London Borough of Haringey

Draft Health Infrastructure Plan

2011 – 2026

October 2011

Stakeholder Involvement

The Health Infrastructure Plan (HIP) was agreed by partner organisations that were part of the Health Infrastructure Plan Board that was set up to develop it. The following partner organisations confirm their support for the vision outlined in this plan[1].

Haringey Council

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Mental Health NHS Trust

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Dr Jeanelle de Gruchy
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The Laurels Health Centre

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[1] This does not commit individual parties to specific projects in the Plan.

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Health Infrastructure Plan

Content

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Executive Summary

Introduction and status of the plan

1.1 The Health Infrastructure Plan (HIP) provides a vision for health infrastructure in the London Borough of Haringey (hereafter referred to as Haringey) over the next 15 years. In developing this plan, key public sector health providers came together and agreed a physical plan of where health services will be delivered from and how this will relate to service quality and health outcomes over the next 15 years. The plan includes analyses of existing facilities and a summary of planned infrastructure facilities including when and where they will be located, size, cost and funding sources.

1.2 Haringey is currently preparing its Local Development Framework Core Strategy – A New Plan for Haringey. This will guide growth in the Borough for the London Plan period to 2016 and beyond to 2026. The status of the HIP is that it is a London Borough of Haringey's supporting document which feeds into Haringey's Community Infrastructure Plan (CIP) which in turn is part of the Haringey's Core Strategy. The Core Strategy is a spatial expression of the Sustainable Community Strategy (SCS). Each stakeholder organisation is expected to ratify and adopt this Health Infrastructure Plan as a first step in ensuring its implementation. It is also acknowledged that implementations of identified projects within the plan will be subject to appropriate prior consultations with relevant stakeholders.

How we have developed the plan

1.3 The HIP has been developed by the Haringey Health Infrastructure Plan Board that was composed of senior representatives from the following stakeholder organisations:

- London Borough of Haringey
- Barnet, Enfield and Haringey Mental Health NHS Trust
- NHS Haringey Borough Presence/NHS North Central London
- Whittington Health NHS Trust
- North Middlesex University Hospital NHS Trust
- Haringey GP Consortium
- The Laurels Healthy Living Centre

1.4 The *vision* developed and agreed by the health service providers represented on the HIP Board is:

'Improving the health of Haringey residents and reducing health inequalities through facilities fit to deliver accessible, equitable, integrated, cost-effective services'.

1.5 This vision supports that of the new shadow Health and Wellbeing Board (sHWB).

1.6 The scope of this plan is mainly restricted to primary care, GP and community health services, acute hospital and mental health services. The Plan makes some reference to dental, pharmacy, adults social care and children's services which are addressed in more detail in other policy documents belonging to the local authority or partner organisations.

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Strategic overview

1.7 The future commissioning and provision of primary care is undergoing a number of changes. The Health and Social Care Bill 2011 which is currently going through Parliament seeks to abolish Primary Care Trusts (PCTs) and transfer powers to commission services to GP Consortia and Hospital doctors and nurses.

1.8 Future investments in health infrastructure will be constrained over the next few years as the NHS seeks to achieve up to £20 billion of efficiency savings by 2015 through a focus on Quality, Innovation, Productivity and Prevention (QIPP).

1.9 A key element of NHS North Central London Sector QIPP strategy is the implementation of diabetes and dermatology services from Whittington Hospital to Hornsey Medical Centre. Other service models for delivering enhanced public health, primary and community health care services and for enabling the transfer of services from hospital into the community are currently being looked at. The NHS NCL sector has a saving target of £4.9m for the care closer to home programme for 2011/12.

Haringey population

1.10 The population of Haringey stands at over 225,000 (ONS, Mid Year Estimates, 2010) and is projected to grow by over 15% to more than 260,000 by 2026.

1.11 Several geographical areas of Haringey have been identified as sites for regeneration and housing growth. Haringey Council's 15 year housing trajectory indicates that over 12,000 new units will be built in Haringey by 2026. The majority of these homes will be located in major growth areas identified in the emerging Core Strategy, namely Tottenham Hale and Wood Green/Haringey Heartlands. It is therefore predicted that the number of change in population will be greater in the eastern part of the borough hence the need for appropriate infrastructure.

