

Bronte Welham

From: Amanda Scholes on behalf of Planning.Responses
Sent: 27 June 2017 08:28
To: Planning Scanning
Subject: FW: 5 of 5 s.106 developer responses - A/44/17/OUT
Attachments: 0104 Arun A-44-17-OUT West of Brook Lane 12-06-2017.pdf

From: David Easton
Sent: 26 June 2017 15:19
To: Planning.Responses
Subject: FW: 5 of 5 s.106 developer responses - A/44/17/OUT

Could the attached please be uploaded as a consultation response from the NHS.

From: David Innes
Sent: 13 June 2017 16:36
To: David Easton
Subject: FW: 5 of 5 s.106 developer responses - A/44/17/OUT

David Innes | Planning Consultant , Strategic Development, Arun District Council | Location: First Floor, Arun Civic Centre, Maltravers Road, Littlehampton, BN17 5LF DX 57406 Littlehampton

Visit Arun's web site at www.arun.gov.uk



Save the environment - think before you print.

From: CLAVELL-BATE, Simon (NHS COASTAL WEST SUSSEX CCG) [REDACTED]
Sent: 13 June 2017 16:34
To: David Innes
Cc: LOWRY, Geoff (NHS COASTAL WEST SUSSEX CCG)
Subject: 5 of 5 s.106 developer responses - A/44/17/OUT

As promised.

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

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Coastal West Sussex Clinical Commissioning Group

Simon Clavell-Bate
Head of Finance
CWS CCG

Tuesday 13th June, 2017.

Specific application note (See Appendix 1)

**APPLICATION
NO:**

A/44/17/OUT

Registered:

Site Address:

West of Brook Lane, South of A259

Grid Reference:

505052 103544

**Description of
Works:**

A/44/17/OUT 90 units plus 72 bed care home, West of Brook Lane

Coastal West Sussex Clinical Commissioning Group (CWS CCG) has been working with Local Authorities and Developers for many years and has an established clear tariff contribution pro-forma for Developer Contributions.

The pro forma has been developed in conjunction with the District Valuer (professional & independent) and is regularly updated.

The CCG has also reviewed other government / centrally provided services (such as the Fire and Rescue Services, libraries) with relation to developer contributions to infrastructure that directly relate to housing / infrastructure development, in order to be fair and reasonable. The important factor is to have services in place for population needs.

Additional population generated by this development will place an increased demand on the existing health care that provides services to the area. In the absence of developer contributions towards the provision of additional infrastructure, CWS CCG would be unable to retain the high level of health care that is provided in the area and would therefore have to OBJECT to the development proposal.

1. Financial arrangements

All new housing / infrastructure has a direct impact on health care in the region. All residents will register with a GP when moving to a new home.

At present, Primary Care services are run by General Practitioners (GP's) as a partnership. These are stand-alone businesses that are funded materially from CCG's (Clinical Commissioning Groups), who do so as Co-Commissioner partners of NHS England.

Historically and current state is that the premises that GP's run services from are based on old established 'houses' linked together (modified) with some aging built for purpose premises.

The CCG does not have direct capital funding for Primary Care services. There are limited and scarce funds available that have to be applied for at a regional / national level.

Criteria such as new developments and developer contributions are a key factor in decision making, as the funding available needs to be directed to area of need (and funding is scarce). The key question from central NHS funds is "what funding has been secured from housing development" when applying for any central capital investment.

The funding for new builds or Premises extensions/infrastructure comes from materially 2 sources, linked on the whole to new housing development growth.

- i. S.106 funds (or CIL equivalent)
- ii. CCG revenue allocation

Revenue funds from the NHS are used to run and maintain services that continually have a higher demand than the resource available. Arun has a high frail and aged population with associated health needs. Therefore there is a high demand factor for health and a need Health funds are provided and used for the existing population of the area and thus housing growth infrastructure costs are sourced and necessary from housing developments.

