

Social Infrastructure Assessment Report

Land at Whitburn, South Tyneside

Story Homes Ltd

v1 (Final): 4 December 2025

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Version Control

Version	Changes	Date
Draft v1	Initial draft	18 September 2025
V1 Final	Finalised version	4 December 2025

Context

1.1 This report has been produced in support of a proposed planning application for 234 new dwellings to the north of Whitburn. The site is located to the north of Whitburn on an area of green field with Lizard Lane to the west and the A183 to the east.

1.2 South Tyneside Council (“the Council” or “STC”) is the planning authority. There is an existing Core Strategy which was adopted in June 2007. A new local plan is currently being prepared and has reached Regulation 19 consultation stage. There does not appear to be an adopted Community Infrastructure Levy in place, which leaves S106 agreements as the default position for achieving funding for social infrastructure.

1.3 South Tyneside Council is also the education authority with the responsibility of ensuring that sufficient school places are available for the pupils in its area. There is no apparent formal methodology for seeking contributions towards education and health facilities. The STC Infrastructure Delivery Plan (2025) (pg 45) does, however, give some information on the pupil product ratios which are to be used in calculating the number of children. It also provides a summary of anticipated need for additional places within schools through to 2040. Health, also, is mentioned but with no indication of methodology to be used.

1.4 In August 2023 the Department for Education (DfE) published revised guidance entitled “Securing developer contributions for education”. This guidance draws together current planning and education legislation to provide education authorities with the information upon which to base their approach to seeking education contributions. It now incorporates previous advice on Education Provision in Garden Communities. It is now widely referred to by education authorities and will form part of the basis of the approach within this report.

1.5 The DfE has, within recent years, published databases on average school costs (the Scorecard) and pupil yield (Pupil Yield Dashboard). These are now becoming incorporated into many authorities’ methodologies and approaches to seeking developer contributions. While not specifically incorporated into the Council’s approach, this data will form part of the background supporting this report.

1.6 This report will provide a short overview of statutory and planning policy matters and then briefly review the local demography, together with the local education landscape, to provide a background to the need for new school places.

It will then move on to analyse the original request and compare that with updated methodologies, costs and benchmarking data.

1.7 The data used throughout this report is the most up to date available within the public realm. It should be noted, however, that some data sources are updated more frequently than others and due to this it is not possible in all circumstances to cover the same time, geographical and data sequences. In addition, Ward and District boundaries are occasionally changed and, again, this means that comparable data is not always available.

Executive Summary

2.1 Primary and secondary – The report will find that the most local schools, while relatively full at present, are forecast to experience falling rolls over the next few years. This is anticipated to lead to a point where sufficient places will be available to meet the needs of the proposed development – for both primary and secondary cohorts.

2.2 Early years – The Council does not have a current early years and childcare sufficiency survey, although one is being undertaken. Consequently, the need for additional places is not clear at this time, and if the Council indicated the need for a contribution towards additional places, then evidence of the need should be sought.

2.3 Primary Health Care – The report will find that there is no evidence at present of a shortage of physical space at the local practices, nor that the proposed development is likely to cause particular or undue pressure on these practices. Given the funding arrangements in place, it is equally unclear that any such expansion should be funded through a developer contribution, were expansion to be considered necessary.

Statutory and Planning Policy Matters

3.1 The Local Planning Authority is required to determine planning applications in accordance with the Development Plan unless material considerations indicate otherwise.

3.2 **Planning law** prescribes circumstances where local planning authorities are required to consult specified bodies (known as statutory consultees) prior to a decision being made on an application. In two tier authorities, the County Council is a Statutory Consultee as a Planning Authority¹ and as a Highways Authority², there is no blanket inclusion of other Council functions.

3.3 Local Planning Authorities consult with the Education Authority as a Non-Statutory Consultee.

3.4 **Education law** requires the Education Authority to secure sufficient schools for its area. The statutory duties of an education authority are set out in the Education Act 1996 (as amended). In respect of schools, and inter alia school places, section 14 applies. Section 14 is supplemented by Regulation 3: The Education (Areas to which Pupils and Students Belong) Regulations 1996³. Regulation 3 says that a person shall be treated as belonging to an area of the education authority in which he is normally resident or, where he has no ordinary residence, the area of the authority in which he is for the time being resident.

3.5 Regulation 3 gives a voice to the various particularities in the superceded education acts from 1870 through to 1996.

3.6 The duty under the Act is not an absolute duty. But the circumstances on the day or a state of emergency have been determined by the Courts to be the only satisfactory excuse.⁴

3.7 Despite the s14 duty being described as thus, the statutory duty of the education authority to achieve sufficiency of provision is not fettered in any way. Thus, whilst the education authority sits outside of the town planning system, not being a Statutory Consultee, it is a Non-Statutory Consultee because (a) it is on a list created by this LPA and (b) it might be affected by its decisions.

¹ Para 7 of Schedule 1 to the town & country Planning Act 1990, Article 21 Development Management Procedure Order and Schedule 4(b)(c) Development Management Procedure Order.

² Schedule 4(g)(h)(i) Development Management Procedure Order

³ SI 1996 No. 615

⁴ See *Meade v London Borough Haringey* [1979] 2 All ER 1016 at 1027, *R v Liverpool City Council, ex p Ferguson* [1985] IRLR at 50 and *R v Secretary of State for Education and Science, ex p Avon County Council* (No 2) (1990) 88 LGR 737n, [1990] COD 349.

