

Objection to the outline planning application for the St Ann's Hospital Site from HaNSAH (Haringey Needs St Ann's Hospital)

Application Reference No.: HGY/2014/1691

Site Address: St Ann's Hospital, St Ann's Road , London, N15 3TH

Submitted by: David King on behalf of Haringey Needs St Ann's Hospital

1. Introduction

'Haringey Needs St Ann's Hospital' (HaNSAH) is a group of local Haringey residents who are campaigning for better health services on the St Ann's Hospital site. Many have been involved in the formal consultation processes but are concerned that their views have not been considered.

2. The case for objection

2.1 Change of use

Our objection to the outline planning application is based on the category of 'principle' as set out on the Haringey council website. It states '***If you feel that the very nature of the proposal is inappropriate, for example that the use of land/property should not change***'.

St Ann's Hospital is built on public, NHS land, managed on behalf of the people of Haringey by Barnet, Enfield and Haringey Mental Health Trust (BEHMHT). The site is currently designated for Hospital use, no change of designation had been approved by Haringey council.

In the Unitary Development Plan, adopted in 2006¹ (saved 2013), in the section on St Ann's Hospital, it states that:

'The intention is to redevelop the site once the health related needs of the site have been established'

the report goes on to say:

'If the site becomes surplus to health requirements, mixed use will be considered'.

To date no evidence has been provided by BEHMHT, or any other public body, that the health related needs of the site have been established or that they have demonstrated that the portion of the site they have earmarked for redevelopment

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▯ <http://tinyurl.com/l63toxn> UDP Saved Policies, March 2013

has become surplus to health requirements as BEHMHT claim in their application.

In the planning statement submitted by BEHMHT acknowledge that the Council are currently preparing their Development Management Policies Development Plan Document (DPD) and their Site Allocations DPD. We would like to make the planning committee aware that we have submitted an objection to any change of use for the St Ann's Hospital site proposed in the DPD.

2.2 Healthcare Needs Assessment and Haringey Council's Legal Duty

Haringey Council and Haringey CCG have a legal Duty to demonstrate how they have used the JSNA to inform decision making in commissioning and in major development plans. We cannot find any evidence to show they have met this legal Duty in the St Ann's redevelopment plans.

Members of our group are also members of the Community Reference Group (CRG) established by BEHMHT to provide community input on the proposed redevelopment plans. At meetings of the CRG it was established that it was not the role of BEHMHT to establish the health or health care needs of the population of Haringey. The responsibility rests with Haringey Council and its partners through the publication of the Joint Strategic Needs Assessment (JSNA) led by the Director of Public Health.

The Director was invited to talk to the CRG in the summer of 2013 but was not able to describe how the JSNA had informed the plans for redevelopment; the minutes of this meeting have not been submitted with the outline application. It should be noted that members of the CRG asked for it to be minuted that there was significant disagreement over the way meetings were being recorded throughout the whole consultation process. By being selective in the minutes they have submitted we think that BEHMHT is attempting to show that the CRG support their plans. If BEHMHT submitted all the minutes the planning committee would see that this is not the case.

The redevelopment is not informed by the Joint Strategic Needs Assessment or a site specific Healthcare Needs Assessment. This is a critical factor for the planning committee. As a result of changes to legislation brought in by the Health and Social Care Act (2012), local authorities now have a legal Duty to demonstrate how the JSNA and Joint Health and Wellbeing Strategies inform local commissioning. The Department of Health (DH) guidance on JSNA s² states:

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□ <http://tinyurl.com/o6jbgka> Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies, DH 2013

'Their outputs, in the form of evidence and the analysis of needs, and agreed priorities, will be used to help to determine what actions local authorities, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that impact on health and wellbeing.'

If the Planning Sub Committee were to approve the outline planning application in its present form, and therefore authorise the sale of public NHS land without good evidence of having assessed health needs, and demonstrated how they have been applied to the redevelopment, this would be a dereliction of the Council's legal Duty.

