



Sussex
NHS Commissioners



Simon Clavell-Bate
Head of Estates
NHS Sussex
NHS Sussex Commissioner
Tuesday 10th September, 2024.

Arun District Council
West Sussex

Specific application note

Development Contributions to Health Infrastructure through Section 106 / Community Infrastructure levy (CIL).

Application Number	AL/11/24/OUT
Date Registered	19/08/2024
Address of Proposed Site	Land at Woodgate Nurseries Lidsey Road Woodgate (BEW)
Grid Reference (if known)	493487 104245
Description of works:	130 dwellings

Overview

Current Estate is at capacity in Arun. Growth is expected at circa 25% for new housing only.

NHS Sussex is the lead organisation responsible for the health and wellbeing of more than 1,700,000 people

There are circa 165,000 residents in Arun, and a housing development plan (Arun's IDP) of increasing this by approximately 15,000 homes in the next 15 years - or 38,000 residents (**25% increase**).

Current GP primary care provision is delivered through an estate that has some purpose built structures and some that are developed from older housing style buildings.

Overall, infrastructure levels are below recommendations and there are pressures on all services. To this effect, there have been limited list 'capping' (restricting new registrations) as the problems affect all areas. This is due to s106 support (housing fund contributions) that enable GP site improvements to enable new registered patients.

Development proposal

NHS Sussex predicts that new residents will register at **Croft GP practice** or GP in catchment area (Avisford, Flansham or Arundel). The Croft is proposed to be the primary care site to support this proposed development, however the other GP practices are looking to add capacity if the housing occupancy is post 2025. Any fund contribution will only be **used and asked for once** – and will support the new residents need. The plan is to have the new Croft GP premises built by 2024/25 (phase 1) and enable other projects option by the time the trigger point is reached.

Additional population generated by this development will place an increased demand on existing primary healthcare services to the area. The application did not include any provision for health infrastructure on site due to premises build at scale being in progress and so a contribution towards health infrastructure off-site via financial obligation is being sought.

The planning permission should not be granted Without an appropriate contribution to local health infrastructure to manage the additional load on services directly incurred as a consequence of this proposed development. **Without associated infrastructure, NHS Sussex would be unable to sustain sufficient and safe services provided in the area and would therefore have to OBJECT to the development proposal.**

NHS Sussex requests a contribution from the applicant of **£212,323** as quantifiably in the tariff section, which will be used towards the new Croft GP premises or other site serving the population catchment area (phase 2). The Croft premises are most likely, but housing delivery trigger points will be factored in so as to support the housing development best.

For avoidance of doubt – the BEW area will be serviced by new build at The Croft site. Patients will register with this GP practice. As housing volumes grow, the plan is to have an additional site built (s106 funds – phase 2). There are a large number of housing developments in the area and all are proportionately contributing to the NHS planned capacity increases. The commissioner will consider the proportional use of these funds coupled with the other Arun developments so as to give best benefit to patient care, GP access.

The Tariff formula has been independently approved by the District Valuer

Assessment & request

NHS Sussex has undertaken an assessment of the implications of growth and the delivery of housing upon the health need of the District serving this proposed development, and in particular the major settlements in the district where new development is being directed towards. We have established that in order to maintain the current level of healthcare services, developer contributions towards the provision of capital infrastructure will be required. This information is disclosed to secure essential developer contributions and acknowledge as a fundamental requirement to the sound planning of the District.

The additional population generated by the development will inevitably place additional demand upon the existing level of health provision in the area. In the absence of developer contributions towards the provision of additional health infrastructure the additional strain placed on health resources would have a significant detrimental impact on District wide health provision.

Health utilises the legal advice outcomes and industry professional inputs from other public funded area, such as the Police service. With the direct impact of new housing and house growth plans on registered patients, the submission that follows captures the necessary, directly related and fair/reasonable contributions required that relate to the associated house build volumes. The tried and tested formula used has been in use for many years and is annually reviewed.

Current Primary Healthcare Provision in Arun

Primary Care services in Arun are provided by 14 GP practices, funded from NHS funds for providing Primary health care.

Some sites are purpose built in prior decades, or are run from converted houses (as per the original NHS start point for General Practice).

