

Your ref: PL/2025/00661/PPOL

25th April 2025

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

Dear Becky,

PL/2025/00661/PPOL – Wood Farm, Bills Lane, Shirley Solihull, B90 2PP

Outline planning application for the erection of up to 450 dwellings (Class C) including affordable housing (40%) and custom and self-build homes, 2 No. vehicular accesses off Bills Lane and associated development including SUDS and BNG/open space.

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.

Following developer feedback, BSOL ICB has reviewed its modelling data which has been amended to account for likely migration patterns relating to future occupiers of these proposed homes. This change to **Wood Farm** development in particular accounts for the reduction in cost.

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 **Wood Farm** development with up to **450 homes**, the net healthcare impact, even when allowing for migration trends is significant. A housing development of this size would require the local development of GP premises, community health centers and expansion of acute and mental health services infrastructure totaling **£414,947** (@ 2024 price index) to be

funded from developer contributions through Section 106. (Further detail provided in Appendix A and Appendix B which demonstrates that the commuted sum sought is necessary as well as fairly and reasonably related in scale and kind to this development).

This financial request is based on current capacity in the area. There are **5 primary care sites** around 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 **£414,947** 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.

The intention is to allocate these funds with any other developer contributions provide a settlement solution for **Blythe** in the following way:

Primary Care:

Increase in infrastructure capacity and support space across: Solihull Healthcare Partnership: 1. Shirley Medical Centre, 2. Blossomfield Surgery and 3. Haslucks Green Medical Centre and GPS Healthcare: 4. Park Surgery and 5. Tanworth Lane or on a Primary Care facility within the locality catchment development.

Community Care:

Increase in infrastructure capacity and support space across Solihull Healthcare Partnership: 1. Shirley Medical Centre, 2. Blossomfield Surgery and 3. Haslucks Green Medical Centre and GPS Healthcare: 4. Park Surgery and 5. Tanworth Lane or on a community facility within the locality catchment development.

Mental Health:

Increase in infrastructure capacity and support space at a Mental Health facility within the locality catchment development.

Acute Outpatients:

Increase in infrastructure capacity and support space at UHB Hospital sites or on an acute hospital in which the development sits within the hospital catchment.

Acute Emergency:

Increase in infrastructure capacity and support space at UHB Hospital sites or on an acute hospital in which the development sits within the hospital catchment.

This development is one of a number of developments taking place in the vicinity of the site; and in the catchment area of the services noted above. The intention of the ICB is that contributions for this and similar developments are used as efficiently and effectively as possible. This will mean that a blend of approaches to investing in the infrastructure noted above will be required with some early deployment and some requiring a greater buildup of resources. This is not unusual with spending on such infrastructure projects as a result of the cumulative impact of a greater number of developments. Therefore, some flexibility over timing and exact locations for the funds to be used is required, particularly at this early stage. However, an assurance can be

given that the funds will be used in the catchment area of the development and will be used for the benefit of residents occupying the proposed 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

G Seager

Graham Seager
Interim Director of Infrastructure Development

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Appendix A – Calculation for PL/2025/00661/PPOL– Wood Farm Bills Lane Shirley Solihull, B90 2PP

Table 1: Project population for development

Development	Homes	Projected Population
Wood Farm	450	1035

Table 2: Additional activity generated, infrastructure requirement and cost

Care Setting	Contacts generated by new population	Current Capacity?	Cost
Primary Care	6986.25	No	£ 232,736.03
Community Care	436.77	No	£ 36,825.32
Mental Health	188.77	No	£ 13,257.12
Acute Outpatients	453.40	No	£ 106,980.74
Acute Emergency	111.52	No	£ 25,147.60
Total (incl VAT)			£ 414,946.81