Health inequalities

1.12 Health inequalities in Haringey are apparent with the most deprived areas tending to experience the poorest health. Type and levels of health issues vary considerably across Haringey and infrastructure planning has a role in meeting the health needs throughout the borough.

1.13 An analysis of high-level health needs and spatial distributions show that the main killers are cancer and CVD, accounting for 60% of deaths in the under 75s and a continuing east/west divide. Hypertension affects a large proportion of older people and 8.4% of the population in the west compared with 12.4% in North East neighbourhood. The North East Neighbourhood also has the highest levels for chronic kidney disease, smoking, dementia and stroke. The West Neighbourhood has the highest levels of cancer. The Central Neighbourhood has the highest levels of registered pulmonary heart disease, heart failure and chronic obstructive pulmonary disease. The east has higher rates of hospital admission for mental health needs. By 2025, it is predicted that 18,126 Haringey residents aged 65+ will be living with a limiting long term illness, approximately 75% of the 65+ population.

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Primary care & GP services

1.14 Currently, primary care is mainly provided in GP practices, dental practices, pharmacies and optometry premises. There are currently 54 GP practices in Haringey employing 191 (WTE) GPs and 370 practice staff. The GP services have been organised into four collaboratives for the last three years: West Haringey, Central Haringey, North East Haringey and South East Haringey. 50% of the GP practices are single provider GPs nearing retirement age. GP services vary significantly depending on the practice in terms of access, quality, and condition of premises and range of services available.

1.15 Based on HUDU model of provision (1 GP per 1700 population), an assessment of GP provision in Haringey suggests that the overall number of GPs in Haringey is adequate for current and future needs. The calculations are purely based on the GP numbers and do not take into account the factors such as GP list sizes, the potential turnover of GPs due to age profile.

1.16 There is, however, a geographical mismatch in GP provision across the borough. There is a current GP deficit in the south eastern area where there are pressing health issues. There are also pressing health issues in the east /north east Tottenham area.

1.17 Most recent population projections (2010) from the GLA indicate that the primary care needs expressed as GP numbers associated with the predicted population growth in Haringey between 2010 and 2026 is about 12. The population growth is highest in the north east and south east collaborative areas, and this equates to approximately to 8 GPs, 2 of which relates to Tottenham Hale ward.

1.18 LBH and the local NHS are committed to ensuring health provision, (accessible services and buildings) that deliver good and equal health outcomes that meet the needs of the growing population in Haringey, especially in identified growth areas, Tottenham Hale and Haringey Heartlands - and to do this over the lifetime of the Core Strategy.

1.19 Subject to the local NHS QIPP programme, provision to support future healthcare could be achieved through improving or expanding existing accessible services, and development of new GP premises in the east of the borough.

Community health services

1.20 Borough-wide community health services are provided by Whittington Health. The facilities from where services are provided are generally good. A six facet survey was completed by Haringey PCT (commissioners) within the past 3 years which informed recent capital programmes.

1.21 With the planned redevelopment of the St Ann's site, it is anticipated that a range of services that are provided in the main to East Haringey residents will be retained on the new site.

Acute hospitals

1.22 Haringey does not have a general acute hospital within its boundaries and residents mainly use North Middlesex University Hospital in Enfield to the north or the Whittington Hospital in Islington to the south.

1.23 North Middlesex University Hospital NHS Trust currently provides 400 inpatient beds whilst Wittington Health NHS Trust has 467 inpatient beds. Standardised

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admission ratios (expressed as a ratio of observed to expected admissions, multiplied by 100) for elective and emergency admissions in Haringey wards show that with the exception of Hornsey, those in the east are more likely to be admitted to hospital.