3.8 The coverage of the duty imposed by s14 is greater than the needs of its general population and those attributed to permitted new housing. This includes all manner of transient and future populations, however unexpected. The education authority must plan for and secure capacity to accommodate the decisions of the town planning system and the clearly stated priorities for housing growth. It must presume the possibility of planning permission being granted. There are funding mechanisms in place for the impact on the school infrastructure of new housing in areas with a CIL charging regime set at zero or sites where the LPA agrees that viability matters prevent funding by new development. There is also a funding pot where developer funding is delayed.⁵

3.9 It is clear that the duty to secure sufficient provision (s14) is very wide ranging and all encompassing. The bar is set extremely high and whatever the circumstances, were the LPA to grant permission, the education authority is compelled by statute, if there is no or insufficient existing surplus, to secure sufficient additional provision.

3.10 The Education Act (s497 EA96) contemplates default or failure by an education authority to discharge any duty under education act and the Secretary of State if satisfied of the failure can issue instructions or step in.

3.11 By virtue of the fallback provisions on grounds of viability (see paragraph 3.8 above) and the priority given to the delivery of new housing by the planning system, permission without the requested developer funding (S106/CIL) for education should not be an over-riding material consideration. To argue otherwise gives a non-statutory consultee a veto on the basis of infrastructure which could be funded from an alternative source.

3.12 Finally, where a Section 106 Agreement exists, Section 106A of the town and Country Planning Act 1990 states that a planning obligation may not be modified or discharged except by agreement between the “appropriate authority” (eg the LPA) and the parties against whom the obligation is enforceable - or alternatively through appeal. While an agreement to modify or discharge a planning obligation can be made at any time by agreement or appeal, after the expiry of five years an application can be made to seek an amendment, alteration or to discharge the obligation. This action may not include imposing an obligation on any other person against whom the s106 agreement is made.

⁵ Joint letter from DCLG & DfE to Chief Executives – Supporting housing development to increase housing supply 09_02_2016

Site Context

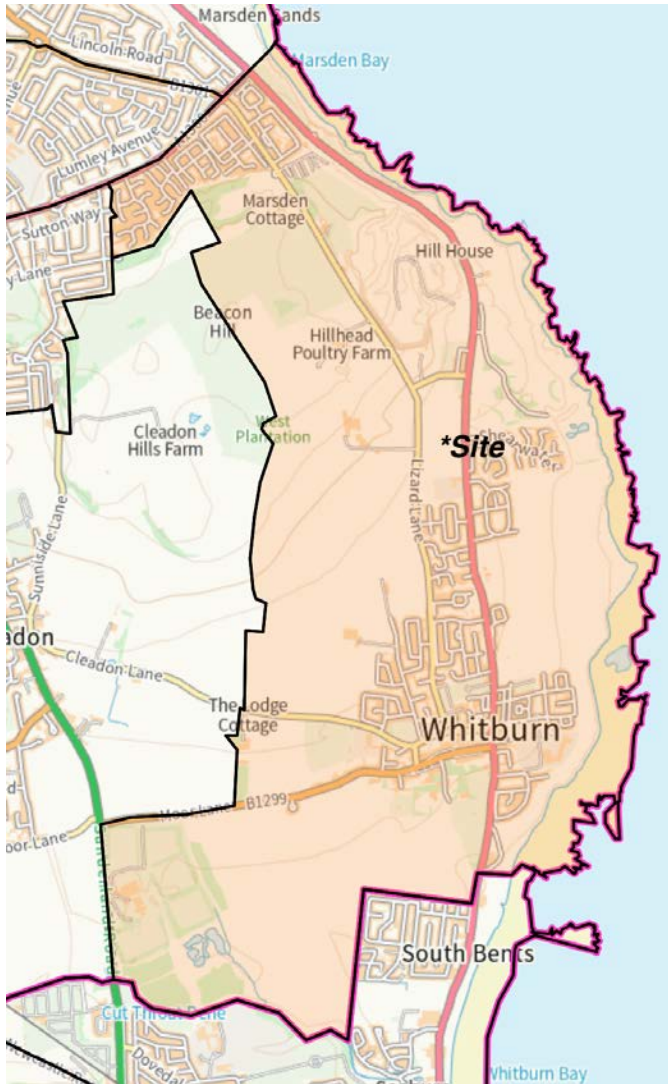
4.1 The proposed site is being planned for a development of approximately 234 dwellings on land to the north of Whitburn.

4.2 The site location and extent is shown in Map 1.



Map 1: Site Location Plan (boundaries approximate)

4.3 The site location within the ward of Whitburn and Marsden is shown in Map 2, and where ward data is used it will be based on this geographical area.



Map 2: Whitburn & Marsden Ward

Pupil Calculation

5.1 STC's methodology for the seeking of contributions is embedded within the 2025 Infrastructure Delivery Plan (IDP). This provides background on the number of schools, forecasting and the potential impact of new housing developments through to 2040. It provides the anticipated number of pupils from different sizes of new house, for early years, primary and secondary school pupils.

5.2 Table 1 shows the level at which the IDP indicates the Pupil Product Ratios (PPRs) are set for new developments in the STC area. No figure is provided for one-bedroom dwellings, as these are not included by STC, as being unlikely to accommodate children in any numbers.

Education Phase	Dwelling Size		
	2-bed	3-bed	4-bed+
Early Years	0.049	0.100	0.042
Primary	0.165	0.364	0.291
Secondary	0.062	0.145	0.224

Table 1: Pupil Product Ratios (STC 2025)

5.3 The PPRs in use by STC are those listed within the DfE Pupil Yield Dashboard. This was published by the DfE to assist education authorities set their own rates and are based on data accumulated over 15 years of pupils arising from housing developments in each authority. On this basis the levels are considered to be appropriate.

