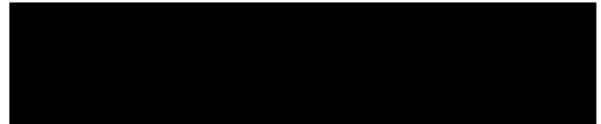


Strategic Estates
West Area Office
44-45 West Street
Chichester
West Sussex
PO19 1RP



Via E-Mail Peter.Cleveland@arun.gov.uk

28th May 2014

Peter Cleveland Esq.,
Strategic Development Planner
Arun District Council
First Floor
Civic Centre
Maltravers Road
Littlehampton BN17 5LF

Dear Peter

Outline Planning Application F/9/14/PL for 45 dwellings on land south of Burndell Road Ford BN18 0HR

We have recently noticed an article concerning this proposed development from the Littlehampton Gazette which we note is a departure from ADC's Development Plan and are very much aware that this lies partly in the parish of Yapton.

You may be aware that we were asked by ADC to defend a Section 106 application at a Planning Appeal, brought by Gleeson (Y/38/14/PL).in this location which was off Burndell Road in November 2011 as both Croft and its Yapton branch surgery Meadowcroft, plus Avisford Medical Group had and still have capacity issues.

NHS Property Services Ltd conducts Town Planning Matters on behalf of NHS England and Coastal West Sussex amongst other CCGs, which encompasses ADC's catchment area. We are also instructed by the DoH to seek developer contributions for healthcare improvements as a consequence of planning applications for domestic housing developments.

Both main surgeries which cover this area already have some 21,000 patients between them and also operate country branch surgeries including the nearby Meadowcroft branch in Bilsham Road Yapton.

The proposed development, despite being modest in size, is likely to have the potential of increasing the local population by a further 93 residents/patients who are likely to seek registration locally. In addition will make use of complementary healthcare services in the community such as Littlehampton Health Centre.

In the circumstances we are mindful that new housing developments do not disadvantage the health services for existing patients and therefore given the pressures experienced in this particular geographical area we feel that a Section 106 developer contribution is fully justified.

As it appears that only indicative totals of dwellings are provided in the planning application, we have provided an interim indicative housing breakdown which can be firmed up once specific numbers and types are known and indeed, should an eventual planning consent be granted.

i.e.

46% - 3 Bed	=	20
12% - 4 Bed	=	5
33% - 2 Bed	=	16
<u>9%</u> 1 Bed	=	<u>4</u>
<u>1.00%</u>		<u>45</u>

Accordingly, this interim figure amounts to £18,956 which equates to an average of £421 per dwelling.

Yours sincerely,



M.W.Pritchard
Business Support Manager

S106 Contribution to NHS/GP Community/Specialist Service Provision

(Formula agreed by The District Valuer)

Not used only

Form to be used can be adjusted

Interim indicative figures

Y/08/13/ Outline Planning application for a mixed residential development of 250 dwellings on Land to the north & east of St Marys Church Yapton West Sussex

K Langmead c/o P Collins strutt & Parker 31 North St Chichester PO19 1LY

Case office Cian Cronin

Example Housing Development

House Numbers (Inc Social Housing)	House Type	New Occupancy (Persons)	Surgery Area Requirement (sqm)		Infrastructure Development cost(psm)	Capital Contribution (£)	Approx Contribution per dwelling (£)
13	1 Beds	22	2	@	£1,950	£4,500	£346
62	2 Beds	112	12	@	"	£22,722	£366
99	3 Beds	198	21	@	"	£40,314	£448
79	4 Beds	189	20	@	"	£38,481	£550
35	5 Beds	45	5	@	"	£9,162	£611
250.00		566	59.07	@	"	£115,179	
Ave Occupancy		2.26	Contribution Per Dwelling			£461	per dwelling
						£204	per person

Occupancy Assumptions (confirmed by WSCC Aug 2011)

(N.B. we await the WSCC occupation numbers from the 2011 Census expected spring 2014)

New build costs and land	£2,300.0 psm	Greater than	299	sqm
Build Cost only	£1,850.0 psm	then Land Cost is introduced		
Average Sqm Per Patient	0.1244 sqm			
Average Occupancy Assumptions	1 Bed	1.7	Persons	
	2 Bed	1.8	Persons	
	3 Bed	2.2	Persons	
	4 Bed	2.7	Persons	
	5 Bed	3	Persons	

Explanation

1. Build costs include basic build cost, finance, professional fees. To be amended annually.

2. Build cost plus land includes an estimated cost per sq m for land, in the event that land needs to be acquired to facilitate a new development.

3. The land cost addition can be increased dependent on the location of the new surgery.

4. The point at which land is added into the equation is when the requirement for space is in excess of 299 sq metres.

5. The occupancy assumptions can be amended as per the requirements of the Local Authority.

6. 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 PCT to provide additional clinical or service development space within a new development

1750 patients per GP

1589 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
587 sqm GIA	3	GP Practice	AVG Patient List	5250	0.0928 sq m per patient
378 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