

Your ref: PL/2023/02656/PPOL

5<sup>th</sup> December 2024

Becky Maltravers  
Planning Case Officer  
Economy & Infrastructure Directorate  
Solihull MBC  
Council House  
Manor Square  
Solihull  
B91 3QB

Dear Becky,

**PL/2023/02656/PPOL – Land to South of Tythe Barn Lane, Dickens Heath, Blyth, Solihull, B90 1FP**

**Outline application for residential development for the construction of up to 450 dwellings with associated infrastructure and open space with all matters reserved except access.**

**Response to Solihull Metropolitan Borough Council Planning Application**

The Birmingham and Solihull ICB has set out its strategy for Health and Care 2023-2033- A Bolder, Healthier Future for the People of Birmingham and Solihull, it is consistent with the health-related objectives of the Solihull Local Plan. The BSOL ICB has now set out its Infrastructure Strategy to enable the Health and Care Strategy to be delivered. In developing this strategy, the proposed growth of Solihull has been factored in with planned models of care changes that will support delivery of a healthy Solihull population. A key component of the Strategy is the development of a model that identifies the net healthcare impact of developments.

The Birmingham and Solihull Integrated Care Board (BSOL ICB) Model has been used to calculate developer contributions for healthcare infrastructure.

Applying the model to the Land to South of Tythe Barn Lane development with up to 450 homes, the net healthcare impact is significant, requiring the local development of GP premises, community health centers and expansion of acute and mental health services infrastructure totaling £862,917 (@ 2024 price index) to be funded from developer contributions through Section 106. (Further detail provided in Appendix A and Appendix B)

This is based on current capacity in the area. There is 1 primary care site within a 1-mile radius of the proposed development but based on high-level analysis there is insufficient capacity to accommodate the new population. In addition, Community Care, Mental Health and Acute services in BSOL are under increased pressure and are already operating at capacity. A contribution for Primary Care, Community Care, Mental Health and Acute Care is the minimum requirement for the development and we would therefore request that a s106 request is worded flexibly to allow for the contribution to be spent in the vicinity of the site.

The request is for the Council to secure the total capital cost £862,917 within the S106 agreement to be paid on commencement and indexed linked to building costs and the importance of ensuring that infrastructure is provided alongside the development.

I trust that the above comments are useful in pursuing the application. However, please contact me if you require any clarification or if I can be of further assistance.

We would request that we are consulted on any further amendments to the scheme which may affect health provision and on any subsequent planning applications on the site.

Yours sincerely



**Graham Seager**  
Interim Director of Infrastructure Development

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**Appendix A – Calculation for PL/2023/02656/PPOL – Land to South of Tythe Barn Lane, Dickens Heath, Blyth, Solihull, B90 1FP**

Table 1: Project population for development

Development	Homes	Projected Population
Tythe Barn Lane	450	1,035

Table 2: Additional activity generated, infrastructure requirement and cost

Care Setting	Contacts generated by new population	Current Capacity?	Cost
Primary Care	6,986	No	£118,555
Community Care	734	No	£118,555
Mental Health	227	No	£65,864
Acute Outpatients	1,511	No	£410,016
Acute Emergency	372	No	£149,926
Total (incl VAT)			£862,917

Appendix B: Developer Contribution calculation

1. Process for assessing planning applications

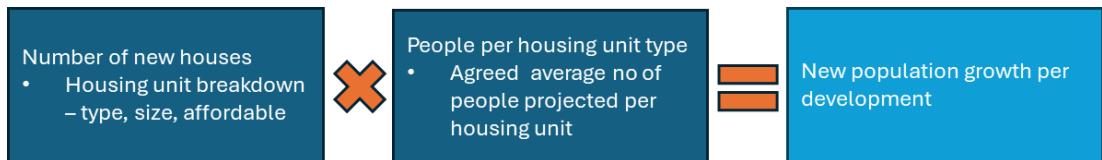
1.1. Impact of a development

1.1.1. The first stage of the process for assessing planning application is to understand the total impact of a development, including additional demand generated and cost to provide this demand.

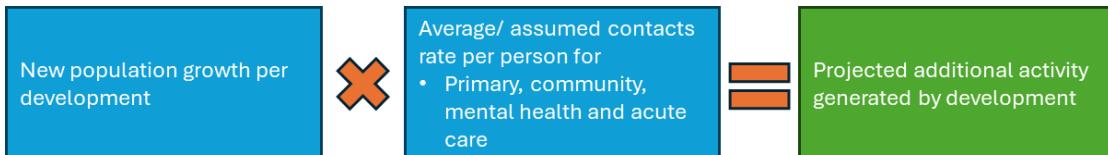
1.1.2. At this stage, the calculation is assessing the total impact of the development regardless of what capacity already exists in the system.

1.1.3. The following diagrams set out each stage of the calculation

## Diagram 1 - Projected growth for development



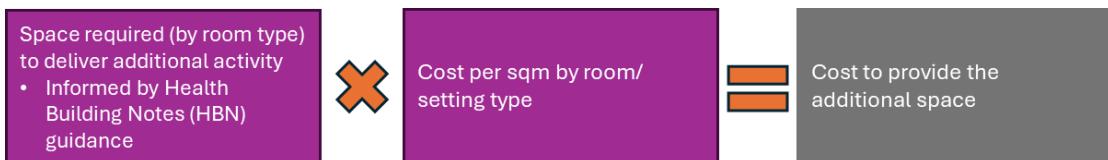
## Diagram 2 - Projected additional demand/activity from development



## Diagram 3 - Space required to deliver additional activity



## Diagram 4 - Cost to provide the additional space



1.1.4. The impact of a specific development within a ‘settlement area’ is calculated by multiplying the new population as a result of the development (Diagram 1) with an average or assumed contact rate per person, per healthcare setting type. This calculates the additional healthcare activity generated by the development (Diagram 2).

