Exeter Plan

Statement of Common Ground

Exeter City Council and Royal Devon University Healthcare NHS Foundation Trust

June 2026

Exeter City Council
Civic Centre
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Exeter City Council

1.0 Introduction

1.1. Exeter City Council (the City Council) have been preparing the Exeter Plan since late 2020. The Exeter Plan progressed through four public consultations, including the Regulation 19 publication in December 2024. The Exeter Plan was submitted to the Planning Inspectorate in September 2025 and the plan is progressing through the examination, with hearing sessions held in March and May 2026.

1.2. The Royal Devon University Healthcare NHS Foundation Trust (the Trust) engaged in the preparation of the Exeter Plan through a Regulation 18 response and ongoing discussions with the City Council in what was known as a task and finish group. Engagement has focused on matters relating to ensuring the healthcare infrastructure provision has the capacity to support the scale and distribution of development proposed through the Exeter Plan, with particular discussion around the approach to secondary healthcare impacts.

1.3. The issues raised by the Trust in the Regulation 18 response; their attendance and representation at the examination hearings; their Examination Hearing Statement and subsequent discussions are considered through this Statement of Common Ground.

1.4. This Statement of Common Ground demonstrates that the City Council and the Trust have cooperated on strategic matters relating to secondary healthcare infrastructure in the preparation of the Exeter Plan, with discussions continuing up to, during and after the examination hearing sessions.

1.5. This Statement of Common Ground has been prepared in accordance with paragraph 24 onwards of the NPPF[1] and the plan-making section of the Planning Practice Guidance[2].

[1] Available at: https://webarchive.nationalarchives.gov.uk/ukgwa/20231228093504/https://www.gov.uk/government/publications/national-planning-policy-framework--2
[2] Available at: https://www.gov.uk/guidance/plan-making

2.0 Healthcare infrastructure and developer contributions

Broad summary of the Exeter Plan content relating to health and wellbeing

2.1 The health and infrastructure elements of the Exeter Plan are addressed through policies relating to health, wellbeing and infrastructure delivery. Of particular relevance to this Statement of Common Ground is Policy HW1, which provides the framework for considering the impacts of development on health infrastructure and the circumstances in which mitigation is likely to be sought, having regard to the nature and scale of development.

2.2 As per the Submission version of the Exeter Plan, Policy HW1 provides support for developer contributions towards primary health care provision. The policy is currently silent on secondary and community healthcare provision. A series of modifications are agreed between the City Council and the Trust to make policy HW1, and its supporting text, more effective and inclusive of both secondary and community healthcare infrastructure provision.

The Trust's response to the Exeter Plan

2.3 The Trust's concerns in relation to healthcare infrastructure and the impacts of planned growth were set out through its Regulation 18 response. The Trust did not submit a representation on the Regulation 19 Exeter Plan but maintained its concerns through ongoing correspondence and engagement. That correspondence focused in particular on the capacity of secondary healthcare infrastructure and the mechanisms through which proposed development-related impacts might be mitigated. These matters have continued to be discussed between the parties and are therefore appropriately documented in this Statement of Common Ground to assist the Examination of the Exeter Plan.

3.0 Areas of common ground

Process and engagement

3.1 The City Council and the Trust agree on the following matters in relation to process and engagement:

A. That the Trust submitted a response at Regulation 18 stage of the Exeter Plan. Although the Trust did not submit a Regulation 19 representation, they expressed concerns about the soundness of the Plan via a Hearing Statement in relation to securing contributions to secondary and community healthcare infrastructure and facilities.

B. That to support engagement, the City Council established an infrastructure working group involving the Trust and Integrated Care Board (ICB). The working group established a shared framework for discussions covering the wider determinants of health and wellbeing, health care infrastructure and contribution calculations. The agreed Terms of Reference are included in Appendix A.

C. That discussions with the Trust and ICB have fed into the Infrastructure Delivery Plan (IDP) – a living document produced to support and inform the Exeter Plan and ongoing discussions relating to developer contributions. Ongoing discussions are required to keep the IDP up to date.

