



## Solihull MBC Local Plan Publication Stage Representation Form

Ref:  
  
(For  
official  
use only)

Name of the Local Plan to which this representation relates:

Please return to [psp@solihull.gov.uk](mailto:psp@solihull.gov.uk) or Policy and Engagement, Solihull MBC, Solihull, B91 3QB BY Monday 14<sup>th</sup> December 23:59

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This form has two parts –

Part A – Personal Details: need only be completed once.

Part B – Your representation(s). Please fill in a separate sheet for each representation you wish to make.

### Part A

1. Personal Details*		2. Agent's Details (if applicable)
<i>*If an agent is appointed, please complete only the Title, Name and Organisation (if applicable) boxes below but complete the full contact details of the agent in 2.</i>		
Title	<input type="text" value="Miss"/>	<input type="text" value="Miss"/>
First Name	<input type="text" value="Zoe"/>	<input type="text" value="Zoe"/>
Last Name	<input type="text" value="Curnow"/>	<input type="text" value="Simmonds"/>
Job Title (where relevant)	<input type="text"/>	<input type="text"/>
Organisation (where relevant)	<input type="text" value="Taylor Wimpey"/>	<input type="text" value="Lichfields"/>
Address Line 1	<input type="text" value="c/o agent"/>	<input type="text" value="3&lt;sup&gt;rd&lt;/sup&gt; Floor"/>
Line 2	<input type="text"/>	<input type="text" value="15 St Paul's Street"/>
Line 3	<input type="text"/>	<input type="text" value="Leeds"/>
Line 4	<input type="text"/>	<input type="text"/>
Post Code	<input type="text"/>	<input type="text" value="LS1 2JG"/>
Telephone Number	<input type="text" value="c/o agent"/>	<input type="text" value="REDACTED"/>
E-mail Address (where relevant)	<input type="text" value="c/o agent"/>	<input type="text" value="REDACTED"/>

## Part B – Please use a separate sheet for each representation

Name or Organisation:

3. To which part of the Local Plan does this representation relate?

Paragraph  Policy  Policies Map

4. Do you consider the Local Plan is :

4.(1) Legally compliant	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4.(2) Sound	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox" value="x"/>
4 (3) Complies with the Duty to co-operate	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please tick as appropriate

5. Please give details of why you consider the Local Plan is not legally compliant or is unsound or fails to comply with the duty to co-operate. Please be as precise as possible.

If you wish to support the legal compliance or soundness of the Local Plan or its compliance with the duty to co-operate, please also use this box to set out your comments.

Taylor Wimpey accepts Policy P4E, in principle, and its focus on ensuring new developments provide a mix of dwelling size and type to meet the identified needs of older people and those with disabilities and special needs.

However, with regard to Parts 4 and 5 of this policy there is an inconsistency in how the Council will seek to enforce the policy. Part 5 suggests that this will be applied flexibly and, on a site-by-site basis. This position is supported by Taylor Wimpey. In contrast, Part 4 states that 'all developments of 300 dwellings or more must provide specialist or care bedspaces...' (Lichfields emphasis). This is not supported by Taylor Wimpey as the provision of this type of accommodation and/or facilities should be directed to those areas where there is an identified need.

The need for and location of the provision of such accommodation should be considered having regard to a range of factors - such as need at that time, market demand, location of similar facilities, location of the site etc.- and this is not necessary on all large, strategic sites.

(Continue on a separate sheet /expand box if necessary)

6. Please set out the modification(s) you consider necessary to make the Local Plan legally compliant and sound, in respect of any legal compliance or soundness matters you have identified at 5 above. (Please note that non-compliance with the duty to co-operate is incapable of modification at examination). You will need to say why each modification will make the Local Plan legally compliant or sound. It will be helpful if you are able to put forward your suggested revised wording of

any policy or text. Please be as precise as possible.

The following changes should be made to the policy:

Part 4

All developments of 300 dwellings or more **should consider providing** ~~must provide~~ specialist housing or care bedspaces in accordance with the Council's most up to date statement of need on older person's accommodation.

Part 5

This policy will be applied flexibly, taking into account:

- i. Site specific factors which may make step-free access unviable;
- ii. The economics of provision, including particular costs that may threaten the viability of the site;
- iii. Whether the provision of housing at these standards would prejudice the realisation of other planning objectives that need to be given priority in the development of the site;
- iv. The need to achieve a successful housing development
- v. Existing provision in the locality around the site and the demonstrable need for such provision at that location.**

(Continue on a separate sheet /expand box if necessary)

**Please note** In your representation you should provide succinctly all the evidence and supporting information necessary to support your representation and your suggested modification(s). You should not assume that you will have a further opportunity to make submissions.

**After this stage, further submissions may only be made if invited by the Inspector, based on the matters and issues he or she identifies for examination.**

7. If your representation is seeking a modification to the plan, do you consider it necessary to participate in examination hearing session(s)?

**No**, I do not wish to participate in hearing session(s)

**Yes**, I wish to participate in hearing session(s)

Please note that while this will provide an initial indication of your wish to participate in hearing session(s), you may be asked at a later point to confirm your request to participate.

8. If you wish to participate in the hearing session(s), please outline why you consider this to be necessary:

This has potential important implications on viability and delivery and needs to be discussed in detail.

**Please note** the Inspector will determine the most appropriate procedure to adopt to hear those who have indicated that they wish to participate in hearing session(s). You may be asked to confirm your wish to participate when the Inspector has identified the matters and issues for examination.

9. Signature:

Date:

14/12/2020