We feel that the Planning Sub Committee has a robust, legal, reason not to approve the outline planning application.

2.3 The London Plan (2011) and The Local Plan: Strategic Policies 2013-2026

2.3.1 The London Plan (2011)

The London Plan contains several policies that support our assertion that no decision about the future of the St Ann's Hospital site can be taken without a thorough assessment of healthcare needs.

Policy 3.2, Addressing Health Inequalities

This policy states that:

'Health inequalities of major planning applications should be considered through the use of Health Impact Assessments'.

No Health Impact Assessment has been undertaken for the St Ann's redevelopment.

Policy 3.16, Social Infrastructure (health, education and sports facilities)

This policy states that:

'Proposals which would result in the loss of social infrastructure in areas of defined need for that type of social infrastructure without realistic proposals for re-provision should be resisted.'

and

'The suitability of redundant social infrastructure premises for other forms of social infrastructure for which there is a defined need in the locality should be assessed before alternative developments are considered'.

BEHMHT refer to this policy in their planning statement, however they do not provide any evidence, nor are they qualified to provide evidence, that proves that Haringey requires housing more than it needs Health Services.

Section 6.1.2 of this policy goes on to say:

'Given the expected growth in London over the next twenty years, it is important to ensure that new housing development, particularly in Opportunity and Intensification areas (policy 2.13), Areas for Regeneration (policy 2.14) and large residential development (policy 3.7) is supported by the necessary social infrastructure'.

The Tottenham Plan proposals include building 10000 new homes on the East of the borough; there is no evidence that the health infrastructure to support these new residents has been considered in the outline planning application.

Policy 3.17, Health and Social Care Facilities

This policy states that:

'Boroughs should work with the NHS, social care services and community organisations to:

- ***Regularly assess the need for health and social care facilities at the local and sub-regional levels; and***
- ***Secure sites and buildings for or to contribute to future provision.'***

In 2011 Haringey Council worked with its partners to develop the Health Infrastructure Plan. The key point from this report is included in the Infrastructure Delivery Plan. The relevance of this plan to the St Ann's is discussed in the next section.

2.3.2 The Local Plan: Strategic Policies 2013-2026

Approving the outline planning application would be in breach of the stated intentions of Haringey Council to address health inequalities in the borough. The Local Plan 2013 -2026³ states that:

SP14: HEALTH AND WELL-BEING

The Council will seek to improve health and well-being in Haringey. The Council will:

- ***Work with NHS Haringey in its goal to reduce health inequalities in the areas with poorest health;***
- ***Identify appropriate sites for new health infrastructure including those in Haringey's growth areas based on a health service delivery plan agreed by the Council and its partners;***
- ***Protect existing facilities and support the provision of new or improved health facilities through land use planning area plans, development management decisions, improved service management plans and through planning contributions (see SP17);***
- ***Prioritise interventions and resources to those areas of the borough where health inequalities are greatest; and***
- ***Support the integration of community facilities and services, i.e. health, education, cultural and leisure in multi-purpose buildings.***

In a later section of the Local Plan it states:

7.1.19 The Council will support the provision of additional health facilities and will work with NHS Haringey and other service providers to ensure the borough has a necessary supply and distribution of premises to meet Haringey's health care needs. Further information on health infrastructure is set out in Appendix 4 Infrastructure Delivery Plan.

In the Infrastructure Delivery Plan⁴ referred to above, there are plans for St Ann's Hospital. Recognising the need for '***improvement of and access to***

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http://www.cartogold.co.uk/haringey/text/strategic_policies_2013_doc/07_healthier_pbql.htm

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▯ <http://tinyurl.com/o4pr9nq>

public health and primary care and facilities'. These plans are consistent with Strategic Policies **SP1**, **SP14** and **SP16**. It states:

'Options under development include new primary care local public health services premises associated with the redevelopment of the St Ann's Hospital site. These would be complementary to The Laurels and appropriate hospital and community care delivered closer to home.'

