NHS
Coastal West Sussex
Clinical Commissioning Group
Simon Clavell-Bate
Head of Finance
CWS CCG

Tuesday 11th July, 2017.

Specific application note
(See Appendix 1)
CM/1/17/OUT
Outline application for the erection of up to 300 dwellings & ancillary development comprising open space, a building within use class D1 (Non-Residential Institutions) of up to 875 square metres net, a building for A1 (Shops) use having a floor area of up to 530 sq. metres net, together with open space & ancillary works, including car parking & drainage arrangements

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)

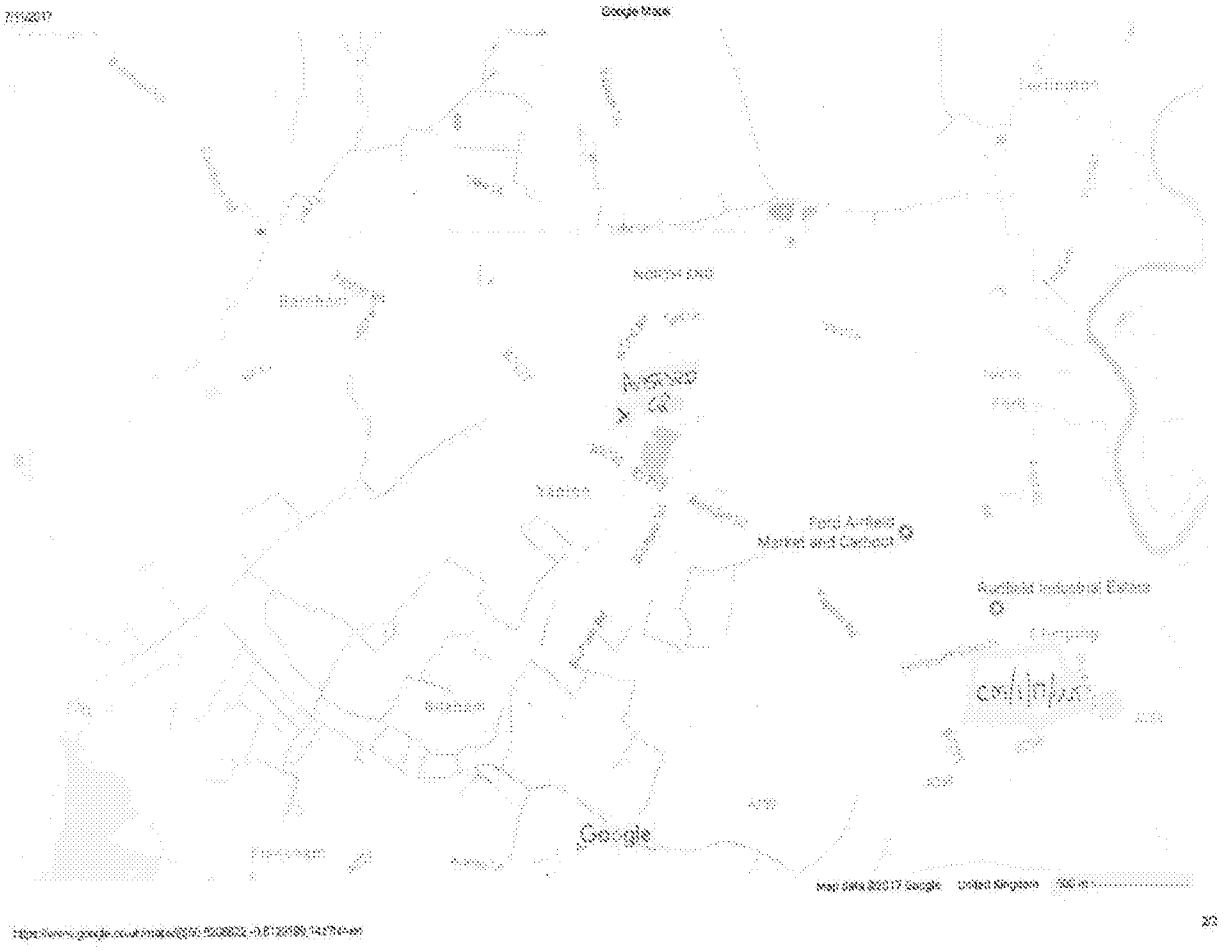
ii. CCG revenue allocation

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).

The funding will be a contribution to "**Avisford Park GP surgery**" for the infrastructure needs of managing GP consultant Health Care. The costing of the project follows in section 4.

Avisford Park GP surgery Yapton & CM/1/17/OUT



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 *(now closed)*	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%**

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 CM/1/17/OUT is £329,013

Appendix 1 shows the application data.

The contribution calculation is set out on the following page 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.

