

16 March 2022

FAO Philip Elliot
Planning Support
Haringey Council
By Email:
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Dear Sir,

High Road West N17 (HGY/2021/3175)

The CCG is concerned that the planning committee report doesn't fully reflect the CCG's comments, which were submitted on 28th January 2022.

We note that Appendix 2 'Internal External Consultees Representations' only includes page 1 of the CCG response and omits pages 2-3.

On page 2 of the response, we suggest that the legal agreement should include a requirement for a healthcare delivery plan to be submitted with the Reserved Matters Applications for Phase 2 which would identify, in consultation with the Council and CCG the location of the new health centre, the timing of provision and the design and specification. We understand that the intention is to provide the new facility as shell and core floorspace and as such additional capital investment will be needed to fit-out the new facility. In addition, the future rental level should be affordable to the CCG.

Paragraph 8.2 of the applicant's Planning Statement refers to third party ownerships within planning application boundary. The Tottenham Health Centre is owned by the GP practice. The Planning Statement indicates that the Council will seek commercial agreements from and with landowners to incorporate their interests into the wider scheme and will explore the option of Compulsory Purchase Order powers where necessary. The committee report does not specifically refer to the intention to purchase the health centre site. Whilst we support the proposed s106 heads of terms to secure the new healthcare facility to be in operation prior to demolition of the existing Tottenham Health Centre, we suggest that a healthcare delivery plan is needed to ensure the continuation of healthcare services and to ensure that the new health centre can be delivered, and additional capacity is provided to accommodate the additional demand generated by the development. We also suggest that there should be a mechanism to monitor and evaluate the construction impacts and mitigation measures to ensure that services delivered from the Tottenham Health Centre would not be disrupted during the construction stages.

We do not agree with the summary and conclusions in sections 7 and 11 of the report regarding healthcare impact and the need for mitigation. Paragraph 7.22 suggests that the replacement healthcare facility will meet the needs of the additional population without further mitigation. The healthcare facility will replace the floorspace lost if the Tottenham Health Centre is demolished. It does not provide the necessary additional floorspace needed to accommodate the additional demand. The report considers that the introduction of up to 6,410 additional residents into the area

would not have a significant adverse effect on primary healthcare provision (paragraph 30.5) and refers the Environmental Statement (ES) assessment in paragraph 11.11. The CCG considers that the proposed scheme would have a significant effect on primary healthcare provision in the north Tottenham area which is already under pressure. In fact, paragraph 14.5.18 of the ES states that, without mitigation, the assessment identifies a permanent, long-term and moderate adverse effect, which is significant in EIA terms. Paragraph 14.5.19 refers to the use of mitigation in the form of financial contributions in order to manage the additional demand created. With this mitigation in place, the effect of the proposed scheme on the provision of healthcare facilities is assessed as negligible, and therefore not significant.

Paragraph 30.5 of the committee report refers to the use of CIL payments to help fund additional provision. There is an identified significant site-specific impact which requires direct mitigation by way of a s106 contribution in addition to the replacement health facility. The CCG has requested a contribution of £3,073,120 which could be reviewed as part of the suggested healthcare delivery plan. The request for a s106 contribution would meet the tests in CIL Regulation 122 as it is considered necessary, reasonable and directly related to the development. CIL funding is not a material consideration in the determination of a planning application and CIL cannot be used to make the development acceptable in planning terms.

We would request that the planning committee is made aware of the above comments.

Yours faithfully,

NHS North Central London CCG