Patient demand is high in the Arun area and the proportion of patients over the age of 65 was high, at 27% (England 17.7%). Arun has a higher demand elderly population, which means that the estate need will be on the upper end of 'requirement/recommended' values.

The current estate for Arun is of an older nature and is more than 25% below expected size requirements for the population size. The impact of an aging population (Arun at 27% and England average of 17.7% ONS data), cramped premises, short supply of any medical/nursing staff and increase in demand for GP services puts a very high strain on GP resources.

The effect of this has already been found in Arun with a GP service having closed in 2016 and the patients' having to re-register and be cared for by other GP practices – in their current buildings. Strategically, this site has been a s106 and CIL strategic site notified to Arun DC; and will facilitate patient registration.

The proposed development will need to have Primary Care infrastructure in place in order to care for the population increase. This contribution requested will be for the necessary infrastructure to

cater for the site development at the most local GP service site(s) and encompass all the necessary components of patient need, whether at the GP practice or neighbouring service area.

Contribution Sought and Methodology

The funding will be a contribution of £212,323 for the infrastructure needs of the Croft new GP premises / other GP premises (Avisfrod / Flansham & Arundel) in catchment area. Funds will only be asked for on a proportionate level for the directly related services.

NHS Sussex, in line with NHS services and commissioners across England, uses a service-demand and build-cost model to estimate the likely demand of increasing populations on healthcare provision and the cost of increasing physical capacity to meet this demand.

This service-demand and build-cost model is ideal for estimating the likely impact of future residents arising from a new development on health infrastructure capacity and the cost implications this will have on NHS Sussex, through the need to build additional physical capacity (in the form of new/expanded GP surgeries). The model has been used by NHS commissioning in the southeast for over 10 years and is accepted by local planning authorities across West Sussex.

Service-load data is calculated on a square-metre-per-patient basis at a factor of 0.1142sqm/person. This factor is based on the average size of typical GP practices ranging from 1 to 7 doctors, assuming 1600 patients per doctor.

Build-cost data has been **verified by the District Valuer Service** (last update Sep 2024) and assumes £6,400/sqm, 'sense-checked' against build cost indices. The cost inputs refers only to capital construction costs; **NHS Sussex intends to fund the revenue cost of running the GP practices in perpetuity** including staffing costs, operational costs and medical records etc.

Occupancy data, used to calculate the number of future patients-per-dwelling, is derived from 2011 Census Data and confirmed by West Sussex County Council (last update July 2015).

Finally, the specific dwelling size and mix profile for the proposed development is input into the model to provide a bespoke and proportionate assessment of the likely impact on health infrastructure arising from the development.

The output of this model for the proposed development is an estimated population increase of 291 new residents with a consequential additional GP surgery area requirement of 33.18m². This equates to a direct cost of **£212,323** for additional health infrastructure capacity arising from the development. The council is requested to ensure this contribution is index-linked within the S106 agreement at a basis that meets house build cost growth.

The Health Tariff is on the next page

Health Tariff

S106 Contribution to NHS/GP Community/ Provision		(Formula agreed by The District Valuer)	19/09/2024
Arun Ref	AL/89/24/OUT		
Woodgate			
BEW			
Font in red can be adjusted	  		

