

Friday 12<sup>th</sup> September 2025

Adur Worthing District Council  
West Sussex

## Specific application note

Application Number	AWDM/0738/25
Date Registered	To NHS Sep 2025
Address of Proposed Site	39-41 Brighton Rd, Shoreham.
Grid Reference (if known)	
Description of works:	49 apartments (2 studio, 12 1-Bed; 30 2-Bed; 5 3-Bed).

## Overview

Current Estate is at capacity in Adur. Growth is from new housing.

NHS Sussex is the lead organisation responsible for the health and wellbeing of more than 1,700,000 people

There are circa 65,000 residents in Adur, with the area split by the river.

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.

The GP practice is in need of additional capacity and have options for 3 of their current sites – subject to housing volumes new requirements. The aim is to extend/reconfigure a current premises / build up capacity – with the focus on proportionate and reasonable (standardised) developer contributions. The area is served by 1 GP practice.

The funding will contribute to adding capacity For Adur Health Partnership.

## Development proposal

New residents will register with the GP practice in Shoreham – Adur Health partnership. The only GP practice serving the population.

This application will centre on a contribution toward a proposed site options close to the new flats being built / GP site(s).

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 and so a contribution towards health infrastructure off-site via financial obligation is being sought, as noted. As there are multiple developments, the aim is for increasing capacity at existing GP premises.

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.**

In anticipation of the need from housing (and CIL / s.106 support), a new surgery was built in the north of the area (Northbourne) and plans for the coastal area are in place. These contributions

are sought from all housing development for a fair, needed and directly proportional basis, as the housing growth exceeds the current provisions.

NHS Sussex requests a contribution from the applicant of **£66,145**, as quantifiably in the tariff section, which will be used to contribute to additional premises capacity.

**The Tariff formula has been independently approved by the District Valuer; developed with the NHS and local councils.**

### **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 Adur**

Primary Care services in Adur are run from a mix of old and relatively new estate. There are 4 existing sites (3 main sites and one small branch). The aim will be to increase capacity at an existing site as a preference. There are 4 premises already in Shoreham. Any new housing will have a big impact.

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 accessible GP service site(s) and encompass all the necessary components of patient need, whether at the GP practice or neighbouring service area.

Practices in Sussex are very diverse, with some in a strong position while others are significantly more vulnerable. Vulnerability factors include workload, workforce, lack of resilience and poor premises – which are all interlinked. Adur is an area that is typical of the county wide picture. The practice is well run and will deliver the best solution for the new housing population. The GP provider is working on one of 2 sites as the preferred site – but this will be in Shoreham. The other developments contribution is part of the which site decision and timing. The NHS will support patient access in the interim – there is investment in place, and this will support access while the site option is finalised.

## **Contribution Sought and Methodology**

The funding will be a contribution of **£66,145** for the infrastructure needs of Shoreham.

Developer application – 49 apartments  
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NHS Sussex, in line with NHS services 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 of NHS services (NHS Sussex), through the need to build additional physical capacity (in the form of new/expanded GP surgeries). The model has been used by CCGs (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 / health professional.

Build-cost data has been **verified by the District Valuer Service** (last update Apr 2024) and assumes £6,400/sqm, 'sense-checked' against two recent building projects undertaken by the CCG. The cost inputs refers only to capital construction costs; the CCG intends to fund 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 91 new residents with a consequential additional GP surgery area requirement of 10.34m<sup>2</sup> plus associated flow, wait area back office and plant. This equates to a direct cost of **£66,145** 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 (house build index – from RICS).

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

# Health Tariff

<b>S106 Contribution to NHS/GP Community/ Provision</b>	(Formula agreed by The District Valuer)	12/09/2025
<b>D&amp;B Ref AWDM/0738/25</b>		
<b>39-41 Brighton rd, Shoreham</b>		
		
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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	@	£6,400	£15,349	£1,097
30	2 Beds	57	7	@	£6,400	£41,661	£1,389
5	3 Beds	13	1	@	£6,400	£9,136	£1,828
	4 Beds						
	5 Beds						
	Care Home						
		equivalent					
49	House Total	91	10.34	@	"	£66,145	
	Ave Occupancy	1.85			Contribution Per Dwelling		per dwelling
							per person
<b>Occupancy Assumptions (confirmed by WSCC JUL 2015)</b>					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				
<b>Explanation</b>							
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							
<b>1600 patients per GP</b>							
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.

Adur DCs local plan has increasing incremental annual growth assumptions for housing development and this increased population makes estate s106 applications necessary in terms of planning services for the local area.

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 by medical professionals (and associated support service costs and staff).

The aim is for a new site in the centre of Shoreham that has support from the District council and stakeholders. The NHS will also review any other options that come out of housing growth.

### **ii. Directly related**

It is indisputable that the increase in population of approximately 91 people living in the new development at Shoreham will place direct pressure on all organisations providing healthcare in the locality, in particular primary care provided by NHS Sussex. **Put simply, without the development taking place and the subsequent population growth there would be no requirement for the additional infrastructure.**

There are other developments in progress, and each one is directly related (and will be treated proportionately).

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 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.

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

Yours sincerely,



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