

SHROPSHIRE LOCAL PLAN

EXAMINATION IN PUBLIC STAGE 2: October 2024

**Matter 5 – Infrastructure, Delivery and Viability (policies SP1,
SP2 & SP14)**

**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

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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. 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 5 Questions relevant to NHS service provision.

Matter 5 - Whether the approach to infrastructure delivery, implementation and monitoring is positively prepared, justified and consistent with national policy.

Questions

Infrastructure

Q1. In our letter dated 15 February 2023 (ID28), we explained that we had some concerns about the gaps in the IDP and asked that it be updated and some of the gaps populated. Has this now been done?

8. The recent refresh of Shropshire's Strategic Infrastructure and Investment Plan 2024 (SIIP) is welcomed, as is the identification of health infrastructure as Priority A. It is also useful that the SIIP is a 'live' document subject to annual updating. This is important as it is inevitable that all projects will not be identifiable now and a mechanism to ensure they are eligible to be linked with growth over the plan period essential.

9. The linkage of the SIIP to the 18 Place Plans which are also 'live' documents is also important. The regular refresh of the SIIP therefore provides the key opportunity for all project requirements across the county to be regularly updated as enabling the project updates to be distributed, as appropriate, to the Place Plans.

10. The network of Infrastructure needs and providers is complex although the diagram on page 5 may need some updating since the Clinical Commissioning Groups have been replaced by the Integrated Care Board. The diagram also implies that the County Council and thereby the local plan are linked more closely some services than others. In relation to health, the connection to primary healthcare is identified but relationship to higher level facilities such as hospitals is not. This might suggest a propensity to prioritise contributions from development to local authority services. The NHS representations are that all public services should come into focus and be prioritised as necessary. It is not just the health dimension but others such as the emergency services too.

11. The proposed level of growth is not only substantial but also rapid, with the increase in dwellings at c30k being around one-fifth of the number existing at the start of the plan period. The explanation of the importance of health services on page 21 of the SIIP is also welcomed but health facilities and the need for them to expand and improve extend beyond primary care facilities, and possibly beyond the local authority boundary with Telford as some of the key health facilities, such as hospitals, provide services across the boundary.

12. The arrangement of projects by topic is helpful as it highlights the number and variety of infrastructure 'asks'. Notwithstanding, there appears to be a need for some updating (outdated reference to CCGs) and potential inclusion of improvements to high level services as well as primary healthcare facilities. Improvements required on development sites are listed in 3 places, but these should be regarded as early examples rather than as a definitive as presented. The age of CIL in Shropshire was highlighted in the Stage 1 hearings, as well the desire for an early commitment to its review. This matters to the NHS since the current CIL does not mention health services.

13. In relation to the Main Modification schedule it is noted that MM011 includes text relating to the SIIP. However, this is set out in the explanatory text and there is no reference to the commitment/requirement for the annual refresh of the SIIP. It is understood that the 'live' aspect of the SIIP is one of its most important attributes. The commitment to refresh the SIIP should be explicit in

the plan, preferably in policy not just supporting text.

Q2. Are there known sources of funding for development expected to be delivered in the first 5-7 years of the Plan? Are these all in the Council's latest Infrastructure Delivery Plan?

14. There is a matter for the Council. The Integrated Health Board would be able to update its funding commitments through the annual SIIP process.

Q3. Will the delivery of strategic infrastructure allow for the delivery of planned development in line with the latest housing trajectory? If not, what will be the shortcomings and how will the Council address these matters?

15. There is a matter for the Council. The Integrated Health Board would be able to update its funding commitments through the annual SIIP process.

Q4. Has the time lapse that has occurred with this examination resulted in any changes in terms of viability? If so, what are they and will they affect the deliverability of any aspects of the Plan?

16. In its original representation and the oral submissions at the Stage 1 hearings the NHS requested that the 'Local Plan Delivery and Viability Study' should be revised to include the estimated unmet infrastructure costs proportional to the scale of growth proposed in the Draft SLP within the study's policy modelling scenarios. This would ensure that all essential strategic infrastructure requirements have been assessed within the study and it will demonstrate whether they can be viably delivered.

17. The Viability Notes (June 2024) includes extensive updating of the market background and identifies additional 'asks' on development such as Biodiversity Net Gain and Future Homes Standards. Given the inclusion of the latter it ought to have been possible to address other service issues at the same time, but this opportunity would not appear to have been taken which is disappointing.

18. It is only possible to reiterate the point made during the Part 1 hearing sessions. The need for health service infrastructure to meet the needs of a growing population is just as important, if not more so, than many asks placed on the planning system. The additional population growth that is implied by new Government announcements simply adds to the urgency of this addressing matter.

19. Our concerns are mitigated to a degree by the fact that some health service improvements, principally relating to primary health care, have been accepted by the Council as appropriate to receive funding through the SIIP. It is also noted that the Viability Note expresses a position of improving viability.

20. Nonetheless, there is no scope for complacency, and there is room for further improvement through the annual implementation mechanism. It would be helpful if the Inspectors report could emphasise this, not least as a continuing matter for the next, presumably early review of the local plan.