Public Examination into the Haringey Core Strategy June 2011

Indicative Matters and Issues for Examination

Hearing 6

Matter 9

Does the CS provide an adequate approach to issues surrounding health and well being for the Borough? Is the approach in alignment with the London Plan, its draft replacement, the Community Strategy and the NHS Strategic Plan for the area?

i. The Core Strategy Policy Health and Well-being section covers three key areas which relate to health and well-being:

- reduce health in equalities,
- recognise the link between spatial strategy and the health in the context of wider health determinants, and
- safeguarding and enhancing the health infrastructure.

ii. These issues are adequately recognised and responded to in the Core Strategy in line with London Plan policy Health Objectives 3A.20 and Social infrastructure 3A.18, and the draft London Plan policies for Addressing Health Inequalities Policy 3.2 s, Social Infrastructure Policy 3.1.7 and Healthcare facilities Policy 3.18.

iii. Health and well-being are impacted on by many factors including safe and accessible environments, good quality and energy efficient design, and access to open spaces and jobs and leisure facilities. Policies in other sections in the Core Strategy such as Employment SP8, Improving Skills SP9, Design Policy SP11, Open Space SP 13, Culture and Leisure SP15 complement and help with the delivery of Policy SP 14 objectives.

iv. The Core Strategy is developed in line with Haringey's Sustainable Community strategy which includes a section on "Healthier People with a Better Quality of Life " (page 19-22) with its emphasis on wider determinants of health including social inclusion, high quality and affordable housing, improved primary and community health facilities and schools.

v. Local NHS priorities are set out in NHS Haringey Strategic Plan (2009-2014) and these are referenced in the Core Strategy paragraph 7.1.10. These emphasise the importance of providing local and accessible care through neighbourhood health centres; delivering good quality, cost effective services; safeguarding children and adults; and partnership working with greater emphasis on joint commissioning of services and

improving health and well-being. The Core Strategy Policy SP14 recognises these health and well-being challenges and sets out our goals to address them.

Issue 9.1

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

1.1 Please see above text

Issue 9.2

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

2.1 The Council considers its evidence base which relates to heath infrastructure robust. The Community Infrastructure study was carried out against a changing background for the NHS national and London health provision framework. The Developing World Class Primary Care in Haringey (2008) sets out a spoke and hub structure. The NHS Haringey's Strategic Plan for 2009-2014 was also taken into account. This Plan which is now published refers to the polysystem model.

2.2 During the preparation of the Core Strategy and the Infrastructure study, the health service provision models such as polyclinic/ polysystems and the number of neighbourhood health centres that the NHS has been planning for Haringey has changed. In consultation with the NHS Haringey, the Council tried to capture as best as it could the implications of such changes for health infrastructure in the borough in the Community Infrastructure study. Against this fluid background, as reported in the community Infrastructure study, Council decided to establish a benchmark against which health infrastructure needs will be assessed. We have calculated the number of new GPs that will be needed in the borough to meet the needs of the predicted new population based on the "1 GP per 1700 population" model. Our calculations mean that expected population growth equates to 6-8 new GPs between 2006-2016. This figure is set out as a marker and has been used in our discussions with the NHS Haringey on health provision needs for existing and future communities. The Council identified that there is sufficient number of GPs in Haringey to meet the expected growth in Haringey. However the NHS Haringey, its organisation and its estate is going through the changes, and the benchmark will be used to ensure that primary care needs are taken into account adequately whichever provision model is used in the future.

2.3 The table 3.2 in page 18 (NHS Haringey GP patient list) mentioned in the Representation 100 relates to the Council's attempt to understand the potential pressure area in health provision in or near growth areas. As part of this process we have made reference to the GP Patient lists

provided to us by the NHS Haringey. There is agreement with the NHS Haringey that the GP registered patient numbers are difficult to verify and not always up-to-date. However, for Core Strategy purposes, they paint a picture of where the pressures may occur.

2.4 There is common ground between the NHS Haringey and the Council that the above mentioned benchmark is used to assess health infrastructure needs for the Core Strategy. There is common ground that for the Core Strategy and Community infrastructure study the population figures used in this study are based on GLA population projections and not the GP patient list.

Issue 9.3

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

3.1 The Core Strategy is consistent with the NHS Haringey Strategic Plan. These are referenced in paragraph 7.1.10. The NHS Strategic Plan is also referenced as key evidence in page 173.