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

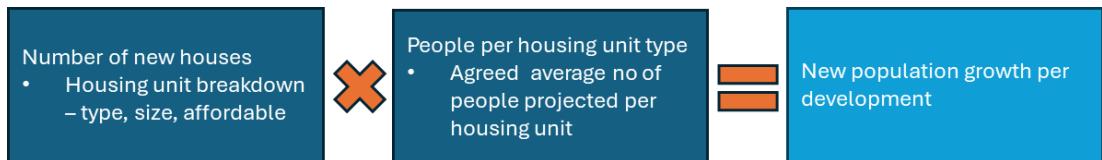


Diagram 2 - Projected additional demand/activity from development

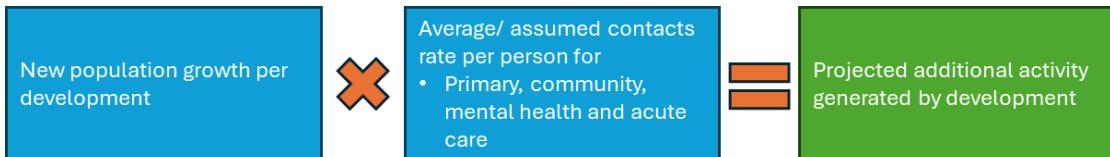
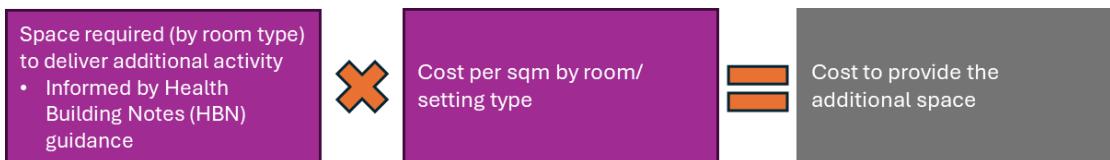


Diagram 3 - Space required to deliver additional activity



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. Residential developments will be categorised into settlement areas. All developments in a settlement area will be 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

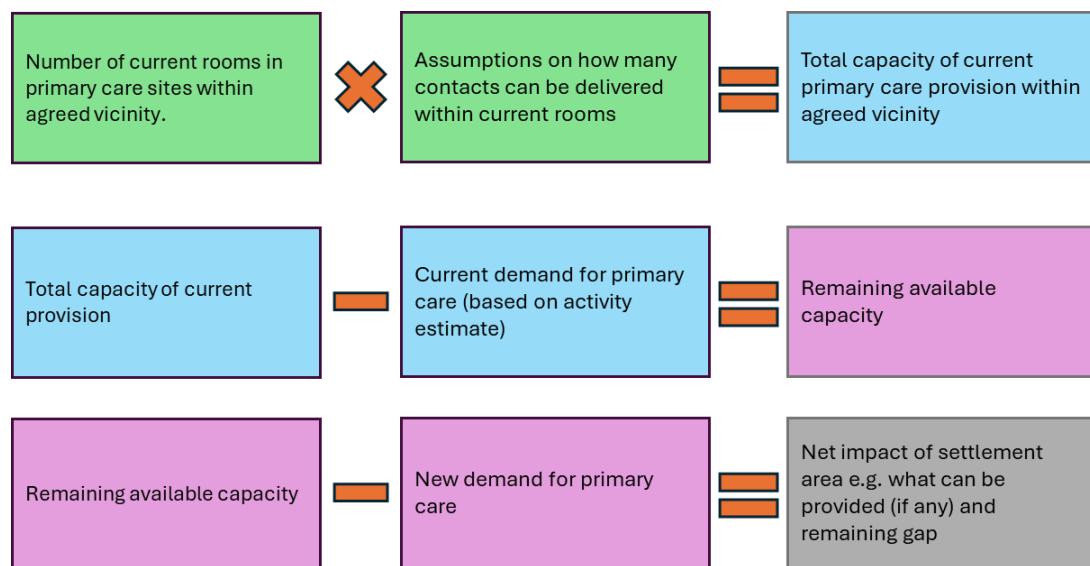
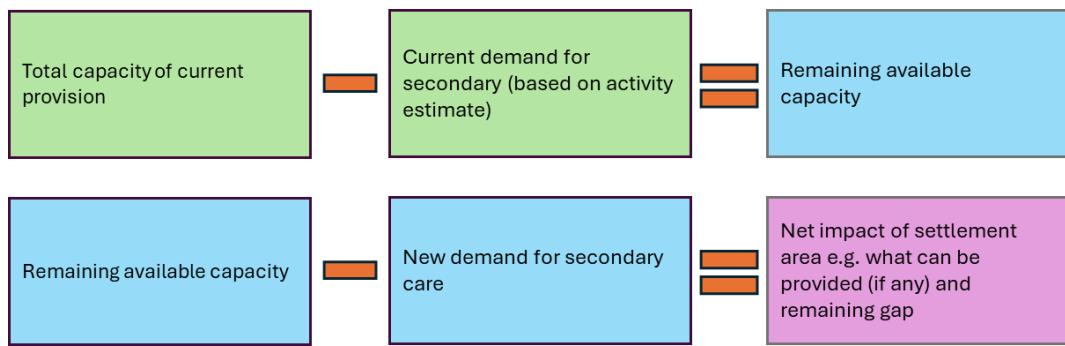


Diagram 6 – Impact assessment for Secondary Care



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.