

Haringey Core Strategy Examination in Public

Written Statement Matter 9

Thank you for the opportunity to provide further written comments on the core strategy. I set out below comments on the Inspector's issues under Matter 9. These comments have been endorsed by NHS Haringey who submitted a response to the Council on 24 May 2011 providing information on the changes to the NHS and on the PCT's commissioning and infrastructure assumptions and intentions.

1. Are the CS and SP14 in conformity with the LP and its draft replacement?

Are Health Impact Assessments clearly recognised within the CS? (is the proposed change clear?)

It is considered that Policy SP14 is in general conformity with the London Plan (February 2008), with regard to policies 3A.21 Locations for health care and 3A.23 Health impacts.

The consultation draft replacement London Plan (October 2009) includes Policy 3.2 'Addressing health inequalities', clause D "Health inequalities impacts of major planning applications should be considered through the use of Health Impact Assessments (HIA)". The Panel Report into the London Plan Examination in Public recommends (3.1) that Policy 3.2D be amended to read: "The impact of major planning applications on the health and wellbeing of communities should be taken into account in accordance with the Mayor's Best Practice Guidance on Health Issues in Planning."

It is therefore suggested that a new sentence be added to paragraph 7.1.28 instead of the proposed minor change 46/3/7.1 to follow the guidance in the Mayor's Best Practice on Health Issues in Planning (paragraph 2.3) to read:

"Health impacts should be considered at the very outset of developing planning proposals or strategies to ensure positive health outcomes. There are several tools available for assessing the impacts of a development. Health can be integrated into statutory assessments such as sustainability appraisal, environmental impact assessment, or a separate health impact assessment can be undertaken."

2. Is the evidence base robust? See Community Infrastructure Study p 18? (Rep 100) Is there agreement/common ground with the PCT?

3. Is the CS consistent with the NHS Haringey Strategic Plan? Evidence?

6. Is the CS stance on polyclinics justified by the current evidence?

The Council has responded positively to HUDU/NHS Haringey's comments on the preferred options and pre-submission versions of the document. Overall we consider that the submitted core strategy is effective in helping to deliver the PCT's aims in its Strategic Plan 2008 -2013 to improve health and reduce health inequalities. We strongly support Policy SP14 on health and wellbeing and the level of detail on health infrastructure requirements in the Community Infrastructure Plan and schedule.

Since the Strategic Plan was published, five PCTs in north London have clustered together to establish NHS North Central London. The cluster has produced its Commissioning Strategy Plan (2010/11-2015/16) that sets out a vision for service improvement. Since then, there has been a change in Government, a change to the NHS London strategy (with the cessation of Healthcare for London), a White Paper (Liberating the NHS) that shifts responsibility for commissioning of healthcare services from PCTs to GP-led consortia and a Spending Review that expects significant savings through quality and productivity.

Nevertheless, the priorities to reduce health inequalities and improve the quality of healthcare services remain. A shift of services into primary and community settings will continue where there is an economic case. This will involve investment in different models of provision which will be determined in future GP commissioning strategies. The evidence and case for change is set out 'Health and Health Services in North Central London Now and into the Future: Evidence Pack 2011/12 – 2014/15' (March 2011) <http://www.ncl.nhs.uk/media/4449/ncl%20case%20for%20change%20-%20final%20310311%20v2.pdf>

With the updated information on the PCT's commissioning and infrastructure intentions provided on 24 May, the evidence and the document's stance on providing care closer to the patients home is robust and consistent with the PCT's and NHS North Central London's commissioning plans and the overall NHS direction of travel. However, the Community Infrastructure Plan and infrastructure schedule will need to be kept under review to follow the transitional arrangements as GP consortia take on commissioning responsibilities.

4. Are the terms of SP14 consistent, particularly bullet point 2 with bullet points 1 and 4?

5. Will the CS enable the resolution of the under provision of GPs in parts of the Borough?

We consider that Policy SP14 is consistent, in that sites for new health infrastructure and development generally in the growth areas can contribute to reducing health inequalities. In particular, the re-provision of healthcare facilities as part of development in Tottenham Hale, north Tottenham and Haringey Heartlands can help improve access

to primary healthcare services in these areas and the associated regeneration benefits, improved housing and environmental conditions can improve health and wellbeing in deprived parts of the borough.