

Planning lead / Nicola Pettifer
Horsham District Council
West Sussex

Specific application note

Application Number	DC/25/1266
Date Registered	
Address of Proposed Site	Pulborough, New Place Farm: RM1 Application
Grid Reference (if known)	
Description of works:	160 Dwellings

Overview

Current GP primary care Estate is at capacity. Resident growth is expected for new housing and this response covers the health infrastructure contribution of these step growth areas (higher local population growth). Without such plans, health would have to object to any housing development. We are confident that a contribution to healthcare, as has happened in the past, will be the outcome.

NHS Sussex is the lead organisation responsible for the health and wellbeing and in the West Sussex area there are more than 900,000 people

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 risks of list 'capping' (restricting new registrations) where housing growth is impacting disproportionate GP registration growth.

This proposal is to align housing growth with GP capacity (premises) needs in this rural area.

Development proposal

NHS Sussex predicts that new residents will register at Pulborough GP practice or Billingshurst GP practice. The new homes are in the catchment area of both practices. Thus, NHS Sussex requests a contribution to enable support of the growing new housing population – work is under way for expanding capacity at Billingshurst GP practice, subject to the s106 / CIL funding. Pulborough are aligning housing and project needs. The site has capacity increase workings.

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 a care home project) 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.** The project is at reserve matters and the NHS will work with Horsham District Council and previously submitted CIL sites.

NHS Sussex requests a contribution from the applicant of [REDACTED], as quantifiably in the tariff section, which will be used towards supporting **Billingshurst / Pulborough GP practice capacity. Funding will not be duplicated** or additional fund ask. NHS Sussex will consider the proportional use of these funds coupled all other area developments so as to give best benefit to patient care. Capacity increases have been started on the basis of future contributions due to the large housing plan of Horsham District council. This includes options at other town GP practices (the NHS will only use funds once / request funds), should the trigger point / premises delivery need require any provider options.

There are multiple housing projects in the area – and NHS Sussex is working with Horsham DC and uses a tariff approach so that funding use is fair and proportionate.

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 Horsham area

Primary Care services in Horsham area are provided by a number of 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.

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 Billingshurst / Pulborough GP practices and encompass all the necessary components of patient need, whether at the GP practice or neighbouring service area. There are other projects in process, and NHS Sussex will align housing developments and projects – for fairness of tariff based contributions.

NHS Sussex works closely with Horsham 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. The aim is to add capacity at GP sites.

To clarify, Primary Care provision in the Horsham area is strong, but physical premises (and to some degree workforce) are required to meet the new residents in housing developments. In this instance, the plan is for developer contributions to support infrastructure in this rural area where the GP site is the key NHS access point.

Contribution Sought and Methodology

The funding will be a contribution of [REDACTED] for the infrastructure needs **at Billingshurst / Pulborough GP practices. Funds will only be asked for on a proportionate level for the directly related services/premises required (no fund duplication).**

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.

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). The model has been used for NHS commissioning 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 / Healthcare professional.

Build-cost data has been **verified by the District Valuer Service** (last update July 2024) and assumes [REDACTED]/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 **357** new residents with a consequential additional GP surgery area requirement of 40.82m². This equates to a direct cost of [REDACTED] 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 (or associated CIL fund allocation).

[The Health Tariff is on the next page](#)

Health Tariff

S106 Contribution to NHS/GP Community/ Provision			(Formula agreed by The District Valuer)				23/09/2024	
D&B Ref: DC/24/1676								
160 Dwellings								
London Rd, Pulborough								
W Sussex								
Housing Development								
House Numbers (Inc Social Housing)	House Type		New Occupanc (Persons)	Surgery Area Requirement (sqm)		Infrastructure Development cost(psm)	Capital Contributio n (£)	Approx Contribution per dwelling(£)
14	1 Bed		21	2	@	£		
61	2 Beds		116	13	@			
69	3 Beds		173	20	@			
16	4 Beds		48	5	@			
	5 Beds							
	Care Home							
			equivalent					
160	House Total		357	40.82	@	"		
Ave Occupancy			2.23	Contribution Per Dwelling			per dwelling	
							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				sm				
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	####	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 (and/or CIL). 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.

Horsham DC local plan has increasing incremental annual growth assumptions for housing development with certain strategic sites are potentially going to deliver in excess of 15,000 homes in the area overall during the current 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: 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 for Horsham area.

ii. Directly related

It is indisputable that the increase in population of approximately 357 people living in the new development (with associated health needs) at Pulborough / Billingshurst GP practices will place direct pressure on 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 relates to new housing growth.

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

Yours sincerely,

A black rectangular box used to redact the signature of Simon Clavell-Bate.

Simon Clavell-Bate
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NHS Sussex