1.1.5. It should be noted that a percentage factor is applied to the new population to take into account population that already exists e.g. not all people in the new development will be new to the area, and therefore they already exist within current demand.

1.1.6. A calculation is then used to determine the space required to deliver this additional activity per health care setting type (Diagram 3)

1.1.7. A further calculation models the cost to provide this additional space based on a set of agreed cost per square metre assumptions (Diagram 4)

## 1.2. Net impact of settlement area

1.2.1. The second stage of the process for assessing a planning application is to understand the net impact of a development by analysing the impact of a development on the local healthcare infrastructure.

1.2.2. As introduced in 2.3, residential developments will be categorised into settlement areas. The calculation followed for 3.1 will be repeated for all developments in a settlement area and combined to determine the total impact for a settlement area.

1.2.3. The impact for a settlement area will be measured against the available capacity in the surrounding area.

1.2.3.1. For Primary care this will mean an assessment of capacity in primary care sites within a 1 mile radius of the settlement area.

1.2.3.2. For secondary care this will mean an assessment of capacity based on the closest available provision by healthcare setting type for that settlement area.

1.2.4. This will then leave the 'gap' that cannot be provided within current capacity that requires mitigation directly linked to new housing.

1.2.5. The following diagrams set out the impact assessment on local care infrastructure

Diagram 5 – Impact assessment for Primary Care

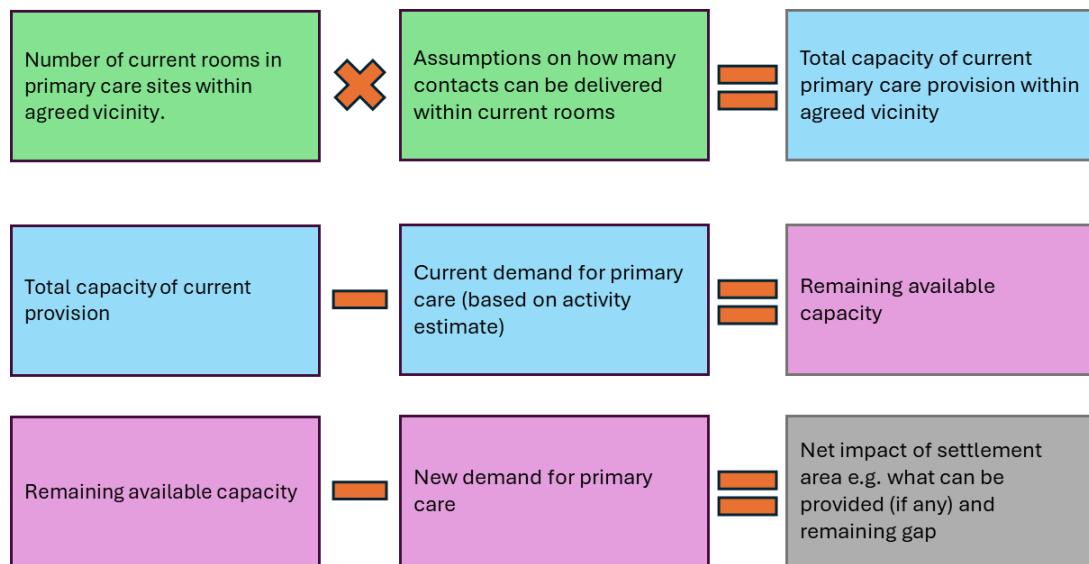
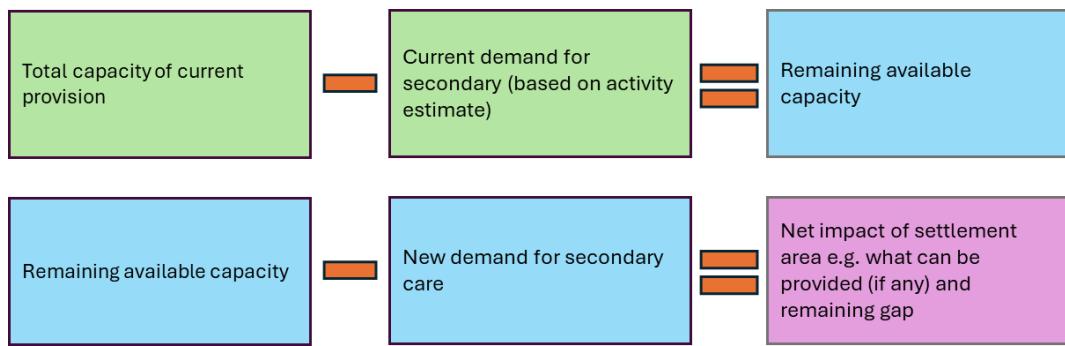


Diagram 6 – Impact assessment for Secondary Care



### 1.3. Agreeing Section 106 Contribution

- 1.3.1. The final stage of the process for assessing planning applications is to determine the Section 106 contribution request for an individual development.
- 1.3.2. The request will be based on scenario planning for that 'settlement area' where the local healthcare team will cost how the demand that cannot be supplied within current capacity will be provided.
- 1.3.3. This will be costed as provision either within a new build setting or as an extension or reconfiguration of a current site.