



From: David Easton
Sent: 09 May 2018 11:28
To: Michael Eastham
Cc: Planning.Responses
Subject: FW: Planning Consultation on: A/40/18/OUT

From: CLAVELL-BATE, Simon
Sent: 09 May 2018 11:27
To: Claire Potts
Cc: David Easton
Subject: FW: Planning Consultation on: A/40/18/OUT

Morning Claire.
Response as requested.
The generic council email box is still full and rejecting emails,

Hope sending to yourself and David is OK.

Simon

Simon Clavell-Bate
Head of Finance
Ext 8383

NHS Coastal West Sussex Clinical Commissioning Group
1 The Causeway, Goring-by-Sea, Worthing, West Sussex BN12 6BT



If you are seeking information under the Freedom of Information Act, please re-direct your request to 



From: CLAVELL-BATE, Simon (NHS COASTAL WEST SUSSEX CCG) **On Behalf Of** Finance (NHS COASTAL WEST SUSSEX CCG)
Sent: 09 May 2018 11:25
To: 'planning.responses@arun.gov.uk'
Cc: Claire Potts
Subject: RE: Planning Consultation on: A/40/18/OUT

Hello team.
Please find attached the response from CWS CCG with reference to A/40/18/OUT at Angmering.

Kind Regards,

Simon

Simon Clavell-Bate
Head of Finance
Ext 8383

NHS Coastal West Sussex Clinical Commissioning Group
1 The Causeway, Goring-by-Sea, Worthing, West Sussex BN12 6BT

If you are seeking information under the Freedom of Information Act, please re-direct your request to [REDACTED]

From: [REDACTED]
Sent: 09 April 2018 17:48
To: Finance (NHS COASTAL WEST SUSSEX CCG)
Subject: Planning Consultation on: A/40/18/OUT

To: NHS Coastal West Sussex Coastal Commissioning Group

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: A/40/18/OUT

Registered: 29th March
2018

Site Address: Land North of Water Lane Angmering

Grid Reference: 507459 105141

Description of Works: Outline application with some matters reserved for the development of up to 525 residential dwellings (Class C3), 3 ha (gross) of employment land (Class B1), public open space, play areas, access, associated infrastructure and landscaping. Departure from the Development Plan.

The Council have received the above application. I shall be pleased to receive any observations you may wish to make.

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

Should you have any comments to make, these should be sent by replying to this email by 10-MAY-18.

You can also monitor the progress of this application through the Council web site:

www.arun.gov.uk/planning

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.

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

The officer dealing with this application is Michael Eastham who can be contacted on telephone number 01903 737772.

Regards
Planning Officer

consultee_email

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

NLPG UPRN 100062237016
DX 57406 Littlehampton

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Coastal West Sussex Clinical Commissioning Group

Simon Clavell-Bate

Head of Finance

CWS CCG

Monday 30th April 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/40/18/OUT
Date Registered	29-03-2018 (with Health 09-04-18)
Address of Proposed Site	North of Water Lane, Angmering
Grid Reference (if known)	507459 105141
Description of works:	Outline application with some matters reserved for the development of up to 525 residential dwellings (Class C3), 3 ha (gross) of employment land (Class B1), public open space, play areas, access, associated infrastructure and landscaping. Departure from the Development Plan.

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 homes 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 **£575,184***, as quantifiably evidenced in the Contribution 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 a 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 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 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 £575,184* for the infrastructure needs of managing “on the day demand”.

(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 (2018/19 costing refresh is in progress with the District Valuer) and assumes £4,300/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 1,171 new residents (circa 12% greater than current patients registered) with a consequential additional GP surgery area requirement of 134m². This equates to a direct cost of **£575,184** 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 (***Draft*** – annual refresh by the District Valuer in progress on sqm costs)

S106 Contribution to NHS/GP Community/Specialist Service (Formula agreed by The District Valuer)							
Arun DC reference A-40-18-OUT							
525 dwellings at Angmering, north of Water Lane							
Font in red can be adjusted							
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 (£)
46	1 Beds	69	8	@	£4,300	£33,883	£737
202	2 Beds	384	44	@	"	£188,471	£933
225	3 Beds	563	64	@	"	£276,224	£1,228
52	4 Beds	156	18	@	"	£76,606	£1,473
	5 Beds	0	0	@	"		
525	House Total	1,171	133.76	@	"	£575,184	
Ave Occupancy		2.23	Contribution Per Dwelling			£1,096	per dwelling
						£491	per person
Occupancy Assumptions (confirmed by WSCC JUL 2015)							
PER CENSUS 2011 - WSCC							
Infrastructure costs	£4,300.0	psm					
Average Sqm Per Patient	0.1142	sqm					
Average Occupancy Assumptions							
	1 Bed	1.3	Persons				
	2 Bed	1.3	Persons				
	3 Bed	2.3	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 1,171 people living in the new development north of water 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,



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

Appendix 1

A/40/18/OUT – Developer application



Arun Civic Centre
Maltravers Road
Littlehampton
West Sussex BN17 5LJ
Tel: 01903 737756
www.arun.gov.uk

Application for Outline Planning Permission With Some Matters Reserved. Town and Country Planning Act 1990

Publication of applications on planning authority websites.

Please note that the information provided on this application form and in supporting documents may be published on the Authority's website.
If you require any further clarification, please contact the Authority's planning department.

