

# **SHROPSHIRE LOCAL PLAN**

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

### **Matter 2 - Duty to Co-operate**

## **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 2 Questions relevant to NHS service provision.

***Matter 2 – The duty to co-operate, Issue: Whether the Council has complied with the duty to cooperate in the preparation of the Local Plan – Other Strategic Matters.***

9. There is no doubt that the NHS has been involved by the Council throughout the plan making process, principally through liaison with the CCG principally on primary care issues. The Regulation 19 stage objection highlighted that the need for support for NHS services extended beyond primary care. It is also the case that in respect of higher-level services then there is a cross boundary dimension since the NHS and local authority boundaries are not common. The close inter-relationship with Telford & Wrekin is especially important in this regard as are movements of population from the West Midlands conurbation which lie outside the scope of demographic forecasting.

10. Unlike other Duty to Co-operate bodies, there is no SOCG between the Council and the NHS. Notwithstanding this, it is felt there is no need to suggest that the Council have failed to meet their obligations under the Duty to Co-operate in respect of liaison with the NHS. However, it is recognised that NHS structures are complex and dynamic and there is a need for continuing improvements to collaborative working. For its part, the NHS recognises this, and is committed to ensure that appropriate resources are provided to facilitate effective collaboration.

***Q30. Are there any other strategic matters and particular issues relevant to the Local Plan?***

11. Health facilities – based on the record of monies secured, our concern is that the Plan and implementation processes behind it do not place sufficient emphasis on the provision of health facilities with the relevant health authorities the priority it deserves. Our Regulation 19 representations (in particular paragraphs 64 to 71) make clear that the plan should be strengthened in this respect, but this can be regarded as a matter of the soundness of the plan.

***Q31. Who has the Council engaged with on any other strategic matters? When did this engagement begin, has it been active and ongoing and what form has it taken?***

12. As mentioned above, to date the discussions with the NHS have been held through liaison with the CCG. A meeting was held with the Council on 18 May 2022 to discuss the concerns highlighted in the Regulation 19 representations. This was a very productive meeting where the NHS's concerns were recognised and helped point the way to Main Modifications to the local plan as well as improved, continuous collaborative working across the full range of health facilities, moving forward.

***Q32. In overall terms, has the Council engaged constructively? What has been the outcome of co-operation and how has this addressed the issue?***

13. Many local planning authorities have had difficulties identifying and accessing the correct people within the NHS, largely arising from its complexity and dynamism. As highlighted above we would not contend that the Council has failed the Duty to Co-operate. Instead, we would suggest that this examination and potential Main Modifications to the local plan should be used to address the shortcomings to ensure that appropriate financial support for the provision of NHS services through the development process is secured through CIL (or its replacement) and S106 and, that ongoing engagement with the NHS through the Strategic Infrastructure and Investment Plan is prioritised.