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

Monday 29th January, 2018

Specific application note
(See Appendix 1)

APPLICATION NO:	Y-91-17-OUT
Registered:	14th December 2017
Site Address:	Land at Bilsham Road Yapton
Grid Reference:	497590 102839
Description of Works:	Outline application for the development of up to 250 residential dwellings (Class C3), vehicular access, public open space, ancillary works and associated infrastructure. Departure from the Development Plan.

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 *(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.

The funding will be a contribution to “AVISFORD MEDCIAL GROUP” for the infrastructure needs of managing “Treatment Rooms capacity” and the strategic hub for Arun.

4. Costs

The contribution for project Y-91-17-OUT is £273,965.

Appendix 1 shows the application data. The contribution will be split between the impact on need as residents move into the homes (at Avisford, where they will register/receive care) and development of services at the strategic hub site (where other care will be available).
The total 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 I (Formula agreed by The District Valuer)
Arun DC reference Y-91-17-OUT
250 dwellings at Land at Bilsham Road Yapton
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(£)
22	1 Beds	33	4	@	£4,300	£16,205	£737
96	2 Beds	182	21	@	"	£89,570	£933
107	3 Beds	268	31	@	"	£131,360	£1,228
25	4 Beds	75	9	@	"	£36,830	£1,473
	5 Beds	0	0	@	"		
250	House Total	558	63.71	@	"	£273,965	
	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	1.5	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

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,

S.Bate

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

Appendix 1

Y/91/17/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 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: Gleeson Strategic Land

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: Miss | First Name: Zoe | Surname: Knott

Company name: Nexus Planning

Street address: Suite A, 3 Weybridge Business Park

Addlestone Road

Weybridge

Town/City: Surrey

Country:

Postcode: KT15 2BW

Telephone number: [redacted]

Mobile number:

Fax number:

Email address: [redacted]

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 250 residential dwellings (Class C3), vehicular access, public open space, ancillary works and associated infrastructure.

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

Please describe the current use of the site:

Agricultural fields.

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					
Live-Work Units					
Sheltered Housing					
Unknown	0	0	0	0	175

Proposed Market Housing Total 175

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					
Live-Work Units					
Sheltered Housing					
Unknown	0	0	0	0	75

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					

ARUN DISTRICT COUNCIL Y/91/17/OUT

Proposed Social Housing Total: 75

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	250
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

19. Employment

No Employment details were submitted for this application

20. Hours of Opening

No Hours of Opening details were submitted for this application

21. Site Area

What is the site area? 11.60 hectares

22. Industrial or Commercial Processes and Machinery

Please describe the activities and processes which would be carried out on the site and the end products including plant, ventilation or air conditioning. Please include the type of machinery which may be installed on site:

ARUN DISTRICT COUNCIL Y/91/17/OUT