Addressing the determinants of health and wellbeing and health infrastructure

3.2 The City Council and the Trust agree on the following matters in relation to the determinants of health and wellbeing and development impact on health infrastructure:

A. That the City Council and the Trust will work together to foster health and wellbeing and reduce health inequalities.

B. That a wide range of health infrastructure has a beneficial impact on the determinants of health and wellbeing.

C. That the development proposed through the Exeter Plan is likely to contribute to increased demand on primary, secondary and community healthcare infrastructure, and facilities supporting health and wellbeing, on a case-by-case and cumulative basis.

D. That there is an established evidence-base and methodology[3] to assess development impact on, and the likely need for developer contributions for primary healthcare (GP) infrastructure.

E. That Section 106 planning contributions can be sought, where justified by meeting the relevant regulatory and national policy tests (which include the need for appropriate evidence) to mitigate the impacts of development on primary care infrastructure on a case-by-case basis.

F. That the Trust and ICB have produced a draft methodology for evidencing development impact on, and the likely need for developer contributions for, secondary and community healthcare infrastructure

G. That the City Council and Trust will work together to agree this methodology by the end of September 2026 before the Exeter Plan is adopted.

H. That Section 106 planning contributions can be sought to mitigate the impacts of development on secondary and community care infrastructure on a case-by-case basis where justified by meeting the relevant regulatory and national policy tests (which include the need for appropriate evidence).

I. That the Community Infrastructure Levy (CIL) also has the potential to be used to fund strategic healthcare facilities subject to City Council CIL governance processes although would not be used as a substitute for section 106 contributions that mitigate the direct impact of a development.

J. That the City Council and the Trust will work together on future iterations of the Infrastructure Delivery Plan keep it up to date in terms of healthcare infrastructure projects, categorisation, costs, funding sources and delivery timescales.

[3] Available at: https://exeter.gov.uk/media/edydc2iq/exm-24_gp-contributions-methodology_nhs-2026.pdf

4.0 Exeter Plan examination and suggested modifications to the Submission version of the Plan

4.1 Health and wellbeing were discussed during the Exeter Plan examination hearing sessions on 20 May as part of matter 13 which covered design and health and wellbeing.

4.2 The City Council submitted a hearing statement for matter 13[4]. The Trust also submitted a hearing statement and appendices[5]. These statements set out the positions of the two organisations with regard to development impact on health facilities, the evidence to demonstrate this impact and the potential for developer contributions to mitigate development impact. The particular focus was on secondary and community healthcare and the policy position set out in Policy HW1: Health and wellbeing.

4.3 Following the Exeter Plan examination hearing sessions, further discussions have taken place between the City Council and the Trust to establish further areas of common ground. This has resulted in suggested modifications to the Submission version of the Exeter Plan in three areas:

- Revision to policy HW1.
- Additional supporting text in the health and wellbeing chapter.
- Inclusion of a definition for health infrastructure in the Plan glossary[6] (which is subject to a modification to be included in the plan document itself).

4.4 These modifications are documented in the table on the following pages. Suggested revisions to the Submission plan text are shown in red and blue.

[4] Available at: https://exeter.gov.uk/media/zfvafdb5/cs13-exeter-city-council-matter-13-statement.pdf
[5] Available at: PSVar-B12 Royal Devon University Healthcare NHS Foundation Trust Matters 13-14 statement , PSVar-B12a Royal Devon University Healthcare NHS Foundation Trust Matters 13-14 statement Appendix 1 and PSVar-B12b RDU Healthcare NHS Foundation Trust Matters 13-14 statement Appendix 2 .
[6] Available at: https://exeter.gov.uk/media/wc2kf2v0/sup-02_exeter-plan-glossary.pdf