Issue 9.4

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

4.1 The terms of SP14 aim to cover the following areas:

- recognising and addressing health inequalities in Haringey and the wider determinants of health
- meeting the needs of the growing population for health provision
- working in partnership with health providers and other key partners to reduce health inequalities and
- recognising the role of spatial planning in delivery of better health and well–being in the borough

4.2 There is no conflict between point 2 and point 1 and 4 as they relate to different issues as set out in the justification text in pages 164-171. Point 2 refers to the impact of future growth regarding heath infrastructure provision. Points 1 and 4 relate to health inequalities in Haringey and the wider determinants of health. The council will work with its partners to address the health inequalities. There is close relationship between deprivation and higher rates of ill health and premature mortality. Health inequalities in Haringey are apparent with the most deprived areas tending to experience the poorest health. For instance men in the west will live on average 6.5 years longer than the men in east. Apart from deprivation, the quality of the built and natural environment also impact of physical and mental well-being as explained in paragraphs 7.1.22- 7.1.34.

Issue 9.5

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

5.1 Yes. The Council and its partners are committed to ensuring health provision that deliver good and equal health outcomes that meet the needs of the growing population in Haringey. For GP services, Council's assessment of GP distribution in the borough indicates there is comparatively less number of GPs per population in the south of the borough than other areas in Haringey. This means that there are likely to be pressures on health services in the south east corner of Haringey especially in light of predicted growth in south / south east area over the lifetime of the Core Strategy

5.2 We referred to the changes to the NHS budgets and structures in the Factual Statement 5- Monitoring paper (para 5.4). A health infrastructure working group was also referenced in the same paragraph. The commissioning proposals or plans for new or significantly extended facilities have been replaced by plans to optimise existing investment by NHS Haringey in the premises infrastructure for primary and community health care and transferring appropriate hospital services into community settings. Site options are currently being looked at by the NHS North Central London.

5.3 Options under development include new primary care/ local public health services premises associated with the re-development of the St Ann's Hospital site. This is one of the sites identified in Haringey's UDP and the SHLAA and it is in the south of the borough. These facilities would be complementary to the existing Laurels centre in the south and appropriate hospital and community care delivered closer to home.

5.4 In addition to the health provision needs and projects identified so far, the LBH and the local NHS are committed to ensuring health provision, (accessible services and buildings) that deliver good and equal health outcomes that meet the needs of the growing population in Haringey, especially in identified growth areas, Tottenham Hale and Haringey Heartlands - and to do this over the lifetime of the Core Strategy. The LBH and local NHS will work together to keep the growth trends and the corresponding needs for health services under review as part of the monitoring work for the Core Strategy, the Community Infrastructure Plan and appropriate Health Plans, and utilise the monitoring of outcomes in shaping the future services in Haringey.

5.5 Please note below the need for correction in Figure 3.1, page 18 in Community Infrastructure study regarding distribution of population to collaboratives. This is reported at the end of this paper.

Issue 9.6

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

6.1 As explained above the polysystem concept has evolved. during the preparation of the Core Strategy and the Infrastructure study. Since the Core Strategy assumptions and options were evaluated in 2009/10, NHS locally and nationally is going through an unprecedented time of change and transition, and these have impact on commissioning and infrastructure models. The Council is working with the NHS Haringey and other health organisations to gauge the impact of these changes. Poly-systems and polyclinics are no longer the preferred service model for delivering enhanced public health, primary and community health care services and for enabling the transfer of services from hospital into the community.

- other service models are being developed for providing care closer to home
- commissioning proposals or plans for new or significantly extended facilities have been replaced by plans to optimise existing investment by NHS Haringey in the premises infrastructure for primary and community health care and transferring appropriate hospital services into community settings.
- continued expansion of general practice capacity and re-development of primary care premises in the eastern part of the borough is planned. This is consistent with the Core Strategy assumptions and local health priorities.

6.2 With the Inspector's approval, the Council is proposing the following changes in order to update the Core Strategy to take into account of the changes since the Submission draft to health provision. These changes are consistent with the Core Strategy objectives and assumptions for the health infrastructure need in the borough.