1. Applicant Name, Address and Contact Details			
Title:	First Name:	Surname:	C/O Nexus Planning
Company name:	Hydon Homes Ltd and Gleeson Strategic Land Ltd		
Street address:	C/O Nexus Planning		
	Telephone number:		
	Mobile number:		
Town/City:	Fax number:		
Country:	Email address:		
Postcode:			
Are you an agent acting on behalf of the applicant? ☒ Yes ☐ No			

2. Agent Name, Address and Contact Details			
Title:	First Name:	Surname:	Knott
Company name:	Nexus Planning		
Street address:	Unit 3 Weybridge Business Park		
	Addlestone Road		
	Telephone number:		
	Mobile number:		
Town/City:	Fax number:		
Country:	Email address:		
Postcode:	KT15 2BW		

3. Description of the Proposal				
Please indicate all those reserved matters for which approval is being sought:				
☒ Access	☐ Appearance	☐ Landscaping	☐ Layout	☐ Scale
Please describe the proposal:				
Outline application for the development of up to 525 residential dwellings (Class C3), 3 ha (gross) of employment land (Class B1), public open space, play areas, associated infrastructure and landscaping.				
Has the building or works already been carried out? ☐ Yes ☒ No				

14. Existing Use

Please describe the current use of the site:

Agricultural field, racing car circuit.

Is the site currently vacant?

☒ Yes ☐ No

Does the proposal involve any of the following?

If yes, you will need to submit an appropriate contamination assessment with your application.

Land which is known to be contaminated?

☒ Yes ☐ No

Land where contamination is suspected for all or part of the site?

☐ Yes ☒ No

A proposed use that would be particularly vulnerable to the presence of contamination?

☒ Yes ☐ No

15. Trees and Hedges

Are there trees or hedges on the proposed development site?

☒ Yes ☐ No

And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the development or might be important as part of the local landscape character?

☒ Yes ☐ No

If Yes to either or both of the above, you may need to provide a full Tree Survey, at the discretion of your local planning authority. If a Tree Survey is required, this and the accompanying plan should be submitted alongside your application. Your local planning authority should make clear on its website what the survey should contain, in accordance with the current 'BS5837: Trees in relation to design, demolition and construction - Recommendations'.

16. Trade Effluent

Does the proposal involve the need to dispose of trade effluents or waste?

☐ Yes ☒ No

17. Residential Units

Does your proposal include the gain or loss of residential units?

☒ Yes ☐ No

Market Housing - Proposed

	Number of bedrooms				
	1	2	3	4+	Unknown
Bedsits/Studios					
Cluster Flats					
Flats/Maisonettes					
Houses	0	0	0	0	367
Live-Work Units					
Sheltered Housing					
Unknown					

Proposed Market Housing Total:

367

Market Housing - Existing

	Number of bedrooms				
	1	2	3	4+	Unknown
Bedsits/Studios					
Cluster Flats					
Flats/Maisonettes					
Houses					
Live-Work Units					
Sheltered Housing					
Unknown					

Existing Market Housing Total:

Social Rented Housing - Proposed

	Number of bedrooms				
	1	2	3	4+	Unknown
Bedsits/Studios					
Cluster Flats					
Flats/Maisonettes					
Houses	0	0	0	0	118
Live-Work Units					
Sheltered Housing					
Unknown					

Social Rented Housing - Existing

	Number of bedrooms				
	1	2	3	4+	Unknown
Bedsits/Studios					
Cluster Flats					
Flats/Maisonettes					
Houses					
Live-Work Units					
Sheltered Housing					
Unknown					

17. Residential Units

Proposed Social Housing Total

118

Existing Social Housing Total

Intermediate Housing - Proposed					
	Number of bedrooms				
	1	2	3	4+	Unknown
Bedsits/Studios					
Cluster Flats					
Flats/Maisonettes					
Houses	0	0	0	0	40
Live-Work Units					
Sheltered Housing					
Unknown					

Proposed Intermediate Housing Total

40

Intermediate Housing - Existing					
	Number of bedrooms				
	1	2	3	4+	Unknown
Bedsits/Studios					
Cluster Flats					
Flats/Maisonettes					
Houses					
Live-Work Units					
Sheltered Housing					
Unknown					

Existing Intermediate Housing Total

Key Worker Housing - Proposed					
	Number of bedrooms				
	1	2	3	4+	Unknown
Bedsits/Studios					
Cluster Flats					
Flats/Maisonettes					
Houses					
Live-Work Units					
Sheltered Housing					
Unknown					

Proposed Key Worker Housing Total

Key Worker Housing - Existing					
	Number of bedrooms				
	1	2	3	4+	Unknown
Bedsits/Studios					
Cluster Flats					
Flats/Maisonettes					
Houses					
Live-Work Units					
Sheltered Housing					
Unknown					

Existing Key Worker Housing Total

Overall Residential Unit Totals

Total proposed residential units	525
Total existing residential units	

18. All Types of Development: Non-residential Floorspace

Does your proposal involve the loss, gain or change of use of non-residential floorspace?

☒ Yes ☐ No

Use Class/type of use	Existing gross internal floorspace (square metres)	Gross internal floorspace to be lost by change of use or demolition (square metres)	Total gross new internal floorspace proposed (including changes of use) (square metres)	Net additional gross internal floorspace following development (square metres)
Other	0	0	30,000	30,000
Total	0	0	30,000	30,000

For hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms:

Use Class/types of use	Existing rooms to be lost by change of use or demolition	Total rooms proposed (including changes of use)	Net additional rooms
------------------------	--	---	----------------------

19. Employment

No Employment details were submitted for this application

20. Hours of Opening

No Hours of Opening details were submitted for this application