5.4 The proposed mix currently comprises 24 1-bed dwellings, 40 2-bed dwellings, 50 3-bed dwellings and 120 4-bed+ dwellings. When calculated using the ratios the results are as shown in Table 2:

Education Phase	2-bed	3-beds	4-beds+	Total Pupils
Early Years	1.96	5.00	5.05	12.0
Primary	6.60	18.20	34.92	59.7
Secondary	2.48	7.25	26.88	36.6

Table 2: Pupil yield from proposed mix

5.5 STC has not provided an indication of the cost per pupil, so in Table 3 the DfE “Scorecard” levels of cost per place are shown, to provide a base line potential cost. The Scorecard costs are based on known projects across the country and include regional weighting for the North East, indexation to 2Q2025 and 10% weighting for carbon neutrality. The costs are set at the “expansion” rate, as opposed to the higher “new build” rate.

Education Phase	No. of Pupils	Base Cost per Pupil	Total Basic Cost
Early Years	12.0	£19,862	£ 238,349
Primary	59.7	£19,862	£1,186,184
Secondary	36.6	£28,155	£1,030,759
			£2,455,292

Table 3: Calculation of potential cost

5.6 STC has not indicated any intention at this stage to seek contributions towards special education needs and disability (SEND) provision. It is possible, however, that this may be considered in the future.

Schools

6.1 In our assessments, we take into account all primary-age schools within a two-mile and secondary-age schools within a three-mile walking distance of the development. These are the distances prescribed, beyond which local authorities are required to fund transport where the nearest available school is further away. The actual measurement used, when the assessment about transport is made, is very precise, i.e. front-door to front-door. In advance of a detailed and fixed development layout, we have used the approximate distance from the nearest site boundary to make the assessment. Once the site has been completed some of these schools may not be eligible for some pupils. In addition, walking routes via foot and cycle paths have been included.

6.2 The Authority is required to make annual pupil forecasts to the Department for Education (DfE) on a year-of-age basis by 'school planning area' or group. In doing this it identifies each school in the group⁶ and its capacity. The forecasts cover the period for which birth data is available. Pupils likely to come forward from housing, which does not as yet have permission, should not normally be included within the figures. For primary school age pupils forecasts run to 2028-29 and for secondary 2030-31. These are known as the School Capacity ("SCAP") returns, and they form the basis on which the Government allocates its funding for additional school places that are its responsibility to provide.

⁶ Clusters (school planning areas) are determined by each authority, with no consistency necessarily with other forms of planning area or across different authorities.

Primary Schools

7.1 There are two primary schools within a two mile walking distance of the proposed development, and these are shown in Map 3. The catchment school for the proposed development is Marsden PS.



Map 3: Primary schools local to the site

7.2 The capacity and numbers on roll of the schools shown are provided in Table 4.

Schools	Postcode	Distance	PA	CAP	PAN	Yr R	NoR	Yr R	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6
Marsden PS	SR6 7HJ	0.1	3930006	210	30	181	21	20	30	23	28	30	29	
Whitburn Village PS	SR6 7NS	1.09	3930006	210	30	197	28	29	31	29	30	27	23	
				420	60	378	49	49	61	52	58	57	52	
Surplus						42	11	11	-1	8	2	3	8	
						90.0	81.7	81.7	101.7	86.7	96.7	95.0	86.7	

Table 4: Primary Schools Number on Roll (January 2025)

NoR = Number of pupils on Roll, PAN = Published Admission Number, CAP = Capacity

7.3 The numbers on roll in January 2025 show that the schools had a surplus of approximately 42 places (10.0%) across all year groups when compared with the total capacity. The majority of surplus places currently exist within the two youngest age group (22 places). However, offers of a place were made to 56 pupils for the September 2025 entry cohort, suggesting that only four surplus places may now be available in Year R.

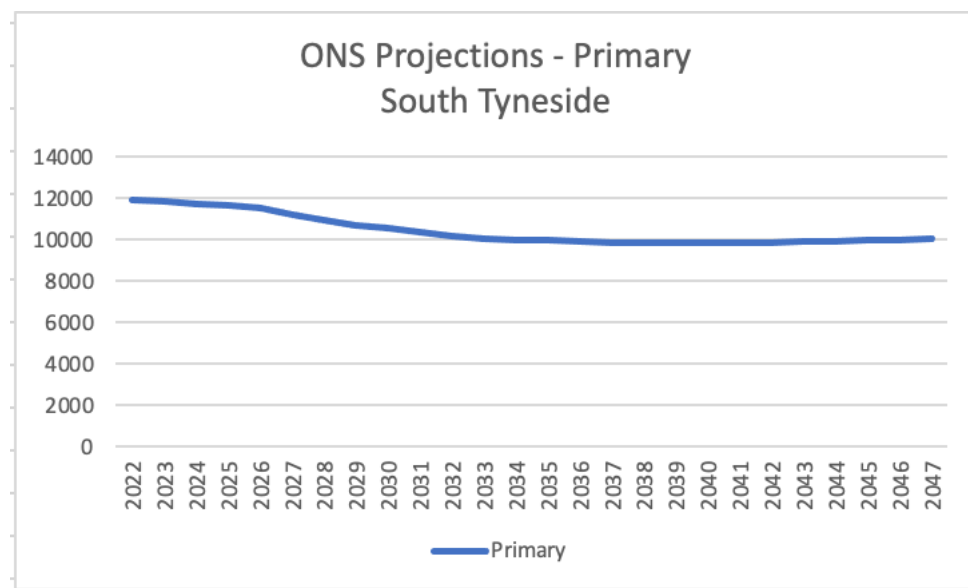
7.4 The schools are grouped with five further schools into a single Planning Area for planning and forecasting purposes, with most of the other schools located to the west in Boldon and Cleadon. The published STC forecast rolls for this group are shown in Table 5.