There is no evidence that Haringey Council, or its partners, have considered the Local Plan or the Infrastructure Delivery Plan with regard to the proposed redevelopment of the St Ann's Hospital site. The hospital is in an area of Haringey with the highest health inequalities, no new facilities have been considered for the site, no consideration has been given to integrating the services that remain on the site. Although there are plans to improve primary care and public health services there is no evidence that these new services have been considered.

Approval of the outline planning application would be in direct contradiction of the Local Plan, and specifically of policy **SP14**, which was formerly adopted by Full Council last year.

2.4 Planning for the future

We believe that in approving this outline planning application there is a danger of piecemeal development taking place especially as BEHMHT acknowledge that it is not their responsibility to plan services to meet the healthcare needs of the Borough.

In their application BEHMHT claim that the proportion of the site that is being retained for health use has the capacity to meet the future health care needs of the population of Haringey. In section 6.20 of their planning statement BEHMHT state:

'Parts of the healthcare site following the proposed development will still be only one or two storeys in height and as a result, there is the potential to replace these with new buildings with three to four storeys in the future, alongside expanded building footprints.'

In their more recent plans BEHMHT have proposed refurbishing the old Downhills Ward to provide much needed extra beds for acute mental health

patients. At the public meeting held on the 16th July they stated that this new provision had yet to be agreed with the NHS commissioners - Haringey CCG. This proposal needs to be agreed or rejected by CCG before the outline planning application is submitted so an accurate estimate of bed capacity and necessary building infrastructure can be made.

The outline planning application fails to recognise the implications of the Tottenham Plan and the building of 10000 new homes on the East of the borough over the next twenty years. Failure to properly assess and to plan for additional facilities needed in the future will result in ad hoc development on the site and runs contrary to the stated aim of BEHMHT to provide integrated health services. If the planning committee fails to take the Tottenham Plan into account it would be neglecting its responsibilities outlined in the Local Plan, specifically in **SP14** to:

‘Protect existing facilities and support the provision of new or improved health facilities through land use planning area plans, development management decisions, improved service management plans and through planning contributions’.

As we have outlined above we question whether it is the role of BEHMHT, or if they have the knowledge and skills, to make an assessment of future health needs.

However we have studied the JSNA, consulted local clinicians and councillors and have found that there is evidence of need for new services on the St Ann's site, and are confident that a healthcare needs assessment would confirm this.

These are:

- **Expanded acute mental health facilities with integrated primary care and 'step down' services,**
- **An integrated child health centre,**
- **An urgent treatment centre/'walk in' primary care centre, and**
- **Additional GP Surgeries.**

We have detailed our evidence in **Appendix 1**.

3. Support for this objection

We have collected signatures in support of our objection to the sale of the St Ann's Hospital site and in support of the provision of health services to meet our need now and in the foreseeable future. To date we have collected over 200 signatures signed in person and 300 online⁵.

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4. Conclusion

We understand that Planning Policy in form of the London and Local Plans support the case for improving health facilities at St Ann's. No evidence has been submitted with the outline planning application that the site is surplus to requirements. We expect the Planning Committee to abide by these policies and commitments by rejecting the outline planning application submitted by BEHMHT.

Appendix 1

1. Evidence of need for new services on the St Ann's Hospital site

Haringey is a borough with significant health inequalities, life expectancy for men in the most deprived wards die on average 7.7 years earlier than those in more affluent areas, women in deprived wards die on average 3.4 years earlier⁶. The most deprived wards are those on the east of the borough where St Ann's Hospital is situated.

Again we refer to the Local Plan SP14 which states that the Council will:

'Prioritise interventions and resources to those areas of the borough where health inequalities are greatest'

1.1 Mental Health Services

The JSNA states that Haringey has the third highest referrals for acute care in London. BEHMHT have reduced the number of beds at St Ann's from 50 down to a planned 36 in the new development (though no actual bed numbers are given in the Outline Plan).

