



Coastal West Sussex Clinical Commissioning Group

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Head of Finance
CWS CCG

Monday 15th October 2018.

Arun District Council
West Sussex

Specific application note

(See Appendix 1) Development Contributions to Health Infrastructure through Section 106 / Community Infrastructure levy (CIL).

Application Number	A/114/18/PL
Date Registered	28 th Aug 2018 re-submitted from 25 th July 2018
Address of Proposed Site	Broadlees Dappers Lane Angmering BN16 4EN
Grid Reference (if known)	507291 104712
Description of works:	Demolition & erection of 70 bed care home within Use Class C2 (replacing building 4 approved by A/27/16/PL), access, parking, landscaping and other associated works.

Overview

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

Coastal West Sussex Clinical Commissioning Group (CWS CCG) is the lead organisation responsible for the health and wellbeing of more than 510,000 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. There has been some expansion (estate wise) at the southern part of Littlehampton; at Park Surgery.

Development proposal

CWS CCG predicts that most new residents will register at The Coppice GP Surgery, which is the nearest primary care site to this proposed development. This facility is of sound quality but the proposed new care home will not be able to be supported by this building as it stands.

** This is part of the circa 1,500+ houses planned for the area of Angmering

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 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, CWS CCG would be unable to sustain sufficient and safe services provided in the area and would therefore have to **OBJECT** to the development proposal.

CWS CCG requests a contribution from the applicant of £105,522 as quantifiably evidenced in the Tariff section, which will be used most likely towards the expansion of existing facilities noted above or where existing site constraints and/or building condition restrict further development. CWS CCG seeks to include these necessary and additional works as part of new integrated community hub facilities at a new site/expand existing site which will serve the catchment population of this proposed development.

At this stage, the preferred option is to develop the Coppice site, but the other option will incur a similar build cost.

The Tariff formula has been independently supported by the District Valuer and is in progress of an update for 2018/19

Assessment & request

CWS CCG 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 areas, 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 15 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.

There has been added infrastructure at Park Surgery, to the south of Littlehampton area.

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 to £105,522 for the infrastructure needs of managing “**Planned Care**”.

(Costing is out for the annual refresh from the District Valuer – expected back Mid May)

A copy of the Developer application is at Appendix 1

CWS CCG, in line with NHS services and CCGs 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 the CCG, through the need to build additional physical capacity (in the form of new/expanded GP surgeries). The model has been used by CCGs 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 and assumes £4,400/sqm, ‘sense-checked’ against two recent building projects undertaken by the CCG. The cost inputs refers only to the full capital construction costs; the CCG 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 70 new residents with a consequential additional GP surgery area requirement of 11.99m² (up to 23.98). This equates to a direct cost of **£105,522** for additional health infrastructure capacity arising from the development, which will have a population with a higher degree of health (and social care) requirements. 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/Specialist Service (Formula agreed by The District Valuer)

Arun DC reference A-144-18-PL

70 Bed Care Home

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Coastal West Sussex
Clinical Commissioning Group

Housing Development

House Numbers (Inc Social Housing)	House Type	New Occupanc (Persons)	Surgery Area Requirement (sqm)		Infrastructure Development cost(psm)	Capital Contribution (£)	Approx Contribution per dwelling(£)
70	1 Beds	105	12	@	£4,400	£52,761	£754
	2 Beds	0	0	@	"	£0	#DIV/0!
	3 Beds	0	0	@	"	£0	#DIV/0!
	4 Beds	0	0	@	"	£0	#DIV/0!
	5 Beds	0	0	@	"		
	Care Home					£52,761	
70	House Total	105	11.99	@	"	£105,522	

Ave Occupancy 1.50 Contribution Per Dwelling £754 per dwelling

£1,507 per person

Occupancy Assumptions (confirmed by WSCC JUL 2015)

PER CENSUS 2011 - WSCC

Infrastructure costs £4,400.0 psm

Average Sqm Per Patient 0.1142 sqm

Average Occupancy Assumptions

1 Bed	1.5	Persons
2 Bed	1.0	Persons
3 Bed	2.0	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	11200	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
273 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 such as this.

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 CWS CCG 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).

ii. Directly related

It is indisputable that the increase in population of approximately 70 people (many elderly with complex care needs) living in the new development off Dappers Lane will place direct pressure on all organisations providing healthcare in the locality, in particular primary care provided by the Clinical Commissioning Group. **Put simply, without the 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 the Clinical Commissioning Group 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.

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

Yours sincerely,

A black rectangular box redacting the signature of Simon Clavell-Bate.

Simon Clavell-Bate
B.Ed Hons, FCCA
Head of Finance
Coastal West Sussex Clinical Commissioning Group

Appendix 1
A/114/18/PL – Developer application

NOTIFICATION FROM ARUN DISTRICT COUNCIL
Town & Country Planning Act 1990 (as amended)
Town and Country Planning (Development Management Procedure) (England) Order 2015 -
Articles 16 & 18 Consultation before the grant of permission
Planning Permission

APPLICATION NO:	A/114/18/PL
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