Villages Primary	Yr R	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Total
May 2025 Actual	227	229	267	250	272	257	222	1724
2024-25 F/c	212	233	268	254	281	258	236	1742
2025-26 F/c	203	213	233	268	254	281	258	1710
2026-27 F/c	194	205	215	233	268	254	281	1650
2027-28 F/c	176	194	208	218	233	268	254	1551
2028-29 F/c	180	180	198	212	222	237	272	1501
Total Listed Capacity	270							1890

Table 5: Primary Planning Group (Spring 2024)

7.5 The forecast shows that STC anticipates that numbers on roll should decline through the period. By the end of the period a total of approximately 389 surplus places is anticipated to have arisen. While it should be noted that the forecasts do not include new housing for which permission has not yet been granted, or is about to be granted, the level of anticipated surplus is significant and represents approximately 20.6% of the available school capacity.

7.6 This reduction is in line with the ONS Population Projections for the South Tyneside Council area, published in 2025 but based on 2022 data, which are the most up to date projections available. This shows that over the period 2026 and 2033 the total number of primary aged children resident within STC is expected to fall by 2,000 (16.7%) and then remain steady into the future (Graph 1).



Graph 1: ONS Projection 2022 – primary aged children

7.7 More locally, a review of the ONS 2022 Mid-Year Estimates for the ward of Whitburn and Marsden confirms the current downward trend of primary aged children when the figures are worked forward (Table 6 – green highlight). This is exclusive of any additional housing or other trends:

Ward	Age0	Age1	Age2	Age3	Age4	Age5	Age6	Age7	Age8	Age9	Age10	Age11	Age12	Age13	Age14	Age15
Whitburn & Marsden	28	53	46	56	59	65	62	63	61	75	76	91	70	92	84	76
2022								461						413		
2023							441						413			
2024						412						404				
2025					404						373					
2026				369						366						

Table 6: Whitburn & Marsden Ward ONS MYE 2022

7.8 The Infrastructure Delivery Plan 2025 indicates (pp 48-49) that STC believes that approximately 324 additional primary school places will be required through to 2039-40. This is based wholly on the number of new dwellings proposed, and it does not appear to take into account the underlying reduction in pupil numbers identified above.

7.9 In summary, there are not sufficient places currently available in the two schools within a two-mile walking distance to meet the needs of the proposed development at 243 new homes. However, with primary pupil numbers forecast to fall steadily in the area, in both the short term and through to beyond 2033, it

is anticipated that sufficient surplus places will become available and remain available. It is not, therefore, considered that a contribution towards additional places will be necessary.

Early Years

8.1 The Infrastructure Delivery Plan 2025 indicates that the impact of housing and the need for additional places will be “...*based on the Childcare sufficiency evidence.*”

8.2 STC does not appear to have an up to date Early Years and Childcare Sufficiency Assessment, as the last one available is dated 2019. All children reviewed within this assessment will by now be in mainstream schools and a new cohort, possibly comprising fewer children, will be resident. In addition, new rules around funding for places for specific groups of children are now in place and this is likely to have the effect of increasing demand for places.

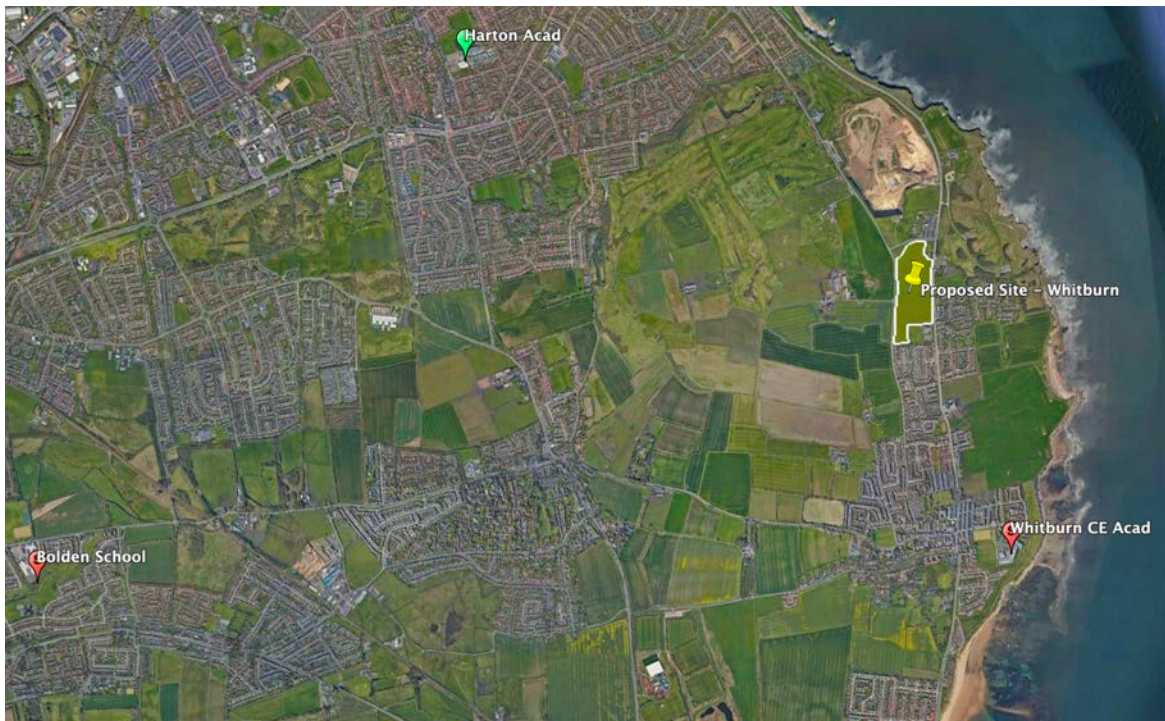
8.3 Whitburn currently hosts at least two facilities, Stanley’s Daycare at the Whitburn and Marsden Family Hub, and Whitburn Village Daycare. Whitburn Village Daycare is located within Whitburn Village PS and its website indicates that it would be expanding from September 2025. The Stanley’s Daycare offer extends only to morning sessions. Both settings provide care for children of two upwards.

