



London Healthy Urban Development Unit

3rd November 2023
Your ref: HGY/2023/2357
Faye.mcelwain@nhs.net

Dear Valerie,

HGY/2023/2357 – Clarendon Gas Works

Application for approval of reserved matters relating to appearance, landscaping, layout, scale, access, pertaining to Buildings H1, H2 and H3, forming Phase 4, including the construction of residential units (Use Class C3), commercial floorspace, basement, and new landscaped public space pursuant to planning permission HGY/2017/3117 dated 19th April 2018. The Outline Planning Application was an Environmental Impact Assessment. An Environmental Statement was submitted, and an EIA Further Information Report is submitted with this Reserved Matters Application

HUDU Response to Haringey Planning Application

Haringey GPs, acute and mental healthcare services are under substantial pressure with limited space and recruiting additional clinicians, e.g., pharmacists and physiotherapists, to provide enhanced services to local people. To meet the health needs of the new residents of the proposed schemes, and to limit adverse impacts on existing residents, developments need to provide financial contributions via the relevant S106 agreement for the expansion of health infrastructure serving the locality.

It is noted that the former Clinical Commissioning Ground (CCG) for the area did not respond to the earlier phases of development and there have not been any former requests for healthcare contributions for the initial hybrid or reserved matters applications. North Central London (NCL) Integrated Care Board (ICB) has superseded the CCG in the National restructure of the NHS through the Health and Care Act 2022. NCL ICB is currently responding to significant increased pressures across primary care and NHS trusts and the aftermath of the pandemic with the acknowledgement that additional healthcare provision is needed in the Wood Green area, particularly primary care services.

The NHS Long Term Plan (2019) and the Fuller Stocktake Report (2022) re-emphasise the importance of providing care close to the community and to provide services on a neighbourhood basis where possible. This means in addition to increasing and improving primary capacity NHS Trusts are seeking to provide increased facilities and services locally where appropriate. The HUDU Planning Contributions Model, as set out in the 2021 London Plan, is required to be used to calculate the cost of mitigation for health. (please note that the HUDU Model does not currently incorporate the impact on Accident and Emergency and outpatient infrastructure nor the impact on the London Ambulance Service and therefore underestimates the cost of mitigation to the NHS).

The whole site benefits from an outline planning permission application to provide a total of 1714 new homes with the details of over 1000 homes been approved by the hybrid application and the subsequent reserved matters applications. The current reserved matters application is phase 4 of the development which is proposed to provide a further 376 new homes.

Hybrid application – 622 homes (approved in detail)
Phase 1 HGY/2020/1851 – 281 homes
Phase 2 HGY/2019/1775 – 55 homes
Phase 3 HGY/1209/0362 – 99 homes
Phase 4 (current application) – 376 homes

The detailed component has been completed and it is understood that phases 2 & 3 are partially completed with parts of the sites still under construction. The current scheme does not provide any affordable housing. However, it is noted that over the entire site the minimum threshold, in line with the hybrid permission has been achieved in the earlier phases.

The preferred approach across North Central London (NCL) Integrated Care Board (ICB) is to invest in quality 'core' premises which incorporate digital technologies to provide the highest quality of care to patients in the future. Therefore, the desired outcome of any contribution would likely be towards investment in and securing its core premises.

Whilst health and wellbeing facilities are included on the Strategic Community Infrastructure Levy Infrastructure List, the list is indicative and there is no guarantee that CIL receipts will be allocated towards health infrastructure in Wood Green to mitigate the direct impact of development. Therefore HUDU maintains that a s106 payment is required.

The HUDU Planning Contributions Model has been used to calculate the contribution. The requirement would meet the tests in CIL Regulation 122 as it is considered necessary, reasonable and directly related to the development.

We have run the HUDU model for this based on 376 additional units using the unit sizes contained within the Planning Statement accompanied with the application.

Final Summary	
Total Capital Cost	£1,064,281
Total Revenue Cost	£830,693
Combined Cost	£1,894,974
Total Number of Housing Units	376
Capital Cost Requirement Per Unit	£2,831

The HUDU Planning Contributions Model calculated a total healthcare requirement of £1,894,974 for this development. This shows an overall capital cost of £1,064,281 with a further revenue cost of £830,693.

A priority project is currently underway for an Integrated Health Hub in part of the Wood Green Shopping mall which is part of a wider retail led development. The landlord is to provide the shell of a large retail unit. within the mall, the intention being for Whittington Health NHS Trust to fit out and occupy the majority of the space with the relocated Hornsey Wood Green General Practice, North Middlesex University Hospital Trust and the Barnet, Enfield & Haringey Mental Health Trust to occupy smaller portions. Currently HUDU would identify this for funding. However, as the timescale of the planning application and build rate are not fixed and the needs of the NHS may change over this time a contribution may need to be used for other means to serve the health needs of future occupiers. Therefore, should a contribution be agreed, a flexibly worded s106 agreement would be required to reflect this.

As stated above the priority project at Wood Green would not be a new build as the shell of the building is provided by the landlord. It is therefore considered that the cost can be reduced by 65% to £691,783. At this stage we are not asking developers to cover the additional revenue costs. However, they should be made aware that there are significant pressures and costs on the NHS of development.

It is noted that no contributions have been sought on previous phases of the development. For context the total capital cost based on the entire scheme would be £3,625,411 which would reflect the impact of the entire development on healthcare if it were to be determined in the current economic circumstances. This again does not take into account revenue costs or the cost to A & E and ambulance services. Therefore it is clear that the request is significantly lower than the actual cost to the NHS. Therefore HUDU would urge the Council to stand by this request for a contribution to assist the NHS in providing sufficient healthcare to the future occupiers of the development and the population of the Wood Green area.

The request is the Council to secure **£691,783** within the S106 agreement to be paid on commencement and indexed linked to building costs.

It is noted that the viability assessment to support the latest CIL charging schedule suggests that £20/sqm should be allotted to s106 contributions. The gross internal floor area gained (including change of use) is 31,089sqm which when multiplied by 20 = £621,780. This would be the total amount that would be expected to be sought on top of CIL. It is understood that the developer has fulfilled their affordable housing obligations on earlier phases and therefore there is opportunity to viably obtain a contribution from this application.

In light of this HUDU would welcome the opportunity to be kept informed of any negotiations regarding viability and would strongly suggest that, if the full required contribution cannot viably be sought then the healthcare need is earmarked for a future CIL bid as a priority.

I trust that the above comments are useful in pursuing the application. However, please contact me if you require any clarification or if I can be of further assistance. We would request that we are consulted on any further amendments to the scheme which may effect primary, community and acute care provision and on any subsequent planning applications on the site and, as stated above, would welcome any involvement regarding the negotiation and wording of the s106 contribution.

Yours Sincerely

F McElwain

Faye McElwain MRTPI
HUDU (Healthy Urban Development Unit) Planning Officer