1.24 In terms of future health infrastructure investment, North Middlesex University Hospital has definite plans to invest a total £65m over the next 2 years to create:

- £22m, 120 additional acute beds to meet increased activity and
- £10m, enabling works
- £33m women's & children's unit to accommodate 1,500 births

1.25 Whittington Health NHS Trust, which became operational in April 2011, is currently reviewing its estate strategy.

Mental health services

1.26 Barnet, Enfield and Haringey Mental Health NHS Trust (hereafter referred to as the Trust) provides a range of mental health services to people living in boroughs of Barnet, Enfield and Haringey. The Trust owns the 29-acre St. Ann's Hospital site in Haringey and provides a range of mental health services on site. The Trust occupies just over half of the current buildings on the site, including the inpatient mental health unit for Haringey. Other users of the site include Whittington health NHS Trust, Moorfields Eye Hospital NHS Foundation Trust, North Middlesex University Hospital NHS Trust, North London Breast Screening Service and the London Ambulance Service.

1.27 The Trust undertook a survey of its estates in 2009 which found that 24% of its estate, mainly at St Ann's in South Tottenham, is early Victorian and built between mid 19th and early 20th Century. Most of these buildings are rigid in design and require modernisation to meet future health needs.

1.28 Mental health services are rapidly evolving, and future trend is to provide more mental health services away from inpatient settings and close to patients' homes, as this is generally better for them.

1.29 The Trust plans to redevelop the site to create an exemplar and vibrant modern community facility with a sustainable mix of primary care, community care, mental health and social care services including the existing Whittington Health NHS Trust, Moorfields Eye Hospital, North Middlesex University Hospital services and North London Breast Screening Service, with new housing, public open space and other community infrastructure, having strong links to its surroundings. The mental health facility will take account of the need for more services to be provided nearer to or in people's home and fewer but improved inpatient beds consolidated at Chase Farm Hospital, subject to consultation in early 2012. The Trust also intends to invest in a local recovery house in Alexandra Court in Wood Green which will serve Haringey residents.

Implementation strategy

1.30 A number of future health infrastructure projects have been identified. It is particularly difficult to establish definite timescales not only due to the difficult economic situation but also the ongoing reform of the NHS. It is recognised that progressing the identified projects involves collaborative working and is dependent on support of strategic planning policy, health service commissioners, health service providers, service users and other stakeholders.

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1.31 Key planned projects include:

- NHS Haringey's extended or new GP premises as part of NHS Haringey collaborative primary and community health care network serving:
    - the north east of the borough, including Tottenham and the Tottenham Hale development
    - the south east of the borough. Options under development including new primary care local public health services premises associated with the re-development of the St Ann's Hospital site. These would be complementary to the Laurels and appropriate hospital and community care delivered closer to home.
- Barnet, Enfield and Haringey Mental Health NHS Trust's redevelopment of St Ann's Hospital site to provide integrated primary care, community care, mental health and social care services, GP, diagnostic and other outpatient services needed to serve south Tottenham and support growing list of patients at Laurels

1.32 Each stakeholder organisation is expected to ratify and adopt this Health Infrastructure Plan as a first step in ensuring its implementation. Given the current financial constraints in the public sector, successful delivery of the projects will depend on economic affordability, multiple sources of funding, joint delivery and co-location of facilities.

1.33 At strategic spatial plan level, the infrastructure delivery will be monitored through the Annual Monitoring Report. Over the life time of the Core Strategy, the LBH and local NHS will work together to keep the growth trends and the corresponding needs for health services under review as part of the monitoring work for the Core Strategy, Haringey's Community Infrastructure Plan and appropriate Health Plans; and utilise the monitoring of outcomes in shaping the future services in Haringey.

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1. Introduction

1.1 The purpose and status of the Health Infrastructure Plan

1.1.1 The Health Infrastructure Plan (HIP) provides a vision for health infrastructure in the London Borough of Haringey (hereafter referred to as Haringey) over the next 15 years. In developing this plan, key public sector health providers came together and agreed a physical plan of where health services will be delivered from and how this will relate to service quality and health outcomes over the next 15 years. The plan includes analyses of existing and planned services and facilities. A summary of planned infrastructure facilities, when and where they will be located, size, cost and funding sources is also provided in a table in chapter 8.

1.1.2 Haringey is currently preparing its Local Development Framework Core Strategy – A New Plan for Haringey. This will guide growth in the Borough for the London Plan period to 2016 and beyond to 2026. The status of the HIP is that it is a London Borough of Haringey's supporting document which feeds into Haringey's Community Infrastructure Plan (CIP) which in turn is part of the Haringey's Core Strategy. The Core Strategy is a spatial expression of the Sustainable Community Strategy (SCS). Each stakeholder organisation is expected to ratify and adopt this Health Infrastructure Plan as a first step in ensuring its implementation. It is also acknowledged that implementations of identified projects within the plan will be subject to appropriate prior consultations with relevant stakeholders.