8.4 STC has confirmed that the 2019 Childcare Sufficiency Survey is the most up to date assessment it has, it has confirmed that a new survey is under way but is not yet complete. It is recommended, therefore, that if a request is made for funding for additional places STC be requested to provide evidence of any shortfall of places in the area.

Secondary

9.1 There are two secondary schools within a three mile walking distance of the proposed and a further one just beyond that. The closest school is Whitburn CE Academy which lies 1.27 miles away by foot from the proposed development. The school's admissions policy includes an element of prioritisation for pupils attending both of Marsden and Whitburn primary schools. The school is grouped with Bolden School for planning and forecasting purposes, which lies to the west. Bolden School, while it lies more than the statutory three mile walking distance away, is listed as the catchment school. Effectively, Whitburn and Marsden have two "catchment" schools.

9.2 The third school is Harton Academy, to the north west and this lies approximately 2.37 miles away on foot. The schools' locations are shown in Map 4:



Map 4: Secondary schools

9.3 The capacity and numbers on roll of the schools are shown in Table 7.

School	Postcode	Distance	PA	CAP	PAN Yr 7	NoR	Yr 7	Yr 8	Yr 9	Yr 10	Yr 11	Yr 12	Yr 13
Whitburn CE Acad	SR6 7EF	1.27	3930009	1305	205	1205	208	203	204	194	201	83	11
Bolden School	NE35 9DZ	3+	3930009	1105	221	1064	217	219	215	209	204	0	
Harton Acad	NE34 6DL	2.37	3930007	1621	271	1672	285	271	271	272	268	136	16
Totals				4031	697	3941	710	693	690	675	673	219	28
Surplus						90	-13	4	7	22	24		
Occupancy						97.8	101.9	99.4	99.0	96.8	96.6		

Table 7: Primary Schools Number on Roll January 2025

NoR = Number of pupils on Roll, PAN = Published Admission Number, CAP = Capacity

9.4 The numbers on roll in January 2025 show that the schools had a combined surplus of 90 places (2.2%) across when compared to total capacity. The majority of the surplus places are present within the older year groups, with the most recent admission group (September 2024 – Yr 7) showing a deficit of 13 places.

9.5 STC records indicate that a total of 690 places were offered for September 2025 at these three schools, a small decline from the previous year, although it is possible that further pupils may have been admitted as late applications.

9.6 Bolden School and Whitburn CE Academy are grouped together into a cluster for planning and forecasting purposes, while Harton Academy sits in a group by itself. The forecast rolls for Bolden and Whitburn schools are shown in Table 8. It should be noted that the figures supplied this year by the DfE only included Years 7 to 11; the post-16 forecast numbers, therefore, are estimates based on the proportion currently on roll.

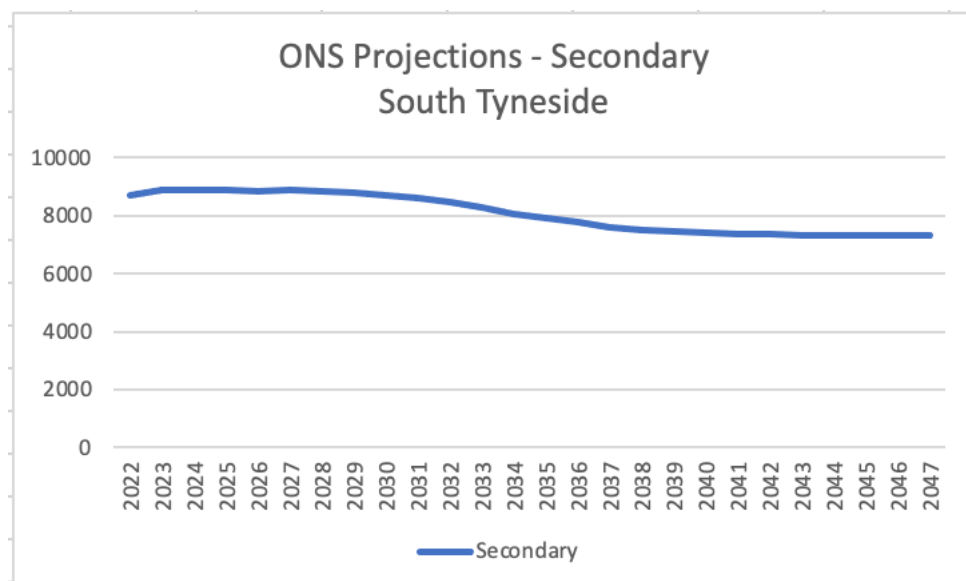
South Sec	Yr 7	Yr 8	Yr 9	Yr 10	Yr 11	Main Total	P-16 Est	Total
Spring 2025 Actual	425	422	419	403	405	2074	195	2269
2024-25 F/c	381	430	428	416	419	2074	195	2269
2025-26 F/c	339	383	431	425	416	1994	187	2181
2026-27 F/c	364	340	384	427	424	1939	182	2121
2027-28 F/c	385	366	342	382	426	1901	179	2080
2028-29 F/c	367	388	369	341	384	1849	174	2023
2029-30 F/c	377	368	389	366	341	1841	173	2014
2030-31 F/c	376	376	367	384	364	1867	176	2043
Total Listed Capacity	426							2410