Revenue funds for Health organisations are limited and challenging currently. Many NHS bodies did not meet the requirement to break even financially, and in 2016/17 Coastal West Sussex CCG was one of those bodies. As such, funding for the foreseeable future will be exceedingly limited, as there remains a requirement to payback any financial gaps and at the same time there is a requirement still to make year on year efficiency savings (cash releasing).

2. Assessment & request

Coastal West Sussex CCG has taken an assessment of the implications of growth and the delivery of housing upon the health need of the Arun District, 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 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.

3. Current Healthcare in Arun

Primary Care services in Arun are provided by 15 GP businesses (GP practices), funded on the main from NHS funds for providing Primary health care.

Each practice site is either owned outright (entirely owned, mortgaged or other financial arrangement) or leased from a landlord.

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%.

GP Practice	List Size Jan 2017	List Size Jan 2016	Over 65's Jan 2016	% Over 65's
Arundel	6,404	6,375	1,957	31%
Croft	11,345	11,152	2,532	22%
Avisford	10,503	10,278	3,114	30%
Bersted Green	12,936	12,657	2,464	19%
West Meads	7,565	7,578	2,257	30%
Maywood	13,746	13,463	2,755	20%
Grove House	11,858	11,898	4,845	41%
Bognor	9,192	8,992	1,716	19%
Flansham Park	13,220	13,010	3,894	29%
Arun MG (<i>now closed</i>)	0	7,165		
Park	9,770	7,744	2,220	23%
Fitzalan	16,638	13,921	3,357	20%
Willow Green	9,729	8,891	3,451	35%
Coppice	10,304	9,612	3,071	30%
Westcourt	12,544	11,892	3,909	31%
Lawns	2,612	2,098	956	37%

Total	158,366	156,726	42,498	27%
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England Ave = 17.7%

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.

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.

4. Costs

The contribution for project A/44/17/OUT is £145,512.

Appendix 1 shows the application data.

The contribution calculation is set out below and is consistent with all previous s.106 development requests. It is also consistent with other public sector contribution working, such as education/libraries and Fire and Rescue services. Both internal health and other Public sector workings are reviewed on a regular basis.

S106 Contribution to NHS/GP Community/Specialist Service (Formula agreed by The District Valuer)							
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(£)
18	1 Beds	15	2	@	£4,300	£6,735	£673
44	2 Beds	84	9	@	"	£37,534	£853
35	3 Beds	88	9	@	"	£39,285	£1,122
1	4 Beds	3	0	@	"	£1,347	£1,347
8	5 Beds	0	0	@	"		
72	Care Home	72	8	@	"	£60,611	N/A
90		189	19.74	@	"	£145,512	
Ave Occupancy		2.10	Contribution Per Dwelling		n/a	per dwelling	
					n/a	per person	
Occupancy Assumptions (confirmed by WSCC JUL 2015)							
PER CENSUS 2011 - WSCC				Care home tariff is 1 bed dwelling charge @ tariff plus up to 100%. Assessment here is £673 tariff @ 25% uplift (residential factor estimate)			
Infrastructure costs	£4,300.0	psm					
Average Sqm Per Patient	0.1044	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							
1750 patients per GP							
1500	sqm GIA	7	GP Practice	AVG Patient List	12250	0.1224	sq m per patient
836	sqm GIA	6	GP Practice	AVG Patient List	10500	0.0796	sq m per patient
718	sqm GIA	5	GP Practice	AVG Patient List	8750	0.0821	sq m per patient
646	sqm GIA	4	GP Practice	AVG Patient List	7000	0.0923	sq m per patient
487	sqm GIA	3	GP Practice	AVG Patient List	5250	0.0928	sq m per patient
374	sqm GIA	2	GP Practice	AVG Patient List	3500	0.1069	sq m per patient
271	sqm GIA	1	GP Practice	AVG Patient List	1750	0.1549	sq m per patient
				Average		0.1044	sq m per patient

5. Compliance with National Policy and CIL regulations

i. Necessary to make the proposed development in planning terms

Health provision and to a large extent access to Primary Care GP services is high on the agenda of households and is a particular aspect of all government party manifestos.

