundantly clear over the years that it sees the local planning system as having an important role to play in delivering emergency services, acute health services, primary care and community care infrastructure. This is demonstrated as follows:
- Schedule 12, Part 1, Section 204N(3) of the Levelling-up and Regeneration Act 2023 defines infrastructure, for the purposes of the new Infrastructure Levy, as including ‘medical facilities’ and ‘facilities and equipment for the emergency and rescue services’.
  - Section 216(2) of the Planning Act 2008 defines infrastructure, for the purposes of the CIL, as including ‘medical facilities’.
  - As explained in our reply to Question 1, including planning policy in a Local Plan to support the delivery of acute health services, primary care, community care and emergency services infrastructure is wholly in accordance with paragraphs 7, 8(b), 16, 20, 96(b), 97, 100, 101 and 135(f) of the NPPF.
  - National Planning Practice Guidance, with reference to CIL and what it can be spent on, states that:



*'The levy can be used to fund a wide range of infrastructure, including transport, flood defences, schools, **hospitals, and other health and social care facilities...** This definition allows the levy to be used to fund a very broad range of facilities such as play areas, open spaces, parks and green spaces, cultural and sports facilities, **healthcare facilities**, academies and free schools, district heating schemes and **police stations and other community safety facilities**. This flexibility gives local areas the opportunity to choose what infrastructure they need to deliver their relevant plan (the Development Plan and the London Plan in London)...(our emphasis)*

Paragraph: 144 Reference ID: 25-144-20190901

Revision date: 01 09 2019

The guidance above should also be interpreted as providing the flexibility to utilise existing land use in the most effective way. For example, CIL funds could be used to reconfigure the land available for the acute health services, primary care, community care or emergency services. Alternatively, CIL monies could be used to create efficiency in these services provided to the local community to keep the development sustainable.

- There are **12** Secretary of State and **32** Planning Inspectorate decisions supporting Section 106 contributions for the police – **44** in total that we are aware of. The most recent is dated 24 May 2024. Please see **Appendix 1** for a summary of these decisions.

There is **1** Secretary of State and **4** Planning Inspectorate decisions supporting Section 106 contributions for the fire & rescue service – **5** in total that we are aware of. The most recent is dated 28 September 2018. Please see **Appendix 2** for a summary of these decisions.

There are **3** Secretary of State and **9** Planning Inspectorate decisions supporting Section 106 contributions for acute health, primary care and/or community care services – **12** in total that we are aware of. The most recent is 11 May 2023. Please see **Appendix 3** for a summary of these decisions

All of the above decisions demonstrate that it is entirely compliant with the statutory tests for Section 106 contributions to be used to provide acute health services, primary care, community care and emergency services infrastructure.

- 3.4 The Government has taken the stance it has because without developer contributions mitigating the impact of schemes upon acute health services, primary care, community care and emergency services, then resources for existing communities must be diluted to serve the new ones being created. In other words, precisely the impact that the planning system is tasked with avoiding through mitigation.



- 3.5 It is because the impact of new development upon acute health services, primary care, community care and emergency services is not simply due to an increase in population, but also the location of where that new population is arising and the impact it will have on the disposition of our resources. Delivery of services to the new communities concerned is not just about responding to crimes or emergency incidents, but also community assurance, on-going medical care, delivery of fire and crime safety advice and where necessary, referral responses when there are expressed concerns about the safety and/or health of children, the elderly or those with special needs, for example.
- 3.6 We would also like to highlight that the experience of acute health services, primary care, community care and emergency services is that new developments quickly take on the characteristics of surrounding built-up areas. This can be, for example, in terms of calls, resource demands, incident types and crime numbers, even from the point when materials are delivered to a site. It does not matter whether the scheme in question is on a green field, urban centre or a redundant factory site. Therefore, service provision needs to be expanded accordingly, as do those of other public service providers.
- 3.7 Furthermore, mitigating the impact of a given scheme on acute health services, primary care, community care and the emergency services is not a false choice between design or infrastructure measures. These in fact go together to ensure a development is safe and secure. We want to see schemes that incorporate fire safety measures, adopt Secured by Design, have defibrillators installed, include suitable access for response vehicles (police cars, fire engines and ambulances alike) and provide the infrastructure necessary to enable service delivery and on-going coverage for the scheme in question. Local Plan policy needs to be in place to deliver this and not effectively assume, through its absence, that these things will just 'turn up' on their own without any input from the local planning system.
- 3.8 Notwithstanding the harm caused to acute health services, primary care, community care and the emergency services by development proceeding without sufficient infrastructure mitigation, it should never be forgotten that it is ordinary members of the public who live, work and visit these schemes that will lose out the most where this outcome prevails. Where this comes to pass, the consequences can be severe for those affected, possibly life-long or worse. Hence why it is very important that the Local Plan for Shropshire recognises explicitly through its wording that partnership work between the Council, emergency services, acute health services, primary care and community care can and must take place on this subject.
- 3.9 Therefore, the above explains why we think it is entirely right for the explanatory text of Policy DP25 to be amended as proposed by Main Modification 058, though we think this should go further and include acute health services, primary care and community care as well:

*4.290...They include a focus on local needs such as highways, flood defences, educational facilities, **acute health services, primary care, community care, emergency services, sporting and...***





## Appendix 1

### Examples of Appeal Decisions Supporting Police Contributions



## Appendix 2

### Examples of Appeal Decisions Supporting Fire & Rescue Service Contributions



## Appendix 3

### Examples of Appeal Decisions Supporting Acute Health, Primary Care and/or Community Care Services