Housing Development							
House Numbers (Inc Social Housing)	House Type	New Occupanc (Persons)	Surgery Area Requirement (sqm)		Infrastructure Development cost(psm)	Capital Contributio n (£)	Approx Contribution per dwelling(£)
11	1 Bed	17	2	@	£6,400	£12,060	£1,097.00
28	2 Beds	95	11	@	£6,400	£69,434	£1,389.00
56	3 Beds	140	16	@	£6,400	£102,324	£1,828.00
13	4 Beds	39	4	@	£6,400	£28,505	£2,193.00
	5 Beds						
	Care Home						
		equivalent					
130	House Total	291	33.18	@	"	£212,323	
Ave Occupancy		2.23	Contribution Per Dwelling		per dwelling		
					per person		
Occupancy Assumptions (confirmed by WSCC JUL 2015)					Care home contributions are at up to 100% of 1 bed dwelling		
PER CENSUS 2011 - WSCC							
Infrastructure costs	£6,400.0	psm					
Average Sqm Per Patient	0.1142	sqm					
Average Occupancy Assumptions							
	1 Bed	1.5	Persons				
	2 Bed	1.5	Persons				
	3 Bed	2.5	Persons				
	4 Bed	3	Persons				
	5 Bed	3	Persons				
Explanation							
1.Build costs include basic build cost,finance,professional fees.To be amended annually.							
2.The occupancy assumptions can be amended as per the requirements of the Local Authority.							
3.The average sq metre per patient has been derived from SFA 2003/04 as below, including additional space.This can be amended to reflect the flexibility of the NHS Directions and the requirement of the CCG to provide addition clinical or service development space within a new development							
1600 patients per GP							
1500 sqm GIA	7	GP Practice	AVG Patient List	####	0.1339 sq m per patient		
836 sqm GIA	6	GP Practice	AVG Patient List	9600	0.0871 sq m per patient		
718 sqm GIA	5	GP Practice	AVG Patient List	8000	0.0898 sq m per patient		
646 sqm GIA	4	GP Practice	AVG Patient List	6400	0.1009 sq m per patient		
487 sqm GIA	3	GP Practice	AVG Patient List	4800	0.1015 sq m per patient		
374 sqm GIA	2	GP Practice	AVG Patient List	3200	0.1169 sq m per patient		
271 sqm GIA	1	GP Practice	AVG Patient List	1600	0.1694 sq m per patient		
Average					0.1142 sq m per patient		

Compliance with National Policy and CIL regulations

The Community Infrastructure Levy Regulations in 2010 imposed new legal tests on local planning authorities to control the use of planning obligations (including financial contributions) namely through Section 106 agreements as part of the granting of planning permission for development.

The three legal tests were laid down in Community Infrastructure Levy Regulation 122: “A *planning obligation may only constitute a reason for granting planning permission for the development if the obligation is:*

i. Necessary to make the proposed development acceptable in planning terms

Health infrastructure is an important material planning consideration in the determination of planning applications and the Council must take into account the positive or negative impact of development proposals on health infrastructure when granting planning permission and associated section 106 agreements. There is no dedicated Government funding to cover new housing developments. Unless contributions from developments are secured, at worst there will be practices that would be forced to close as there would not be safe healthcare provision. In the least, there will be wait times (mainly driven by no estate / rooms to see patients in) would not be suitable for adequate healthcare.

Arun DCs local plan has increasing incremental annual growth assumptions for housing development with certain strategic sites are potentially going to deliver in excess of 1,000 homes per year coupled with non-strategic housing developments.

The pace of delivery and volume of new build housing and its subsequent occupancy will have a negative impact on the availability and capacity of health infrastructure causing a strain on existing services; the required additional infrastructure will comprise: clinical rooms for consultation/examination and treatment and medical professionals (and associated support service costs and staff).

The plan is therefore to utilise any GP estate that can be ‘extended’ or built on in the shorter term. In the medium term, where existing site constraints and/or building condition restrict further development NHS Sussex seeks to include these necessary and additional works as part of a new integrated community hub facilities at a new site which will serve the catchment population of this proposed development, which may include the provision of new GP estate to be built on strategic sites as per the Arun DC local plan (2011-2031).

The District council and NHS Sussex have an infrastructure plan to deliver a new GP premises circa 2024/25 and utilise s106 contributions for the funding of this new premises.

ii. Directly related

It is indisputable that the increase in population of approximately 291 people living in the new development (with associated health needs) near Croft practice and/or other GP site in catchment area serving the population (Avisford/Flansham & Arundel) will place direct pressure on all organisations providing healthcare in the locality, in particular primary care provided by the commissioner. **Put simply, without this development taking place and the subsequent population growth there would be no requirement for the additional infrastructure.**

The proposed developer contribution is therefore required to enable a proportionate increase to existing health infrastructure, to maintain its current level of service in the area.

The infrastructure highlighted and costed is specifically related to the scale of development proposed. This has been tried and tested and has District Valuer support, in terms of the value of contribution.

iii. Fair and reasonably related in scale and kind to the proposed development

The developer contribution is to help achieve a proportionate increase in health infrastructure, thus enabling health to maintain its current level of service. Utilising a housing size as a reasonable proportion of infrastructure scale allows for fairness to all new housing developments, including the sites that are also strategic in nature.