Arun's emerging local plan has increasing incremental annual growth assumptions for housing development. 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 volume of housing and occupancy has a necessary impact on the current capacity of the estate that will require additional clinic rooms and medical professionals (and associated support service costs and staff). In order to maintain current healthcare provision, increased estate is necessary.

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.

The plan is therefore to utilise any GP estate that can be 'extended' or built on in the shorter term. In the medium term, there are plans for new GP estate to be built on strategic sites as per the Arun emerging local plan (2011-2031).

ii. Directly related

There is a functional and direct link between the development and the contribution requested. 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 to help achieve a proportionate increase to 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.

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.

I trust this sets out the request for infrastructure contributions relating to this development.

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/44/17/OUT – Developer application



Arun Civic Centre
Maltravers Road
Littlehampton
West Sussex BN17 5LP
Tel: 01903 737766
www.arun.gov.uk

Application for Outline Planning Permission with all 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:	N/A
Company name:	Store Property Investments Limited				
Street address:	c/o Agent				
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:	Ms	First Name:	Serena	Surname:	Page
Company name:	Dalton Warner Davis LLP				
Street address:	21 Garlick Hill				
Telephone number:					
Mobile number:					
Town/City:	London				
Fax number:					
Country:					
Email address:					
Postcode:	EC4V 2AU				

3. Description of the Proposal

Please describe the proposal:

Outline planning permission (with all matters reserved) for demolition of existing buildings on site and the erection of a mixed use development comprising residential units and care home (Use Class C2 and C3) and ancillary facilities including railway crossing together with associated access, car parking and landscaping

Has the building or works already been carried out? ☒ Yes ☐ No

4. Site Address Details

Full postal address of the site (including full postcode where available)

House:		Suffix:	
House name:	Land west of Brook Lane and South of A259		
Street address:			
Town/City:			
Postcode:	BN16 3JL		

Description of location or a grid reference
(must be completed if postcode is not known):

Easting:	505052
Northing:	103544

Description:

Land West of Brook Lane and South of A259 (within the Parishes of Brookfield and Angmering and Findon)

5. Assessment of Flood Risk

Is the site within an area at risk of flooding? (Refer to the Environment Agency's Flood Map showing flood zones 2 and 3 and consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)

☒ Yes ☐ No

If Yes, you will need to submit an appropriate flood risk assessment to consider the risk to the proposed site.

Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)?

☒ Yes ☐ No

Will the proposal increase the flood risk elsewhere?

☐ Yes ☒ No

How will surface water be disposed of?

- | | | |
|---|--|------------------------------------|
| ☒ Sustainable drainage system | ☐ Main sewer | ☐ Pond/lake |
| ☐ Soakaway | ☒ Existing watercourse | |

6. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application?

☒ Yes ☐ No

If Yes, please complete the following information about the advice you were given (this will help the authority to deal with this application more efficiently):

Officer name:

Title: Mrs First name: A Surname: Gardner

Reference: PAA/43/16/

Date (DD/MM/YYYY): 29/04/2016 (Must be pre-application submission)

Details of the pre-application advice received:

Pre application response to proposed development on site

7. Authority Employee/Member

With respect to the Authority, I am:

- (a) a member of staff
- (b) an elected member
- (c) related to a member of staff
- (d) related to an elected member

Do any of these statements apply to you?

☒ Yes ☐ No

8. Site Area

What is the site area?

5.92

hectares

9. 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	10	14	0	0	0
Houses	0	30	35	1	0
Live-Work Units					
Sheltered Housing					
Unknown					

Proposed Market Housing Total

90

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

Proposed Social Housing Total

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

Proposed 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					

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

Existing Market Housing Total

1

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					

Existing Social Housing Total

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