NHS Sussex

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NHS Sussex
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Mid Sussex District Council
West Sussex

Specific application note

Application Number	DM/25/0445 – 80 Dwellings
Date Registered	19 Feb 2025
Address of Proposed Site	**Land At Colwell Farm, Lewes Road, Haywards Heath, West Sussex**
Grid Reference (if known)	**535186 : 123270**
Description of works:	80 Dwellings with open space, infrastructure and access

Overview
Current Estate is at capacity in Haywards Heath & Burgess Hill. Housing developments in this area of Mid Sussex are 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 Haywards Heath GP's, there are circa 65,000 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.
For Burgess Hill, the housing impact is even higher. This development sits just below Haywards Heath.
This housing proposal is proportionately considered (aligned to all housing in Mid Sussex), with capacity premises in delivery and work up.

Development proposal
NHS Sussex predicts that new residents will register at one of 2 practices (though residents have choice) - **The Vale, The Brow or new/other NHS facility**. The new homes are in the catchment area of 2+ GP practices. Residents may be supported by other sites, dependent upon choice – but all are at capacity. 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 **£116,942** as quantifiably in the tariff section, which will be used for patient capacity increases at one or all of the GP practices which will serve the catchment population of this proposed development. **Funding requests for build costs will not be duplicated**. NHS Sussex will consider the proportional use of these funds coupled with the other Haywards Heath and area developments so as to give best benefit to patient care.
Working with Mid Sussex DC, the funds will be accessed as the projects planning phase is in place.
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 and area.

Primary Care services in Haywards Heath and the 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 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.

This current development response relates 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 Haywards Heath and 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. Workforce additions have already been actioned to support the growing population and the expectancy of s106 funds coming forward – as this is required to deliver NHS care.

Contribution Sought and Methodology

The funding will be a contribution of **£116,942 (estimate – based on housing mix on the tariff)** for the infrastructure needs **of NHS GP service site(s)** and with a possible use at a NHS service central site if patient registration is, by patient choice, occurring at that site / other site. With recent Covid impacts, the NHS is reviewing how population need can be best supported premises wise. **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.

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 by 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* (there are now many other specialist care providers/roles at GP practices).

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 160 new residents (weighted) with a consequential additional GP surgery area requirement of 18.27m². This equates to a direct cost of **£116,942** for additional health infrastructure capacity arising from the development. The council is requested to ensure this contribution is index-linked (housebuild index preferred) 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)					11/04/2025
D&B Ref: DM/25/0445								
Location: Colwell Farm, Lewes Rd								
Location: Haywards Heath (just N. of B Hill)								
Font in red can be adjusted								
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(£)**
10	**1 Bed**		**15**	**2**	**@**	**£6,400**	**£10,963**	**£1,097**
50	**2 Beds**		**95**	**11**	**@**	**£6,400**	**£69,434**	**£1,389**
20	**3 Beds**		**50**	**6**	**@**	**£6,400**	**£36,544**	**£1,828**
0	**4 Beds**		**0**	**0**	**@**	**£6,400**	**£0**	
	5 Beds							
	Care Home							
			equivalent					
80	**House Total**		**160**	**18.27**	**@**	**"**	**£116,942**	
	Ave Occupancy		**2.00**			**Contribution Per Dwelling**		**per dwelling**
								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	£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 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. 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 5,000 homes in this area over 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 Haywards Heath and area.

ii. Directly related

It is indisputable that the increase in population of approximately 160 people living in the new development (with associated health needs) at 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,

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