Exeter Plan Examination – Position statement

Matter 13 (health and wellbeing)

Healthcare infrastructure and developer contributions

1. Issue

1.1 Exeter City Council ("the Council") and the Royal Devon University Healthcare NHS Foundation Trust ("the Trust") agree that planned development in Exeter may increase demand on healthcare services, including secondary (acute) care.

1.2 The issue is whether, and in what circumstances, developer contributions may be sought to mitigate impacts on secondary (acute) healthcare, and how this should be reflected in the Exeter Plan, including Policy HW1.

1.3 This issue has been discussed during 2025 and 2026. A further meeting was held between the Council and the Trust on 18 May 2026 with a number of agreements emerging.

2. How the issue may be addressed through suggested modifications to the Publication version of the Plan including Policy HW1

2.1 The Council considers that Policy HW1 can address this matter through a flexible, evidence-led approach. Following discussions with the Trust, the following modification is suggested (black text was included in the Regulation 19 Plan, red text shows the revisions):

'Contributions towards ~~improved GP provision~~ health infrastructure will be sought ~~where necessary~~ where justified by appropriate evidence and where they meet the relevant regulatory and national policy tests'.

2.2 As a further modification, it is also suggested that additional supporting text is included in the Plan to clarify the broad and holistic approach to be taken to promoting health and wellbeing through the planning process and how health infrastructure is an important part of this approach. This would confirm that contributions may be secured through Section 106 and/or the Community Infrastructure Levy and that contribution requests would be assessed on a case-by-case basis in line with Regulation 122 and national policy.

2.3 This would be included between existing paragraphs 14.6 and 14.7 in the Regulation 19 version of the Plan.

2.4 Finally, it is suggested that another modification is made to the Exeter Plan glossary (SUP-02) to add a definition of health infrastructure as included in the suggested modification to Policy HW1.

3. Contributions methodology

3.1 The Council recognises that a draft methodology was provided by the Trust in 2025 explaining the relationship between development and secondary healthcare infrastructure. The Council welcomes the productive discussions held on this matter through the *Section 106 health contributions working group*. This group is a forum for discussion between the Council and the Trust. The terms of reference for the working group are included in Appendix A.

3.2 Currently, the Council position is that the draft methodology document provides a starting point for agreeing the methodology which could be used to justify Section 106 and CIL contributions towards secondary healthcare infrastructure. Further work is required to finalise and agree this approach before it would be used to secure contributions for secondary healthcare in a way that meets Regulation 122 of the Community Infrastructure Levy Regulations 2010. The methodology should ensure that contributions relate to development-related impacts rather than wider or systemic funding pressures. The methodology should also recognise the sub-regional context given that secondary healthcare infrastructure serves a wide catchment area, beyond individual development sites and the City Council boundary.

3.3 Finally, the Council position is that health care infrastructure should be considered in the context of the public health and wellbeing agenda which seeks to address the wider determinants of health. Contributions may also be sought to support this agenda when justified by evidence.

3.4 The Council commits to organise regular meetings of the *Section 106 health contributions working group* with the aim of agreeing an appropriate methodology based on the 2025 draft, by the end of 2026.

4. Infrastructure delivery plan

4.1 The Infrastructure Delivery Plan (IDP) has been developed as part of the evidence base for the Exeter Plan. The latest version of the IDP (EXM-02ab) was updated following submission and includes secondary healthcare infrastructure projects.

4.2 The IDP has two purposes:

- To inform the Exeter Plan; and
- To inform future applications for CIL funding through the emerging CIL governance process.

4.3 In the context of the second of these purposes, the Council will regularly review the IDP to provide part of the framework for the CIL governance process.

4.4 As part of the next IDP review, the Council will work with the Trust to update the list of secondary healthcare projects included. This review will also provide an update of the potential funding sources information included to reflect that CIL and s106 may be part of the funding mix for these projects.

4.5 It should be noted that the Council's Infrastructure List within the Annual Infrastructure Funding Statement has already been updated to include strategic health care infrastructure (EXM-02k, page 16). This enables secondary health care to be funded from the emerging CIL funding regime as per the relevant bidding process.

5. Summary

5.1 Following the discussion between the Council and the Trust on 18 May 2026 the Council has identified the following actions:

1. Suggest a main modification to Policy HW1 of the Exeter Plan.
2. Suggest a main modification to provide additional supporting text between paragraphs 14.6 and 14.7 of the Exeter Plan.
3. Update the Glossary of the Exeter Plan (SUP-02) to include a definition of health infrastructure.
4. Organise further meetings of the Section 106 health contributions working group during 2026.

5. Commit to the aim of agreeing a contributions methodology, working alongside the Trust, by the end of 2026.
6. Update the IDP (EXM-02ab), including Trust infrastructure projects and potential funding sources, to support the emerging CIL governance process.

Appendix A – Agreed Terms of Reference for ECC / RDUH Healthcare Infrastructure Working Group

TERMS OF REFERENCE: SECTION 106 HEALTH CONTRIBUTIONS WORKING GROUP

1. Purpose

The Section 106 (S106) Health Contributions Working Group is established to develop an approach for securing and allocating S106 contributions from major developments to support health infrastructure and reduce health inequalities in Exeter. The group will ensure contributions align with local and national policies, including the Exeter Plan, Corporate Plan, and NHS priorities. Additionally, the group will explore opportunities to achieve a low carbon environment in relation to health benefits.

2. Objectives

- Develop a policy framework for securing and distributing S106 health contributions.
- Ensure funding supports targeted health interventions, including preventative care, community health initiatives, and active lifestyle programs.
- Align contributions with strategic priorities, such as Wellbeing Exeter, Live and Move, and the Exeter Vision 2040.
- Identify priority development sites where S106 contributions can be secured for health infrastructure.
- Engage with developers to ensure compliance with planning obligations related to health.
- Explore the potential to allocate a proportion of large-scale rented accommodation developments to key workers, including health service workers.

3. Membership

The working group will include representatives from:

- **Exeter City Council:** City Development (Major Projects & Local Plans), Place Partnership Manager (James Bogue)
- **Royal Devon University Healthcare NHS Trust:** Director for Business Development, Innovation & Sustainability (Dave Tarbet) and relevant NHS representatives
- **Other Stakeholders (as needed):** Public Health, Devon County Council, Voluntary Sector Partners

4. Roles and Responsibilities

- **Chair:** Roger Clotworthy, Head of City Development, Exeter City Council (unless otherwise agreed by the Working Group).
- **Secretariat:** Exeter City Council will provide administrative support, including meeting arrangements and documentation.
- **Members:** Expected to actively contribute to discussions, share relevant expertise, and support policy development.

5. Governance and Reporting

- The group will report to the Strategic Director for Place at Exeter City Council and NHS Trust governance bodies.
- Recommendations will be presented to key decision-makers, ensuring alignment with planning and health strategies.

6. Meeting Frequency and Format

- Meetings will be held fortnightly, with additional sessions as needed.
- Meetings may be held in person at the Exeter Civic Centre or virtually.
- Agenda and supporting documents will be circulated at least three working days in advance.

7. Next Steps

- Initial meeting to confirm membership, objectives, and key priorities.
- Draft policy framework to be developed, incorporating input from all members.
- Identification of priority sites and potential funding streams.