London Healthy Urban Development Unit

3rd October 2024
Your ref: HGY/2024/2279

Dear Valerie

HGY/2024/2279 – Clarendon Road

Demolition of existing buildings and delivery of a new co-living development and affordable workspace, alongside public realm improvements, soft and hard landscaping, cycle parking, servicing and delivery details and refuse and recycling provision

HUDU Response to Haringey Planning Application

Haringey GPs, primary care services are under substantial pressure with limited space and recruiting/retaining additional clinicians, e.g., pharmacists and physiotherapists, to provide enhanced services to local people. Additionally more residents means greater pressure on acute and mental health services. 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.

NCL acknowledges that additional healthcare provision is needed in the area, particularly GP 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 proposal is for 222 co-living apartments. This number of new units would have an impact on health provision.

The HIA submitted with the application acknowledges that the GP surgeries surrounding the site are acting above capacity. However, no mitigation is proposed.

It is noted that the Hornsey Wood Green GP practise on Turnpike Lane is in close proximity to the site. Currently this GP surgery has 10,400 patients being seen in very poor and

inadequate accommodation. There is no potential to expand or improve the space so it is an ICB priority is to facilitate an alternative premises for this practice. Any S106 secured from this development would primarily be directed towards this aim.

Also, in accordance with the aims of the ICB there is a need for a new integrated hub in the Wood Green Area and it is hoped that sufficient funding will become available in the future to provide this which could also accommodate the Hornsey Wood Green practise. The timescale of the planning application and build rate are not fixed and the needs of the NHS may change over time, in which case the contribution would be used for other means, therefore a flexibly worded s106 agreement would be needed to reflect this.

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 the Wood Green area to mitigate the direct impact of development. Therefore HUDU maintain that a s106 payment is required.

The HUDU Planning Contributions Model has been used the 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 222 additional units based on the unit sizes contained within the Planning Statement accompanied with the application.

Final Summary	
Total Capital Cost	£444,988
Total Revenue Cost	£408,126
Combined Cost	£853,114
Total Number of Housing Units	222
Capital Cost Requirement Per Unit	£2,004

The HUDU Planning Contributions Model calculated a total healthcare requirement of £853,114 for this development.

This shows an overall capital cost of £444,988 with a further revenue cost of £408,126 The capital cost can be further broken down into primary, acute mental health and intermediate services.

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 capital cost can be further broken down.

Primary care - £155,802
Acute - £208,670
Mental Health - £80,517

As stated above there is an urgent need to expand and improve primary care in the area and therefore the request is the Council to secure **£155,802**. within the S106 agreement to be paid on commencement and indexed linked to building costs.

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

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