Table 8: Secondary Planning Group (Spring 2024)

9.7 The forecast shows that STC anticipates that the total rolls at these schools will decline through the period by 226 pupils, to produce a surplus in 2030-31 of 367 places (15.2%).

9.8 The ONS Projections for South Tyneside (2022 base) indicate that the number of secondary age children resident in South Tyneside is due to decline by

more than 1,500 children through to 2047, with the majority of the decline (1,215 children) occurring between 2028 and 2037 (Graph 2):



Graph 2: ONS Projection 2022 – secondary aged children

9.9 Additionally, when the Mid-Year Estimates for the ward of Whitburn and Marsden (Table 5 above in Section 5) the decline in the number of secondary-age children is again clear.

9.10 In summary of the secondary position, therefore, it is considered that while the local schools are currently admitting close to their full capacities, the reduction in child numbers indicated within both the local authority forecasts and the ONS Projections and Mid-Year Estimates indicate that sufficient places will become available within the medium term.

Education Summary

10.1 Primary – There are two primary schools within a two mile walking distance of the development, and while between them they do not currently have sufficient space to meet the needs of the proposed development, the wider group forecasts indicate that sufficient spaces will become available in the short to medium term.

10.2 Early years – There is insufficient data available at this point to enable a position to be advised. It is recommended that any request for contributions will need to be fully evidenced by STC.

10.3 Secondary – The secondary position is very similar to the primary, with the schools having admitted almost fully over the last few years. This is not expected to continue and the authority forecasts for the two catchment schools indicate sufficient surplus capacity becoming available to meet the needs of the development.

Healthcare Provision Background

11.1 With regards the provision of healthcare at practices that will serve this development, the primary statutory duty rests with the Secretary of State for Health (as per the National Health Service Act 2006) with the responsibility for delivery resting with NHS England.

11.2 Responsibility for commissioning primary care services including general practice, sits formally with NHS England. However, over time, Integrated Care Boards (ICBs) which replaced Care Commissioning Groups (CCGs) have increasingly taken on full or partial delegation of these commissioning powers for primary care. This now means most ICBs have at least some responsibility for commissioning general practice in their local area, while keeping to national guidelines to ensure consistency.

11.3 The Handbook to the NHS Constitution for England (update of 4 February 2021) states:

“Right: ‘You have the right to choose your GP practice, and to be accepted by that practice unless there are reasonable grounds to refuse, in which case you will be informed of those reasons.’

You can choose which GP practice you would like to register with. That GP practice should accept you onto its list of NHS patients unless there are good grounds for not doing so, for instance because you live outside the boundaries that it has agreed with NHS England or because they have approval to close their list to new patients. In rare circumstances, the GP practice may not accept you if there has been a breakdown in the doctor-patient relationship or because you have behaved violently at the practice. If a GP practice does not accept you onto its list, it should tell you why. If for any reason you are unable to register with your preferred GP practice, NHS England will help you to find another one.

Source of the right

The right is derived from the duties imposed on the provider of GP services by regulations made under the NHS Act 2006, in particular paragraphs 15 to 17 of Schedule 6 to the National Health Service (General Medical Services Contract) Regulations 2004 and paragraphs 14 to 16 of Schedule 5 to the

National Health Service (Personal Medical Services Agreements) Regulations 2004.”

Fig 1: NHS Constitution for England 2021

11.4 What is evident from the NHS Constitution is that a Health Contribution via Section 106 planning obligation cannot be “necessary” under the tests of CIL Regulation 122, as the NHS Constitution prevents it from being necessary. If an NHS Practice is full, there is a statutory process to go through to close it to new patients. In that eventuality, they will recommend an alternative facility to the Patient.

11.5 Most ICBs request funding for additional capacity at Healthcare Practices via a standard approach of either 2.3 or 2.4 people per dwelling and by assuming that 100% of the people that move to the new development will be new to the area and that all residents will require the use of local GP services. This is clearly not the case, as many people moving to new developments will already be registered with a local GP practice or will not change their registration on moving.

11.6 In order for planning obligations to be considered CIL Reg 122 compliant, there must be a deficit in places identified and evidenced, for which planning obligations would be utilised to increase the capacity to accommodate the growth in population. GP patients have a free choice of GP practices to attend, as per the NHS Constitution. Without the Commissioning Board closing a GP practice to new patients, the chosen Practice must accept the patient. If there is no demonstrable deficit that would be created or made worse by new development, the contribution is not “necessary” to make the development acceptable in planning terms.

11.7 Capacity at NHS practices is not calculated in the same way as, say, schools. That is because it is not about “capacity” but about “patient utilisation”. For example, if a practice opens for an hour longer each day, or opens at weekends, its capacity to meet demand grows. What is evident is that there is a statutory process to go through if an NHS practice is full.

