London Healthy Urban Development Unit

16th April 2024
Your ref: HGY/2024/0450
faye.mcelwain@nhs.net

Dear Valerie,

HGY/2024/0450 707-725 Lordship Lane, Wood Green

Demolition of the existing building and redevelopment to provide affordable homes, purpose-built student accommodation, and flexible ground floor commercial (Class E) floorspace within buildings ranging between 3 – 9 storeys, public realm and landscaping works, cycle parking, and associated works.

HUDU Response to Haringey Planning Application

Haringey's primary, community, acute and mental healthcare services are under substantial pressure with limited space and recruiting additional clinicians, e.g. Clinical pharmacists, podiatrist, paramedic, dietician, physiotherapists etc. to provide enhanced services to local people, particularly in the Wood Green Area which is expected to undergo significant additional development and population growth in the coming years.

The proposed scheme would likely bring new residents into the area and would therefore have an impact on existing healthcare infrastructure which should be a consideration in the determination of the planning application. The complexities associated with a large influx of students into the area in particular should be considered.

Firstly the age profile of an area will likely alter with most students being aged between 18 and 22. Also students are likely to have different health needs than the general local community and some may remain registered at their 'home' GP surgery which may in turn lead to an increase in the use of urgent care infrastructure. A younger population and increase in students to an area is likely to impact on the demand for mental, acute and sexual health services in particular. While students may be confident in accessing digital services there may be issues of privacy living in non self contained accommodation which could obstruct this as well as personal preferences and the need for face to face services.

To meet the health needs of the new residents of the proposed scheme 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 neighbourhood. It is noted that a bid for s106 towards healthcare for an application at the Printworks in east Haringey (HGY/2023/2306) was unsucessful. However, the rate of CIL per sqm for the central area of Haringey is the same for residential, student and build-to-rent housing (£229.21). This is in contrast to the eastern area where the CIL charge per sqm is larger for student accommodation than standard residential housing. It is therefore

considered that the request for s106 for the current application is not comparable to this application and the request is justified as there is not an increased CIL associated with student accommodation as there is in the east of the borough.

The closest GP practices to the site are Stuart Crescent Health Centre, the High Road Surgery (both in North Central PCN) and Staunton Group Practice and Hornsey Wood Green GP (both in East Central PCN). The preferred approach across NHS 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 a variety of patients in the future with the desired outcome of any contribution being to invest to ensure that 'core' premises are enhanced or provided.

The Hornsey Wood Green GP, which also offers mental health services, has a patient list of circa 10,000 and is under significant pressure to deliver services in a building which is not considered to be fit for purpose. With no practical means of expansion of the existing building securing a new premises in the Wood Green area for this practice is therefore a priority for the NHS to serve the existing and expanded population and would be in accordance with the aims of NCL ICB of investing in 'core' facilities. Therefore any s106 and CIL funding would be directed towards providing a new premises for this surgery. Potentially this could be part of an integrated hub for other practices and services in the area to relocate in order to provide the best service possible if this proves to be a feasible option in the future.

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 current scheme consists of 623 student bedspaces consisting of 62 affordable units and 77 homes with a mix of social rented and shared ownership

The HUDU Planning Contributions Model has been used the calculate the contribution.

We have firstly run the HUDU model for the student accommodation based on 623 additional residents which assumes that the students will not be local. The standard assumptions in regards to age have been modified to take into account the fact that the majority of students will be in a younger age bracket (15-44). The final summary information from the HUDU model is set out below.

Final Summary	
Total Capital Cost	£1,109,541
Total Revenue Cost	£943,696
Combined Cost	£2,053,237
Total Number of Housing Units	623
Capital Cost Requirement Per Unit	£1,781

The HUDU Planning Contributions Model calculates a total healthcare (primary, acute and mental health) of £1,109,541. This can be further broken down:

Primary care cost - £378,565.
Mental Health cost £212,795
Acute cost – £489,742
Intermediate cost - £28,632

In addition 77 residential units are proposed.

Final Summary	
Total Capital Cost	£210,654
Total Revenue Cost	£177,338
Combined Cost	£387,992
Total Number of Housing Units	77
Capital Cost Requirement Per Unit	£2,736

The HUDU Planning Contributions Model calculates a total healthcare (primary, acute and mental health) capital s106 requirement of £210,654.

This can be further broken down:

Primary care cost - £74,191
Mental Health cost £23,004
Acute cost – £113,460

The total combined capital costs from the HUDU model is calculated at £1,320,195

However, as pointed out above it is considered that there is most need for primary care in vicinity of the site. The amount of capital required for primary care would work out as £452,565 for the entire development. There could potentially be an increase in demand for mental health services and the mental health contribution would equate to £286,986 over the entire development. However, it is considered likely that students will mostly utilise services such as talking therapies and it is expected that this can be obtained from the mental health services available at their university rather than NHS services and therefore the need is likely to be significantly less than this. It is likely that a pod or small room would suffice to accommodate the extra demand on mental health as a result of the development. We have therefore reduced this significantly to £20,000.

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.

The request is the Council to secure **£472,565** within the S106 agreement to be paid on commencement and indexed linked to building costs. This requirement would meet the tests in CIL Regulation 122 as it is considered necessary, reasonable and directly related to the development.

Health Impact Assessment

A Health Impact Assessment does not appear to have been submitted with the application. Due to the scale and the type of the proposal, HUDU consider that a HIA should have been provided as part of the application to ensure that all adverse health impacts of the proposal have been identified and where possible mitigated. The Council's Public Health and Environmental Health Services should be consulted for advice in respect of the details in relation to health and well being.

Standard of Accommodation

The cluster bedrooms should exceed the minimum standards for a single bedroom as stated in policy D6 of the London Plan as the rooms will be the only private internal space for

residents and so will likely be utilised in daytime hours for studying, socialising. It is suggested by the plans that up to 8 rooms may be included within a cluster sharing a kitchen. It is suggested that this ratio could be re-considered and a lower number of students per kitchen would offer a greater standard of accommodation.

The ensuite, 1 bed and duplex studios proposed do not meet the floorspace requirement of policy D6 of the London Plan. However, as student accommodation is occupied on a temporary basis, and it would be expected that the living accommodation is not utilised as much during daylight hours as residential flats for other purposes this could be acceptable. A condition would be recommended to ensure that each unit of accommodation is only occupied by one student.

Affordable Homes

It is welcomed that the proposal proposes affordable homes. In addition 62 of the 623 student beds form part of cluster spaces and are considered to be affordable. There is some concern that the proportion of student spaces which are affordable is insufficient to meet need.

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 and acute care provision and on any subsequent planning applications on the site and, as stated above, would welcome any involvement regarding the negotiation of the s106 contribution.

Yours Sincerely

F McElwain

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