The Site location
The impact of this proposed housing build will directly fall onto the provision of healthcare at Avisford GP Surgery.
The current Avisford GP surgery estate now serves 10,500 patients. Avisford is now at full capacity with regard to patient numbers and clinics.
The impact of this proposed housing build will directly fall onto the provision of healthcare at Avisford GP Surgery.
Without any infrastructure increase and improvement, the practice would not be able to provide Health services to the new residents.
The only option would be to object to the development plan – however we feel this will not be necessary as there have been proposals for infrastructure improvement approved in other areas and see working together on housing need and infrastructure as a positive step forward for the benefit of all.

Avisford surgery at Yapton is the practice for which the new residents would register. The developer contribution would be utilised as one of the 5 section 106 developer schemes to add on additional infrastructure and associated costs in order to provide health care to the new residents.

Costing Template (Health Tariff)

S106 Contribution to NHS/GP Community/Specialist Service (Formula agreed by The District Valuer)

Font in red can be adjusted

NHS
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(£)
26	1 Beds	39	4	@	£4,300	£19,152	£737
115	2 Beds	219	25	@	"	£107,298	£933
129	3 Beds	323	37	@	"	£158,368	£1,228
30	4 Beds	90	10	@	"	£44,196	£1,473
0	5 Beds	0	0	@	"		
300	House Total	670	76.51	@	"	£329,013	
(+ 70 Care Home)		(+ 70 Care Home & sqm incr)					
	Ave Occupancy	2.23			Contribution Per Dwelling	£1,097	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	1.5	Persons
2	Bed	1.9	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**

1580	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
271	sqm GIA	1	GP Practice	AVG Patient List	1600	**0.1694**	sq m per patient
				Average		**0.1142**	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.
Aruns 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,

[redacted]

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

Appendix 1
CM/1/17/OUT – Developer application

ARUN DISTRICT COUNCIL

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

Application for Outline Planning Permission with all matters reserved.
Town and Country Planning Act 1990

ublication of applications on planning authority websites.
lease note that the information provided on this application form and in supporting documents may be published on the Authority's website.
you require any further clarification, please contact the Authority's planning department.

1. Applicant Name, Address and Contact Det

CM/1/17/OUT

CM/1/17/OUT

Outline application for the erection of up to 300 dwellings & ancillary development comprising open space, a building within use class D1 of up to 875 square metres net, a building for A1 use having a floor area of up to 530 sq. metres net, together with open space & ancillary works, including car parking & drainage arrangements, with appearance, landscaping, layout & scale wholly reserved for subsequent approval. The access detail, showing the points of access to the development, & indicated on Bellamy Roberts drawings numbered 4724/004 & 4724/005 are access proposals to be determined at this stage of the application. For the avoidance of doubt all other access details within the site is to be determined as a reserved matter at a later stage. This application is a Departure from the Development Plan & affects the setting of Listed Buildings.

Title:	
First Name:	.
Company name:	Mulgrave Properties LLP
Street address:	Hawk Creative Business Park
	Hawkhills Estate
	Easingwold
Town/City:	York
Country:	
Postcode:	YO61 3FE

Are you an agent acting on behalf of the applicant? ◉ Yes ○ No

2. Agent Name, Address and Contact Details

Title:	Mr
First Name:	C.
Surname:	Wojtulewski
Company name:	Parker Dann LLP
Street address:	Suite S10
	Waterside Business Centre
	North Street
Town/City:	Lewes
Country:	
Postcode:	BN7 2PE
Telephone number:	[redacted]
Mobile number:	
Fax number:	
Email address:	[redacted]

3. Description of the Proposal

Please describe the proposal:

Outline application for the erection of up to 300 dwellings and ancillary development comprising open space, a building within use class D1 of up to 875 square metres net, a building for A1 use having a floor area of up to 530 sq. metres net, together with open space and ancillary works, including car parking and drainage arrangements, with appearance, landscaping, layout; and scale wholly reserved for subsequent approval. The access detail, showing the points of access to the development, and indicated on Bellamy Roberts drawings numbered 4724/004 and 4724/005 are access proposals to be determined at this stage of the application. For the avoidance of doubt all other access detail within the site is to be determined as a reserved matter at a later stage.

Has the building or works already been carried out? ○ Yes ◉ No

ARUN DISTRICT COUNCIL CM/1/17/OUT

Planning Portal Reference : PP-05189252

Does your proposal include the gain or loss of residential units? (•) Yes ( ) No

Market Hou - Proposed	Number of bedrooms				
	1	2	3	4+	Unknown
Bedsits/Studios					
Cluster Flats					
Flats/Maisonettes					
Houses	0	0	0	0	210
Live-Work Units					
Sheltered Housing					
Unknown					

Proposed Market Housing Total: 210

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	90
Live-Work Units					
Sheltered Housing					
Unknown					

Proposed Social Housing Total: 90

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 - 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:

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	300
Total existing residential units	

ARUN DISTRICT COUNCIL CM/1/17/OUT

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