11.8 These arguments were recently put to an Inspector in an Appeal in Nottinghamshire (APP/B3030/W/20/3260970 - 2021). The Inspector said:

Health Contribution

55. A figure of £316,403.64 is sought from the Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) on the basis that the nearest surgeries to the appeal site are at capacity. The justification for the contribution rests on CCG's consultation response²⁰ supplemented by an email²¹. These explain that 'at capacity' means the practices have no more space available to them either within their building or the ability to convert space internally.
56. As the Council's planning witness accepted, this does not mean; 1) that the surgeries are unable to accommodate new patients, or 2) that existing or projected appointment wait times would be unacceptably long. There is no dispute that the nearest surgeries are accepting new patients and no evidence of excessive waiting times or any other operational issues was put to the Inquiry.
57. The contribution has been calculated via a standard formula which assumes each unit on the site would be equivalent to the average house size in the Borough. That approach ignores the site-specific housing mix set out above. Based on an average 2.3 people per dwelling, it is then calculated that the appeal scheme would generate an increased patient population of 810. However, in light of the Appellant's evidence on the likely origin of future residents²², that assumption is fundamentally flawed.
58. There is nothing in the responses to demonstrate that the CCG has looked at the specific impact of the proposed development on GP practices in the area. Instead it has relied on a standard, per dwelling, approach which fails to accord with the approach to contributions advocated for in the SPD.
59. Finally, the supplementary email draws attention to the CCG's intention to relocate one of the four surgeries to a new building with sufficient space to accommodate one of the other practices. However, there is nothing to suggest that the delivery of this programme, which appears at an advanced stage, is dependent on s106 funding from this development or any others.

Fig 2: Appeal decision - part (APP/B3030/W/20/3260970)

11.9 The health contribution was found to not meet the statutory CIL tests, due to the difficulty in identify what harm would arise from the failure to provide it, and it was removed from the Section 106 Agreement. Available capacity essentially makes the request fail the tests of CIL. Similar conclusions were reached in Appeals in Sileby, Leicestershire in 2022 (Ref: APP/X2410/W/21/328786) and in Queniborough, Leicestershire in 2023 (Ref: APP/X2410/W23/3316574).

Local Situation

12.1 A review of the ward of Whitburn and Marsden (Map 5) shows that in 2024 a total of 6,583 residents from these wards were registered at total of 27 GP practices. Of these 5,937 individuals were registered with seven local practices, with a further 646 patients (approximately) registered further afield. Thus, the vast majority of the population of the wards are registered locally.



Map 5: Whitburn & Marsden Ward

12.2 The locations of the main six local practices (with seven surgeries) providing services to the ward's population are shown in Map 6. All of the practices are within a three and a half mile radius of the proposed development.



Map 6: Main GP surgeries used by Whitburn & Marsden residents

12.3 The numbers of Whitburn & Marsden residents registered at each practice, together with the total number of patients at each are shown in Table 9. This table also shows that in 2024 all the practices were accepting new patients and which indicated Whitburn as being within their catchment area.

Practice Code	Practice Name	Post Code	Patients Resident in Whitburn & Marsden Ward	Total Patients on List	Site within Catchment of Surgery	Open List
A88023	WHITBURN SURGERY	SR6 7EE	3,907	5,358	Yes	Yes
A88003	MARSDEN RD. HEALTH CENTRE	NE34 6RE	895	22,616	No	Yes
A88013	CENTRAL SURGERY	NE34 8PS	633	19,094	Yes	Yes
A88002	FARNHAM MEDICAL CTR.	NE33 4QY	275	16,993	Yes	Yes
A89016	ST BEDE MEDICAL CENTRE	SR6 0QQ	116	9,295	No	Yes
A88015	ST GEORGE & RIVERSIDE MEDICAL PRACTICE	NE33 5DU & SR1 2HJ	111	7,309	No	Yes
			5,937	80,665		

Table 9: Surgeries with Whitburn & Marsden residents on list (2024)

12.4 The table and map make clear that the proposed development site would be served by three catchment GP practices, all of which have lists open to further registrations.

12.5 For the seven practices providing care for the majority of Whitburn and Marsden ward residents, Table 10 shows the approximate number of full time equivalent GPs (including trainees) per patient:

Practice Code	Practice Name	Post Code	Total Patients on List	GPs (inc trainees)	Patients per GP
A88023	WHITBURN SURGERY	SR6 7EE	5358	2.0	2,679
A88003	MARSDEN RD. HEALTH CENTRE	NE34 6RE	22616	13.1	1,726
A88013	CENTRAL SURGERY	NE34 8PS	19094	17.0	1,123
A88002	FARNHAM MEDICAL CTR.	NE33 4QY	16993	9.8	1,734
A89016	ST BEDE MEDICAL CENTRE*	SR6 0QQ	9295	5.0	1,859
A88015	ST GEORGE & RIVERSIDE MEDICAL PRACTICE	NE33 5DU & SR1 2HJ	7309	2.9	2,520
			80665	49.8	1,620

Table 10: Average patients per GP (all grades)

(* St Bede Medical Centre – GP figure from alternative source)

12.6 While there is clearly some variation, between 1,123 patients per GP at The Central Surgery and 2,679 per GP at the Whitburn Surgery, the average sits at 1,620 (including trainee GPs). Data from the Royal College of General Practitioners dated January 2024 (Graph 3) indicates that the national average currently sits at around 2,300 patients per fully qualified GP. This falls to approximately 1,700 when trainee GPs are included (Office for National Statistics October 2022), and this figure is very close to the 1,620 indicated for the seven local practices.