The model uses robust evidence including local census data, build cost estimates verified by the District Valuer Service and population projections verified by West Sussex County Council. A review of the police CIL compliance and their review of education and library compliance underlie the fair and reasonable approach of the health tariff – which is in turn in line with the other public sector areas.

Conclusion

In summary, the contributions sought by NHS Sussex are well evidenced, founded in adopted development plan policy and comply with the legal tests of the CIL Regulations and NPPF. The contribution will be used to provide additional capacity in primary care facilities in the vicinity of the development, directly linked to this development, to support its future residents. To reiterate, without this essential contribution, planning permission should not be granted. The Croft new GP practice is the strategic site for new residents.

Thank you for the continued support in securing health infrastructure contributions to enable the population of Arun to have access to the health care that it needs now and for future generations

This particular site has been an agreed site since strategic planning and IDP work commenced

Yours sincerely,



Simon Clavell-Bate
B.Ed Hons, FCCA
Head of Primary Care Estates
NHS Sussex

NHS Sussex response

Arun District Council, Civic Centre, Maltravers Rd
Littlehampton, West Sussex, BN17 5LF
www.arun.gov.uk

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<https://www1.arun.gov.uk/planning-application-finder>



From: CLAVELL-BATE, Simon (NHS SUSSEX INTEGRATED CARE BOARD) [REDACTED]
Sent: Tuesday, September 10, 2024 11:56 AM
To: Planning.Responses <Planning.Responses@arun.gov.uk>; Simon Davis <Simon.Davis@arun.gov.uk>
Subject: RE: Planning Consultation on: AL/89/24/OUT NHS response

CAUTION: This email originated from outside of the organisation. You should take extra care when clicking links or opening attachments - if you are unsure the content is safe contact the IT Helpdesk before clicking or opening.

Simon

Please find attached the s106 response the homes at Woodgate

This contribution forms part of the new strategic site for:

- Existing s106 responses submitted
- Future s105 submissions to submit

We (NHS and Arun) agreed that a new premises in Eastergate is critical now.

To support current and medium term future housing.

Phase 2 = a new premises to be built for the future housing (likely at Yapton, to support Ford and area south of Eastergate). In the short term, the residents can register with The Croft GP practice.

Simon Clavell-Bate
Head of Estates
West Sussex

NHS Sussex
Brighton (Place)
East Sussex (Place)
West Sussex (Place)


Please note my working hours are (Mon – Fri)

From: planning.responses@arun.gov.uk <planning.responses@arun.gov.uk>

Sent: Monday, August 19, 2024 10:21 AM

To: CLAVELL-BATE, Simon (NHS SUSSEX INTEGRATED CARE BOARD) 

Subject: Planning Consultation on: AL/89/24/OUT

To: **Mr S Clavell-Bate**

NOTIFICATION FROM ARUN DISTRICT COUNCIL

Town & Country Planning Act 1990 (as amended)

**Town & Country Planning (Development Management Procedure) (England) Order 2015 - Article 5 -
Articles 16 & 18 Consultation before the grant of permission**

Outline Consent

Application No:	AL/89/24/OUT
Registered:	19th August 2024
Site Address:	Land at Woodgate Nurseries Lidsey Road Woodgate
Grid Reference:	493487 104245

Description of Works: Outline planning with all matters reserved (except access) for the demolition of existing redundant nursery buildings and other structures and erection of a residential development of with up to 130 No dwellings, informal and formal public open space, landscaping, drainage, and other associated works. This application may be a Departure from the Development Plan.

The Council have received the above application.

[Click here to view the application details](#)

Should you have any comments to make, these should be sent by replying to this email by 19th September 2024 . You can also monitor the progress of this application through the Council web site:

<https://www.arun.gov.uk/planning-application-search>

Please be aware that any comments you may make will be available on our website so please do not insert personal details or signatures on your reply.

Should the application go to appeal the Planning Inspectorate will publish any comments made to the Council on their website: <https://acp.planninginspectorate.gov.uk/> but they will protect personal details.

In the absence of a reply within the period stated, I shall assume that you have no observations to make.

Yours sincerely

Mr S Davis

Planning Officer- Arun District Council

Telephone: 01903 737874

Email: Simon.Davis@arun.gov.uk

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<https://www.arun.gov.uk>

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