

Mid Sussex Council
West Sussex

Specific application note

Application Number	DM/25/0015 – 200 dwellings
Date Registered	5 th February 2025
Address of Proposed Site	Land West Of Turners Hill Road And South Of Huntsland Turners Hill Road Crawley Down West Sussex
Grid Reference (if known)	533526 : 137677
Description of works:	200 dwellings, and associated infrastructure including new access points

Overview

Current Estate is at capacity in Crawley Down / East Grinstead, with housing developments in this area of Mid Sussex rising. As such, NHS Sussex (NHS commissioning) has worked with the District Valuer and District Council on both strategic plans and more local factors. For the area of GP coverage, there are circa 45,000 current registered people. The impact of new people coming to the area requires more places for GP attendances and as such the NHS is requesting financial contributions to support growth from housing.

Development proposal

NHS Sussex predicts that new residents will register **at Crawley Down or Modality GP practice** (NHS aim is to provide choice). The new homes are in the catchment area of these 2 GP practices. Thus, NHS Sussex requests a contribution to enable support of the growing new housing population – work is under way for expanding capacity at the GP practices, subject to the s106 funding.

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 (as this is not a strategic site) 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, NHS Sussex would be unable to sustain sufficient and safe services provided in the area and would therefore have to OBJECT to the development proposal.**

NHS Sussex requests a contribution from the applicant of **£326,500**, as quantifiably in the tariff section, which will be used towards supporting premises capacity increase. **Funding will not be duplicated.** NHS Sussex will consider the proportional use of these funds coupled with any other area developments in a fair and proportionate working so as to give best benefit to patient care and value for money.

The Tariff formula has been independently approved by the District Valuer

Assessment & request

NHS Sussex 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 Haywards Heath

Primary Care services in the area are provided by two GP practices, funded from NHS funds for providing Primary health care.

Some sites are purpose built in prior decades and some are re-worked sites. However, all sites were set to a size (estate area) for a population that has gone above optimal or possible working remits. In simple terms, the population has increased due to new homes.

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 and encompass all the necessary components of patient need, at the GP practice.

This current development response just related to new housing growth.

NHS Sussex works closely with Mid Sussex District council, and as such we are continually looking at options and emerging opportunities. Our strategy is to work alongside stakeholders to deliver at scale where possible. Where this is not pragmatic for an area, then developing an existing site (building on existing great NHS services and thus optimising workforce) is another preferred option.

To clarify, Primary Care provision in the area is strong, but physical premises (and to some degree workforce) are required to meet the new residents in housing developments. GP's have list sizes (and catchment areas) of over 10,000 on average, and the aim is for larger scale where possible. Hence, in this instance, the plan is for developer contributions to support infrastructure.

Contribution Sought and Methodology

The funding will be a contribution of **£326,500** for the infrastructure needs **of NHS GP services**. **Funds will only be asked for on a proportionate level for the directly related services.**

NHS Sussex, in line with NHS services and Commissioning 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. The approach Sussex has been using is being used by more areas across England.

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 commissioner, through the need to build additional physical capacity (in the form of new/expanded GP surgeries). As noted, the model has been used by NHS commissioners 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 Apr 2024) and assumes £6,400/sqm, 'sense-checked' against recent building projects in West Sussex. The cost inputs refers only to capital construction costs; the **commissioner funds 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 447 new residents (weighted) with a consequential additional GP surgery area requirement of 51.03m². This equates to a direct cost of **£326,500** 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 – Phase 1

S106 Contribution to NHS/GP Community/ Provision			(Formula agreed by The District Valuer)				16/04/2024					
Mid Sussex Ref DM/25/0015												
Turners Hill Rd, Crawley Down												
Font in red can be adjusted												
Housing Development												
			New Occupanurgery Area		Infrastructure	Capital	Approx Contribution					
House Numbers (Inc Social Housing)	House Type		(Persons)	Requirem ent (sqm)		Developm ent cost(psm)	Contributi on (£)	per dwelling(£)				
17	1 Bed		26	3	@	£6,400	£18,638					
77	2 Beds		146	17	@	"	£106,929					
86	3 Beds		215	25	@	"	£157,141					
20	4 Beds		60	7	@	"	£43,853					
	5 Beds		0	0	@	"						
	Care Village											
			equivalent									
200	House Total		447	51.03	@	"	£326,560					
Ave Occupancy			2.23	Contribution Per Dwelling		£1,633	per dwelling					
						£731	per person					
Occupancy Assumptions (confirmed by WSCC JUL 2015)						Care home contributions are at up to 100% of 1 bed dwelling						
PER CENSUS 2011 - WSCC												
Infrastructure costs	£6,400.0	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 Patier	11200	0.1339	sq m per patient						
836	sqm GIA	6	GP Practice AVG Patier	9600	0.0871	sq m per patient						
718	sqm GIA	5	GP Practice AVG Patier	8000	0.0898	sq m per patient						
646	sqm GIA	4	GP Practice AVG Patier	6400	0.1009							

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.

Mid Sussex local plan has increasing incremental annual growth assumptions for housing development with certain strategic sites are potentially going to deliver in excess of 2,500 homes in this area over the current planning horizon. With 17,000 new homes planned over the next planning horizon.

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 of clinical rooms for consultation/examination and treatment and medical professionals (and associated support service costs and staff).

NHS Sussex seeks to include these necessary and additional works as part of the solution to estate need of the area.

ii. Directly related

It is indisputable that the increase in population of approximately 447 people living in the new development (with associated health needs) at a GP practice or associated facility will place direct pressure on all organisations providing healthcare in the locality, in particular primary care provided by the NHS Sussex. **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 (and actual) 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 NHS Sussex 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. This current development response just related to new housing growth.

Thank you for the continued support in securing health infrastructure contributions to enable the population of Mid Sussex to have access to the health care that it needs now and for future generations.

Yours sincerely,

S. Bate

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