1.1.3 This document provides:

- An overview of Haringey's population in terms of its geography, demography and health needs.
- Current and future provisions and outcomes for the following key service areas: primary care (GP, community, dental and pharmacy services), acute hospital, and mental health services.
- Health infrastructure investment plan for period to 2016 and beyond.

1.2 How we have developed the plan

1.2.1 The HIP has been developed by the Haringey Health Infrastructure Plan Board that was composed of senior representatives from the following stakeholder organisations:

- London Borough of Haringey
- Barnet, Enfield and Haringey Mental Health NHS Trust
- NHS Haringey Borough Presence/NHS North Central London
- Whittington Health NHS Trust
- North Middlesex University Hospital NHS Trust
- Haringey GP Consortium
- The Laurels Healthy Living Centre

1.2.2 The health infrastructure planning process was intended to develop a new vision for health infrastructure in Haringey and provide:

- A physical plan for the Borough of where health services will be delivered from and how this will relate to service quality and agreed health outcomes over the next four years and beyond.
- Delivery mechanisms including phasing of development, funding sources and responsibilities for delivery.

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1.2.3 The *vision* developed and agreed by the health service providers represented on the HIP Board is:

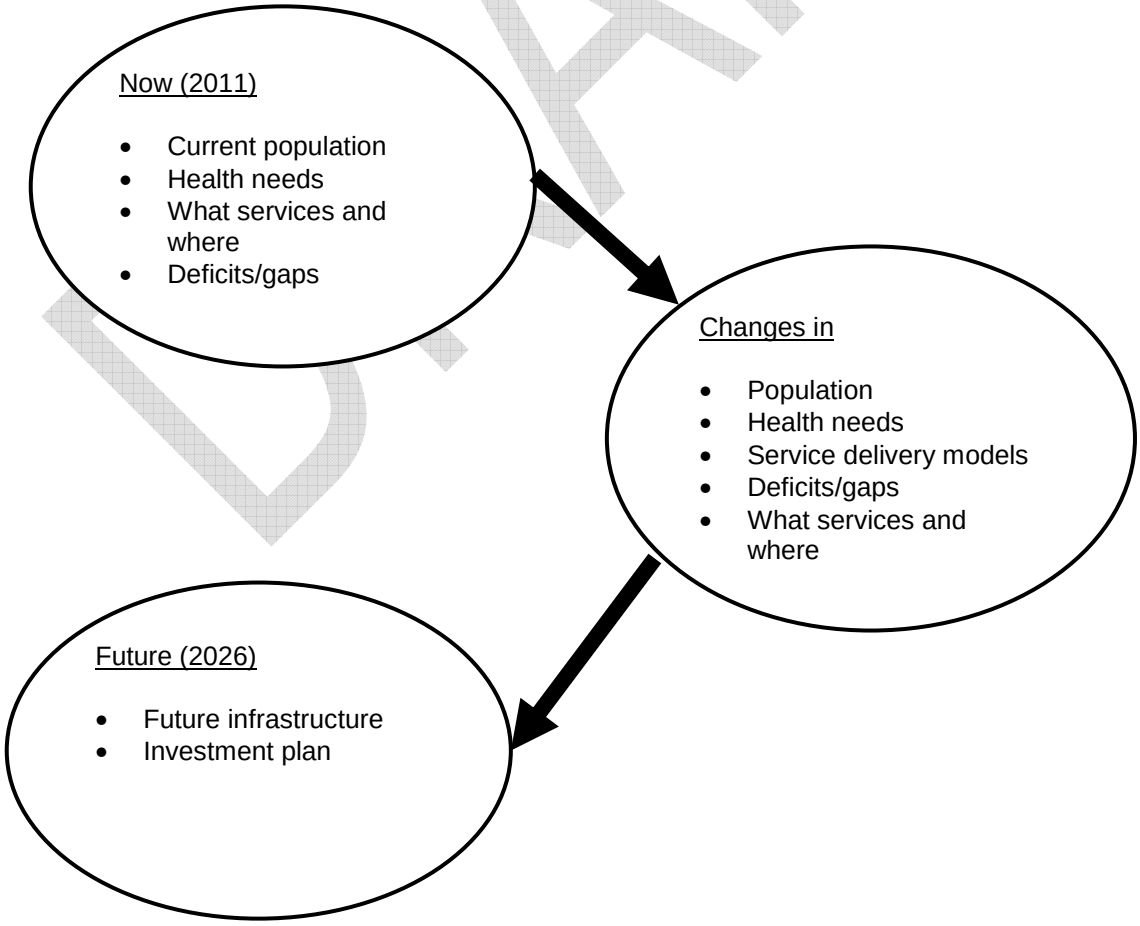
'Improving the health of Haringey residents and reducing health inequalities through facilities fit to deliver accessible, equitable, integrated, cost-effective services'.