Patients and workload in general practice data²

Number of patients per FTE fully qualified GP (September 2015 to January 2024)

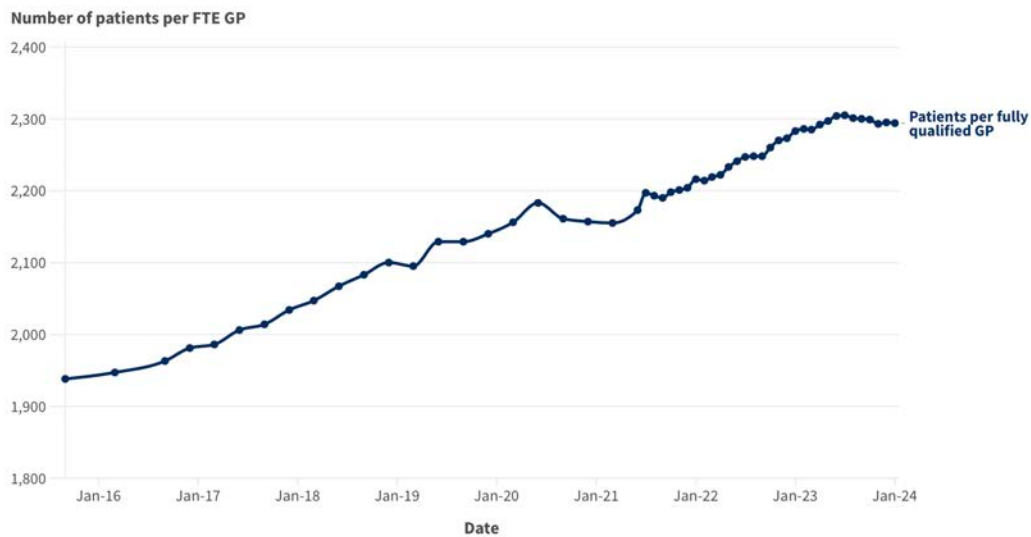


Figure 2: The average number of patients per GP has seen a steady increase since 2015. There are 2,294 patients per GP as of January 2024, which is an increase of 7% since 2019 [2].

Graph 3: National average - patients per GP (England)

12.7 The levels shown in Table 12 above are, therefore, within these averages and the detail will depend upon the number of trainee GPs within the workforce and whether other professionals are used. What it does confirm, however, is that at present there is no evidence that the local practices, on average, are oversubscribed or have longer lists than the average GP practice.

Potential Need

13.1 ONS Estimates from 2022 indicates an average of 2.1544 residents per dwelling across South Tyneside, regardless of dwelling type, size or age. Applying this to the proposed development at 234 dwellings enables a calculation of the potential total population.

- 234 dwellings x 2.1544 = 504 additional residents

13.2 This suggests that, were all the GP Practices to be fully registered in terms of patients per GP, and the average patient to GP ratio was accepted at 1:2,000, then approximately 0.25 additional GPs would be required.

13.3 It must be stressed here that these figures are based on averages, and the points made in Section 11 in terms of not all new residents necessarily needing or seeking a new GP practice need to be borne in mind.

13.4 In terms of the physical scale of provision, the following building sizes are derived from the Department of Health's Health "Building Note 11-01: Facilities for Primary and Community Care Services":

- A practice for seven GPs and seven nurses/clinicians would be scaled at approximately: 1,850m²
- Additional space relating to 0.25 GP's would therefore be calculated at $1,850\text{m}^2 / 7 / 0.25 = 66\text{m}^2$

13.5 This would indicate that approximately 66m² GP space could be sought, in circumstances where a shortfall of space could be evidenced. The space is purely indicative and would ultimately depend upon any proven need, other facilities required, and the extent to which other developments may contribute.

13.6 In terms of funding the expansion of existing practice buildings, GP Practices are run as businesses, and it is the business which commonly funds the use of a building - whether through a mortgage or leasing/renting. Consequently, while new buildings may be created or funded by the developer it is not necessarily automatic for ownership to be transferred to a Practice. Accommodation expenses are covered through the funding package agreed between the practice and the ICB. The King's Fund explains it thus:

Premises payment

If a practice is leasing its premises, rent is generally reimbursed in full in arrears. If a partnership owns its premises, it is mortgage payments that are reimbursed, although most practice premises are leased. Some practices sub-let rooms to other providers (for example community health services providers) but there are rules on what a practice can use its building for, which affect reimbursement.

Fig 3: The King's Fund web page "GP funding and contracts explained."

13.7 Therefore, while an expansion to an existing practice building may be requested, the funding arrangements in place largely preclude the necessity for contributions to be made and leave the provision of land as the main object for developer contributions.

Health Provision Summary

14.1 In general terms, the responsibility for planning and commissioning health services lies with the NHS, often delegated to ICBs. Patients have the right to choose a GP practice. There is a statutory process which practices have to go through to declare their lists are closed, and where a list is closed the NHS will assist patients to find an alternative practice to meet their needs.

14.2 There are a number of Appeal decisions which state that the standard approach to seeking contributions for funding to expand existing practices has not been considered CIL compliant - with contributions being sought in circumstances where the local GP practices still have open lists and are accepting new patients.

14.3 On this basis, there is no evidence that physical expansion of local practices is necessary, nor, given the funding arrangements in place, that any such expansion should be funded through a developer contribution.