The Royal College of Psychiatrists recommendation is that wards should be operating at 85% capacity, BEHMHT frequently report occupancy levels over 100%. We understand that BEHMHT frequently have had to use private mental health beds because there are insufficient beds at St Ann's. Capacity needs to remain at 50 beds on the St Ann's site.

This is an issue of capacity, it is also an issue of racial equality. The JSNA tells us People from BME communities are disproportionately represented in acute admissions. Failing to plan for these people would be unlawful discrimination.

¶ tinyurl.com/loa6lzg

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¶ <http://t.co/5mJFDizynx> Public Health England, Haringey Health Profile July 2014

The JSNA says that 43% of acute admissions are people who are not registered with a GP and that most of them live on the east of the borough. There is a good case for providing primary mental health care on site.

1.2 Child Health Services

The Marmot indicator for child development in Haringey by the age of 5 is **'significantly worse than the rest of England'**. A year ago Haringey was the worst in England.

The Serious Case Review published following the death of Peter Connelly criticised local services. It said:

- **agencies were acting in isolation from one another without effective co-ordination,**
- **that there was poor gathering, recording and sharing of information**

At the Overview and Scrutiny Committee in July last year Phil Watson and Dr Tony Wheeler from Whittington Health Child Health Services talked about the opportunities the redevelopment could provide for integrated child health services.

In the Whittington Health Estates Strategy there was a proposal for an integrated child health service on the St Ann's site, bringing together child health, child mental health and child protection services under one roof.

In correspondence with Cllr Ann Walters she said, *'In principle integrated services bring additional benefits to both users and the providers of services and I would therefore be in favour of the proposal.'*

1.3 Integrated Primary care and Urgent Care Centre

In March last year the Adult and Health Scrutiny committee heard a presentation on unscheduled care.

It was reported that in 2012 there were 10,212 residents contacted out of hours services. Of these 8,366 patients had a face to face appointment at a site. Of the 8,366 the following shows which bases Haringey residents visited:

5,306 at the Laurels Health Centre (opposite St Ann's Hospital)
2,527 at the Whittington
259 at St Pancras
274 at Homerton

Unsurprisingly demand for unscheduled care by Haringey residents is highest at the Laurels Health Centre, there is a good case for a 24/7 Urgent Treatment Centre here or on the St Ann's Hospital site.

An Urgent Treatment Centre would take the pressure off local GPs in the area, and off the Whittington and N Middx's A&E departments., it would also mean residents would not have to travel so far to obtain treatment often by at least two buses. The North Middlesex Hospital A&E is already experiencing difficulties with overuse following the Closure of the Chase Farm A&E.

1.4 Additional GP Surgeries

In the Health Infrastructure Plan (2011)⁷ the need for more GPs on St Ann's was proposed to help ease pressure on the nearby Laurels Practice. As there are plans for 10,000 new homes in East Haringey the analysis below shows a deficit of GPs in the area and strong reason to include a GP surgery on St Ann's.

We have analysed the number of GPs in East Haringey and used the London average, according to a Kings Fund report, 'General Practice in London'⁸ which is 61 per 100k patients, or 1639 patients per GP. If an extra 10,000 homes bring in an estimated 25,000 people, this population would need an extra 15 GPs to provide for their needs at the London average ratio of patients to doctors. A further 16 GPs are needed to reduce the patient/doctor ratio for the *existing* registered patients to the London average. This makes a total of 31 doctors needed for the N15/N17 areas.

It is unrealistic to think these can be accommodated within the premises of the 25 existing practices on the East of the borough, even if all the partners working there wanted to take on new colleagues, which is unlikely.

A number of new doctors' surgeries will be needed and provision for them needs to be made within the land allocations for social infrastructure such as the St Ann's Hospital site.

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□ <http://tinyurl.com/m9qcetq> Haringey Health Infrastructure Plan (2011)

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□ http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/general-practice-in-london-dec12.pdf