1.2.4 This vision supports that of the new shadow Health and Wellbeing Board (sHWB) which is: 'We will reduce health inequalities through working with communities and residents to improve opportunities for adults and children to enjoy a healthy, safe and fulfilling life'.

1.2.5 Specific methods adopted in the planning process included review of existing service and estate strategies of service providers, questionnaires, one-to-one meetings, smaller working group meetings and HIP Board meetings to inform the development of the plan. Information obtained from these different sources assisted with the assessment of demand and supply considerations regarding geography and conditions of existing health facilities and the requirements for future health facilities for Haringey residents within the North London context, given the location of the main general hospitals outside the borough borders.

1.2.6 The framework that guided the infrastructure planning process is illustrated in the diagram below.

Figure 1.1: Haringey Health Infrastructure Plan Framework



1.2.7 The scope of this plan is mainly restricted to the following services and facilities:

- Primary care, GP and community health services
- Acute hospital and
- Mental health services

1.2.8 The Plan makes some reference to dental, pharmacy, adults social care and children's services. These services are addressed in more detail in other policy documents belonging to the local authority or partner organisations.

2. Haringey population

2.1 About Haringey

2.1.1 The London Borough of Haringey (hereafter referred to as Haringey) covers an area of 30 square kilometres. It is situated in north central London. Haringey is considered to be an outer London borough although it shares many characteristics with inner London boroughs. Due to its strategic location, Haringey is considered a focus for new housing growth and population increase by central government and the Greater London Authority (Haringey Core Strategy Submission, 2010).

2.1.2 Based on the Office for National Statistics (composite) Index of Multiple Deprivation Score 2010, Haringey is the 5th most deprived local authority among the 33 London boroughs and the 13th most deprived in England & Wales out of a total of 354 local authorities. Nearly 65,000 people (almost 30% of Haringey's residents), live in the 43 Super Output Areas in the borough that are amongst the 10% most deprived in England.

2.1.3 The Borough is geographically divided into two by the East Coast Mainline with higher levels of affluence and higher life expectancy in the West than in the East.

2.2 Population profile

2.2.1 The population of Haringey stands at over 225,000 (ONS, Mid Year Estimates, 2010). The population is projected to grow by over 15% to more than 260,000 by 2026.

Ward profile

2.2.2 Of the 19 wards in Haringey, Seven Sisters is the most populous with 13,620 residents (ONS Mid year estimates, 2005). Muswell Hill is the least populous ward with 9,928 residents. Between 2001 and 2005, population growth has occurred more in Seven Sisters, Harringay and Bruce Grove wards (Haringey JSNA, 2008).

Gender profile

2.2.3 Parity has been achieved following the slight increase in numbers of males in Haringey over the last decade to 13,000 compared to 12,600 females (ONS, Mid-year estimates, 2006).