Element of the plan	ECC suggested modification	Trust comment / revised modification	Final position
Policy HW1: Health and wellbeing	'Where any potential adverse health and wellbeing impacts are identified, the applicant will be expected to demonstrate how these will be mitigated through early discussions with relevant NHS or other organisations.'	This reflects our discussion and there is no suggested revision from the Trust.	Agreed. Amend HW1 as follows: 'Where any potential adverse health and wellbeing impacts are identified, the applicant will be expected to demonstrate how these will be mitigated through early discussions with relevant NHS or other organisations.'
Policy HW1: Health and wellbeing	'Contributions towards ~~improved GP provision~~ healthcare infrastructure and facilities supporting health and wellbeing will be sought where they meet the relevant regulatory and national policy tests'.	This reflects the conclusion of our discussion and there is no suggested further revision from the Trust.	Agreed. Amend HW1 as follows: 'Contributions towards ~~improved GP provision~~ healthcare infrastructure and facilities supporting health and wellbeing will be sought where they meet the relevant regulatory and national policy tests'.
Supporting text in the health and wellbeing section of the Exeter Plan: New paragraphs 14.15 onwards.	**'Health infrastructure'** 'In addition to ensuring that development plays a role in supporting healthy and safe communities through providing the homes we need, ensuring high quality design and supporting development through health impact assessments, the Exeter Plan		Agreed. Add supporting text in the health and wellbeing section of the Exeter Plan: New paragraphs 14.15 onwards as follows: **'Health infrastructure'**

	provides for a wide range of infrastructure which supports health and wellbeing. This includes community buildings, sports facilities, green infrastructure and active travel schemes, which help to enable communities to live active and healthy lifestyles. The City Council will work with partners to support this approach to fostering health and wellbeing and reducing health inequalities through the development process and initiatives such as the Live and Move Sport England Delivery Pilot. Contributions are likely to be required from development towards facilities which support wider health and wellbeing on case by case basis. In addition, the City Council recognises the range of healthcare infrastructure which is required for our communities, helping to reduce health inequalities. This infrastructure includes facilities for primary, secondary and community care. Residential development is likely to generate additional demand for healthcare services, and where existing infrastructure capacity is insufficient, additional provision will be required to meet this need and mitigate the impacts of development. The need for additional healthcare infrastructure sits alongside wider considerations of health and wellbeing although addressing a distinct requirement. Contributions are likely to be required from development towards a	Suggested revision/modification: '…In addition, the City Council recognises the range of healthcare infrastructure which is required for our communities to access healthcare services, helping them to reduce health inequalities'.	'In addition to ensuring that development plays a role in supporting healthy and safe communities through providing the homes we need, ensuring high quality design and supporting development through health impact assessments, the Exeter Plan provides for a wide range of infrastructure which supports health and wellbeing. This includes community buildings, sports facilities, green infrastructure and active travel schemes, which help to enable communities to live active and healthy lifestyles. The City Council will work with partners to support this approach to fostering health and wellbeing and reducing health inequalities through the development process and initiatives such as the Live and Move Sport England Delivery Pilot. Contributions are likely to be required from development towards facilities which support wider health and wellbeing on case by case basis. In addition, the City Council recognises the range of healthcare infrastructure which is required for our communities to access healthcare services, helping to reduce health inequalities. This infrastructure includes facilities for primary, secondary and community care. Residential development is likely to generate additional demand for healthcare services, and where existing infrastructure capacity is insufficient, additional provision will be required to

	range of healthcare infrastructure including primary, secondary and community care on a case by case basis. The City Council has worked with NHS organisations including the Integrated Care Board and the Royal Devon University Healthcare NHS Foundation Trust to identify the healthcare infrastructure improvements to provide for the needs of Exeter residents and to support development. The Infrastructure Delivery Plan (IDP), a living document which will be reviewed regularly, sets out these projects and the details of their delivery. The City Council will work with the NHS on updates to the IDP including infrastructure projects, classifications, timescales for delivery and funding sources. The IDP does not however, by itself, determine the mitigation needed to address site-specific impacts on healthcare infrastructure. This will also be set out in NHS responses to planning applications. Development proposals should consider the capacity of health infrastructure at an early stage. Where existing health infrastructure is insufficient to meet additional demand, development may provide funding through a combination of Section 106 contributions and the Community Infrastructure Levy.		meet this need and mitigate the impacts of development. The need for additional healthcare infrastructure sits alongside wider considerations of health and wellbeing although addressing a distinct requirement. Contributions are likely to be required from development towards a range of healthcare infrastructure including primary, secondary and community care on a case by case basis. The City Council has worked with NHS organisations including the Integrated Care Board and the Royal Devon University Healthcare NHS Foundation Trust to identify the healthcare infrastructure improvements to provide for the needs of Exeter residents and to support development. The Infrastructure Delivery Plan (IDP), a living document which will be reviewed regularly, sets out these projects and the details of their delivery. The City Council will work with the NHS on updates to the IDP including infrastructure projects, classifications, timescales for delivery and funding sources. The IDP does not however, by itself, determine the mitigation needed to address site-specific impacts on healthcare infrastructure. This will also be set out in NHS responses to planning applications.

