Simon Clavell-Bate
Head of Estates
West Sussex CCG
Monday 12th October 2020.

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	F / 4 / 20 / OUT
Date Registered	25-02-2020 (CCG 29/9/20)
Address of Proposed Site	Ford Airfield
Grid Reference (if known)	
Description of works:	Outline planning application (with all matters reserved except for access) for the development of up to 1,500 dwellings (Use Class C3), 60-bed care home (Use Class C2), up to 9,000 sqm of employment floorspace (Use Classes B1), local centre of up to 2,350 sqm including up to 900 sqm retail / commercial (Use Classes A1-A5) and 1,450 sqm community / leisure floorspace (Use Classes D1-D2), land for a two-form entry primary school (Use Class D1), public open space, allotments, new sports pitches and associated facilities, drainage, parking and associated access, infrastructure, landscape, ancillary and site preparation works, including demolition of existing buildings and part removal of existing runway hardstanding. This application affects a Public Right of Way

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

West Sussex Clinical Commissioning Group (WS CCG) is the lead organisation responsible for the health and wellbeing of more than 900,000 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 new residents will register **at The Croft surgery (new build in progress) or the GP premises in Yapton (new build proposal),** which are the primary care

sites to support this proposed development. Any fund contribution will only be used and asked for once – and will support the new residents need. The CCG has a new build at the Croft site in progress (part funded by future s.106 receipts) and the option to extend further or utilise a new build in Yapton if this is the future option.

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

WSx CCG requests a contribution from the applicant of **£1,812,954,** as quantifiably in the tariff section, which will be used towards the Croft Surgery / GP premises supporting Ford (ar Yapton/site tbc) site expansion. The CCG will consider the proportional use of these funds coupled with the other Arun developments so as to give best benefit to patient care, if that is required with post Covid19 needs.
The Tariff formula has been independently approved by the District Valuer

Assessment & request

WS 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 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. 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 of £1,812,954 for the infrastructure needs of the new Croft surgery and/or new provision in the area of Yapton/Ford. Funds will only be asked for on a proportionate level for the directly related services.

WS 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** (last update July 2019) and assumes £4,500/sqm, 'sense-checked' against two recent building projects undertaken by the CCG. The cost inputs refers only to 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 3,408 new residents (weighted) with a consequential additional GP surgery area requirement of 382m². This equates to a direct cost of **£1,812,954** 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)

F / 4 / 20 / OUT District Council Reference

1500 dwellings, 60 bed care home & school, sports….

Font in red can be adjusted

Sussex NHS Commissioners

NHS

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(£)
131	1 Bed	197	22	@	£4,500	£100,982	£771
577	2 Beds	1,096	125	@	"	£563,394	£976
642	3 Beds	1,605	183	@	"	£824,817	£1,285
150	4 Beds	450	51	@	"	£231,257	£1,542
0	5 Beds	0	0	@	"		
60	Care Home	60				£92,502.90	£1,542
		equivalent					
1,560	House Total	3,408	382.32	@	"	£1,812,954	

Ave Occupancy	2.18	Contribution Per Dwelli	£1,103	per dwelling
			£532	per person

Occupancy Assumptions (confirmed by WSCC JUL 2015)

PER CENSUS 2011 - WSCC

Care home contributions are at up to 100% of 1 bed dwelling

Infrastructure costs	£4,500.0	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**

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
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 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 3,408 people living in the new development (with associated health needs) near the Croft (Eastergate surgery) / GP Premises (Yapton / new site) serving the population 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,

S.Bate

Simon Clavell-Bate
B.Ed Hons, FCCA
Head of Estates
West Sussex Clinical Commissioning Groups (WSx CCG)

Arun District Council
Maltravers Road
Littlehampton
West Sussex BN17 5LF
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. Site Address

Number	
Suffix	
Property name	Land at Ford Airfield
Address line 1	
Address line 2	
Address line 3	
Town/city	Ford, West Sussex
Postcode	

Description of site location must be completed if postcode is not known:

Easting (x)	499204
Northing (y)	102967

Description

Please refer to the submitted site boundary plan

2. Applicant Details

Title	
First name	
Surname	-
Company name	Redrow Homes Southern Counties and Wates Developments Limited
Address line 1	c/o agent
Address line 2	
Address line 3	
Town/city	
Country	

2. Applicant Details

Postcode	
Primary number	
Secondary number	
Fax number	
Email address	

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

3. Agent Details

Title	Mr
First name	Luke
Surname	Vallins
Company name	Barton Willmore
Address line 1	The White Building
Address line 2	1 - 4 Cumberland Place
Address line 3	
Town/city	Southampton
Country	United Kingdom
Postcode	SO15 2NP
Primary number	[redacted]
Secondary number	
Fax number	
Email	[redacted]

4. Description of the Proposal

Please indicate all those matters for which approval is sought as part of this outline application (tick all that apply).

Note: if this application is approved, the matters not determined as part of this application will need to be the subject of an 'Application for approval of reserved matters' before the development may proceed.

- [x] Access
- [ ] Appearance
- [ ] Landscaping
- [ ] Layout
- [ ] Scale

Please describe the proposed development

Outline planning application (with all matters reserved except for access) for the development of up to 1,500 dwellings (Use Class C3), 60-bed care home (Use Class C2), up to 9,000 sqm of employment floorspace (Use Classes B1), local centre of up to 2,350 sqm including up to 900 sqm retail / commercial (Use Classes A1-A5) and 1,450 sqm community / leisure floorspace (Use Classes D1-D2), land for a two-form entry primary school (Use Class D1), public open space, allotments, new sports pitches and associated facilities, drainage, parking and associated access, infrastructure, landscape, ancillary and site preparation works, including demolition of existing buildings and part removal of existing runway hardstanding

Has the work already been started without planning permission? ○ Yes ◉ No