Amend the following paragraphs in Core Strategy Section 7 Health and Well-Being, Delivering Health Facilities and Services pages 165-168.

i. *Paragraph 7.1.11 – delete "and within these areas the development of … NHCs"*

ii. *Paragraph 7.1.12 – delete "The options for a NHC location have been identified and will offer easy access for over half of the local residents. Due to it's geographical location… NHC in the South East Neighbourhood."*

iii. *Replace with "Residents of the neighbourhood can access the Laurels NHC and Hornsey Central NHC."*

iv. *In paragraph 7.1.14 – replace the paragraph with new text:*

The South East Neighbourhood has 15 existing practices and The Laurels NHC at St Ann's Road is accessible to almost a 100% of households within 20minutes walking time. This centre works in tandem with Tynemouth Road Health Centre in which capacity has been released to provide women's health care services closer to home and to more efficiently meet the needs of the residents.

v. *Paragraph 7.1.16* – Replace the first sentence with the following text: *"These centres are integral to the collaborative primary and community health care networks respond to the specific health needs of each neighbourhood and deliver local health services by providing community based services including health visitors, district nurses, and information and support healthy lifestyles."*

vi. *Paragraph 7.1.21 – Delete "polyclinic type setting" and insert "primary and community setting" throughout the paragraph.*

vii. *Paragraph 7.1.21 End paragraph at "… currently being quantified by NHS Haringey.". Delete rest of the sentences . Insert "The Council and the local NHS are committed to health provision, (accessible services and buildings) that deliver good and equal health outcomes that meet the needs of the growing population in Haringey, especially in identified growth areas Tottenham Hale and Haringey Heartlands and areas of change and to do this over the lifetime of the Core Strategy. The LBH and local NHS will work together to keep the growth trends and the corresponding needs for health services under review as part of the monitoring work for the Core Strategy, the Community Infrastructure projects and appropriate Health Plans,* and utilise the monitoring of outcomes in shaping the future services in Haringey."

viii. *The changes to the key Infrastructure projects table in Appendix 3 is attached as a separate paper with track changes.*

Issue 9.7

7. *Are Health Impact Assessments clearly recognised within the CS? (Is the proposed change clear?)*

7.1 The supporting text of SP14 mentions the importance of Health Impact Assessments. The representation submitted by the Healthy Urban Development Unit (HUDU) specifically requested that HIAs are set out in the policy wording of SP14. The Council's response and proposed action does not satisfactorily address this representation. To reflect London Plan policy 3A.23 and its draft replacement policy 3.2, the Council deems it necessary to include the following bullet point into the policy wording of SP14:

"For all major new development, the applicant will be required to submit a Health Impact Assessment (HIA), where appropriate. The criteria for this will be set out in the Development Management DPD".

7.2 In addition, at the end of paragraph 7.1.28 insert the following:

"For major developments the Development Management DPD will set out the criteria for those applicants who will be required to undertake a Health Impact Assessments. The Council will also seek a S106 contribution to fund any additional health facilities required to mitigate any adverse impact identified in such a Health Impact Assessment. For further information please see the Mayor' Best Practice Guidance on Health Issues in Planning"

7.3 Finally, include a definition of HIA in the Glossary to read: "*A process for ensuring that land use and planning decision making at all levels consider the potential impacts of decisions on health and health inequalities. It identifies actions that can enhance positive effects and reduce or eliminate negative effects".*

Issue 9.8

8. Are monitoring indicators adequate? Rep 630 Cross reference para 7.1.4?

8.1 This representation was submitted by the Healthy Urban Development Unit (HUDU). They have specifically asked that further consideration should be given to the indicators relevant to the "Reduction in health inequalities by area and vulnerable community groups". These could relate to the health needs identified and the measures listed in paragraph 7.1.4. The Council believes that this change would strengthen the link between the indicator and the list of measures that play a part in promoting good health and addressing health inequalities. One of the aims of SP14 is to address the wider determinants of health. The policies in the Core Strategy seek to ensure new developments are designed and constructed in ways that improve health and reduce health inequalities. It also aims to create opportunities for employment and economic development, improve access to open space and leisure facilities, support safe and sustainable transport systems (including walking and cycling) and lessen environmental impacts including air and noise pollution.

8.2 In light of this, with the Inspector's agreement, the Council is proposing a further minor change, at the end of the 2nd Indicator on page 173, to read:

" *…,to address those cross cutting measures that also play a part in promoting good health and addressing health inequalities as set out in paragraph 7.1.4".*

9. Additional Point that the Council has raised

9.1 In addition to the responses above, if the inspector agrees, the Council proposes a minor change to the Community Infrastructure study to replace the Table 3.1 with the following table below to correct an error and provide more clarity.

Collaborative area	Approximate population served (2006 GLA high ward projections)	Number of existing GPs	Number needed 1 GP per 1,700 population)	Difference
West Haringey	76,000	65	45	20
Central Haringey	48,000	50	28	22
North East	64,000	54	38	16
South East	41,000	22	24	-2

9.2 Appendix to this paper includes track changes to the Community Infrastructure Key projects in Appendix 3 to update health infrastructure in line with paragraphs 6.1 and 6.2 above.