	Site-specific mitigation is expected to be secured through Section 106 contributions. Contributions will be sought on a case-by-case basis where justified by appropriate evidence and where they meet the relevant regulatory and national policy tests. Contributions are likely to be sought towards new provision, expansion or enhancement as part of a wider funding package. Wider strategic, health infrastructure may be funded through the Community Infrastructure Levy. The City Council's Infrastructure List within the Annual Infrastructure Funding Statement includes strategic healthcare infrastructure.		Development proposals should consider the capacity of health infrastructure at an early stage. Where existing health infrastructure is insufficient to meet additional demand, development may provide funding through a combination of Section 106 contributions and the Community Infrastructure Levy. Site-specific mitigation is expected to be secured through Section 106 contributions. Contributions will be sought on a case-by-case basis where justified by appropriate evidence and where they meet the relevant regulatory and national policy tests. Contributions are likely to be sought towards new provision, expansion or enhancement as part of a wider funding package. Wider strategic, health infrastructure may be funded through the Community Infrastructure Levy. The City Council's Infrastructure List within the Annual Infrastructure Funding Statement includes strategic healthcare infrastructure'.
Glossary: Inclusion of a definition for health infrastructure in the Plan glossary. This	**'Health infrastructure** Healthcare infrastructure Capital assets including facilities, buildings, equipment and digital technology required to deliver prevention,	This reflects our discussion and no suggested revision from the Trust.	Agreed. Add text as below to the glossary. **'Health infrastructure** Healthcare infrastructure

includes two sub-definitions for 'healthcare infrastructure' and 'facilities supporting health and wellbeing'.	diagnosis, treatment, rehabilitation and ongoing healthcare. They include: • Facilities providing primary care including GP surgeries. • Facilities providing secondary/acute and specialist services including hospitals and diagnostic centres. • Facilities providing community healthcare including community hubs. • Digital infrastructure required for service delivery. Healthcare infrastructure is distinct from facilities that support general health and wellbeing. <u>Facilities supporting health and wellbeing</u> Capital assets required to support and promote healthy behaviours and environments and a reduction in health inequalities for people of all ages. These assets provide the community with opportunities to improve their physical and mental health, and support community engagement and wellbeing. They include: • Community buildings. • Sports facilities. • Green infrastructure.		Capital assets including facilities, buildings, equipment and digital technology required to deliver prevention, diagnosis, treatment, rehabilitation and ongoing healthcare. They include: • Facilities providing primary care including GP surgeries. • Facilities providing secondary/acute and specialist services including hospitals and diagnostic centres. • Facilities providing community healthcare including community hubs. • Digital infrastructure required for service delivery. Healthcare infrastructure is distinct from facilities that support general health and wellbeing. <u>Facilities supporting health and wellbeing</u> Capital assets required to support and promote healthy behaviours and environments and a reduction in health inequalities for people of all ages. These assets provide the community with opportunities to improve their physical and mental health, and support community engagement and wellbeing. They include:

	• Active travel infrastructure'.		• Community buildings. • Sports facilities. • Green infrastructure. • Active travel infrastructure'.

5.0 Governance, review and signoff

5.1 The parties agree that this Statement of Common Ground is an accurate representation of the matters discussed and the areas where agreement has been reached between Exeter City Council and the Royal Devon University Healthcare NHS Foundation Trust.

5.2 It is agreed that this Statement of Common Ground will be submitted to the Examination of the Exeter Plan.

Name: Roger Clotworthy

Position: Head of City Development, Exeter City Council

Name: Dave Tarbet

Position: Business Development Director, Royal Devon University Healthcare NHS Foundation Trust

Appendix A – Agreed Terms of Reference for ECC / the Trust 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.