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Age profile

2.2.4 Haringey has a young population with similar age profile to London. According to ONS, Mid-year estimates (2006), 31.6% of Haringey residents are aged less than 25 years compared to 30.4% in London. Over half of the population was aged less than 35 years. Wards with the largest number of people aged under 19 in Haringey are in Seven Sisters, Northumberland Park, Tottenham Hale and White Hart Lane (Figure 2.1). There is a marked geographical difference, with areas with higher proportions of young people predominantly in the east. Approximately 9.2% of the total population in 2006 were over the age of 65 (2006 Mid-Year Population Estimates, POPPI). As shown in Figure 2.2 the highest proportion of residents of retirement age are located in super output areas in White Hart lane, Highgate and Bounds Green, although the difference in areas follows no particular pattern (Haringey JSNA, 2008).

Figure 2.1: Percentage of population aged between 0 and 19 years, Haringey 2005 (Haringey JSNA, 2008)

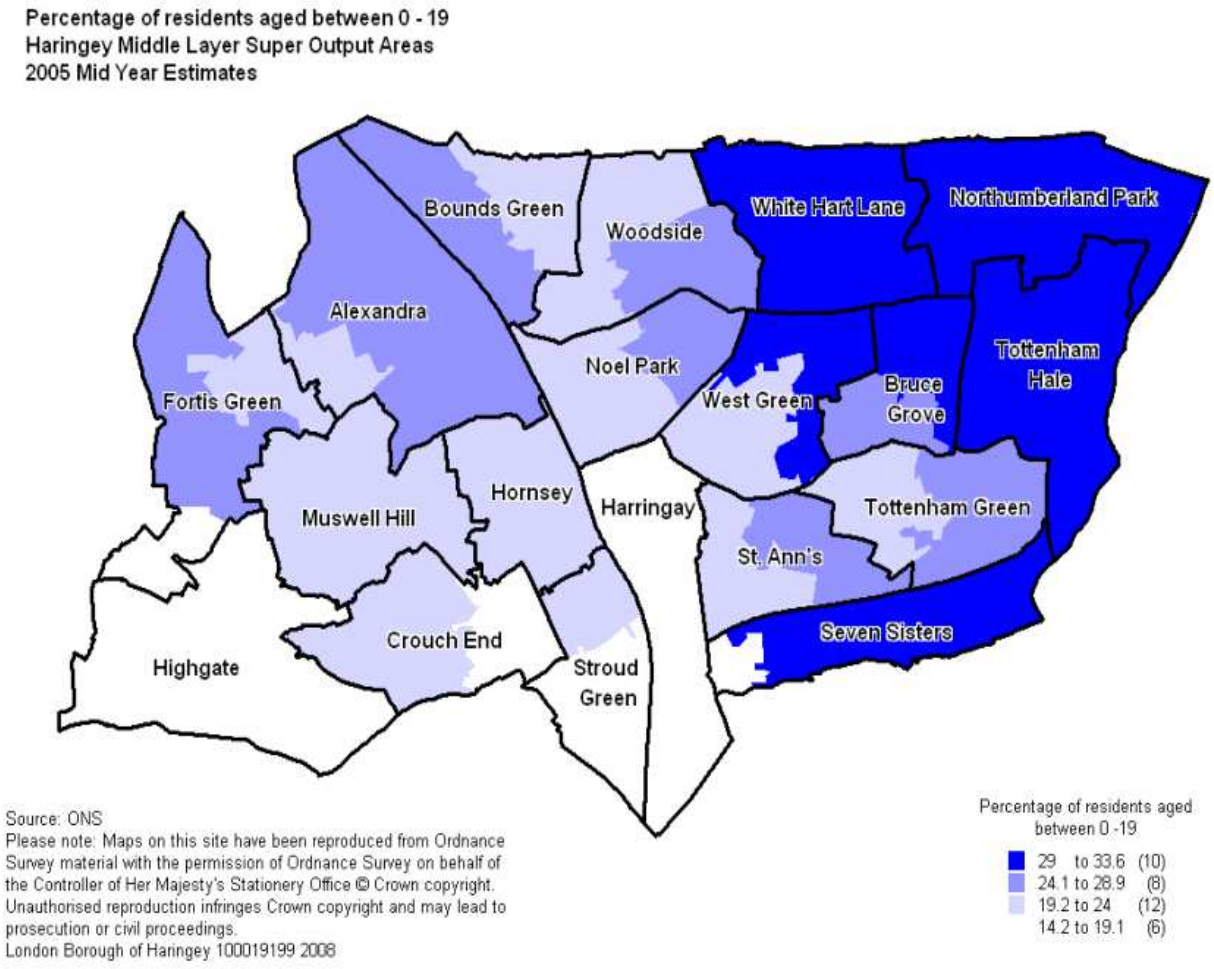
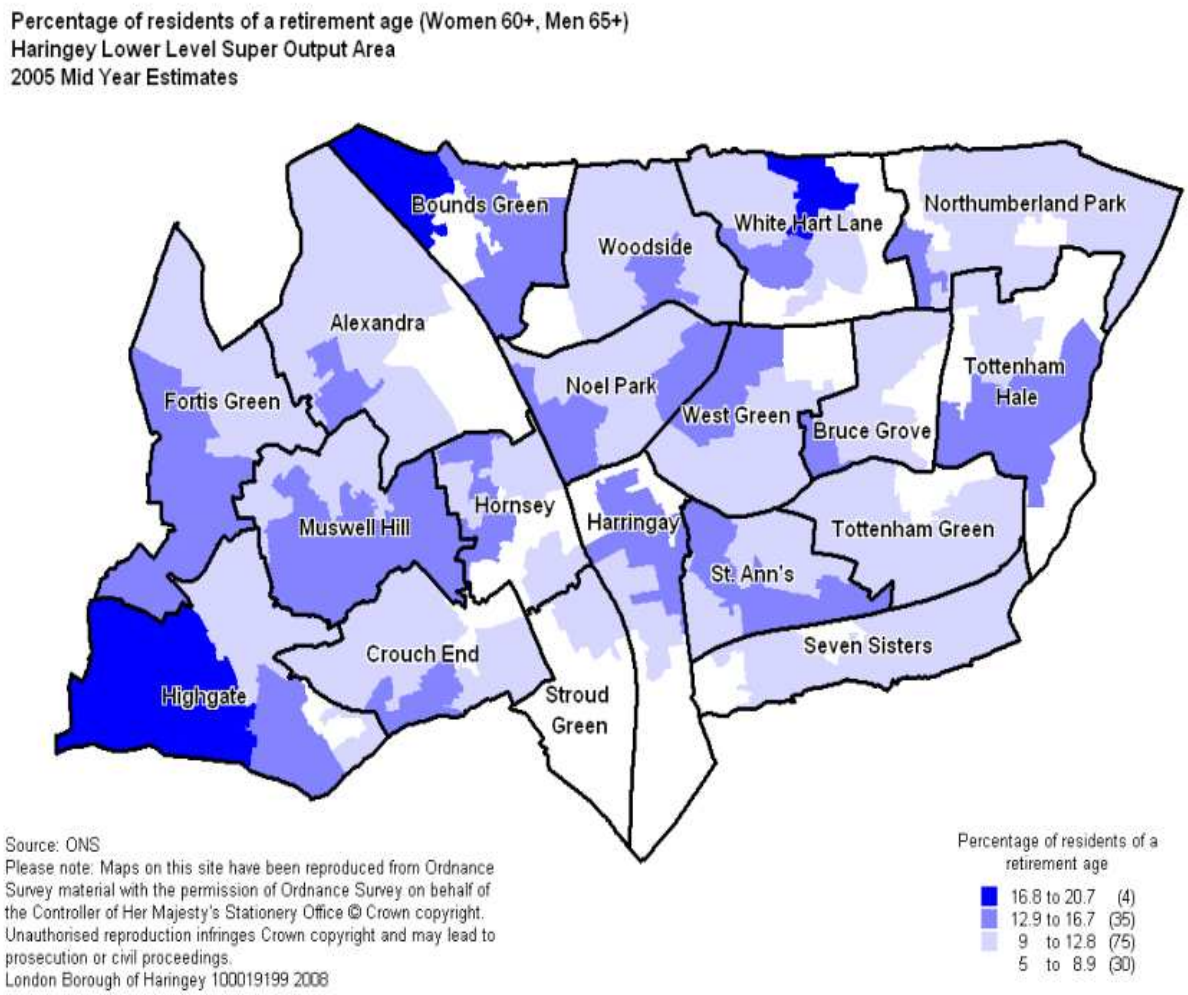


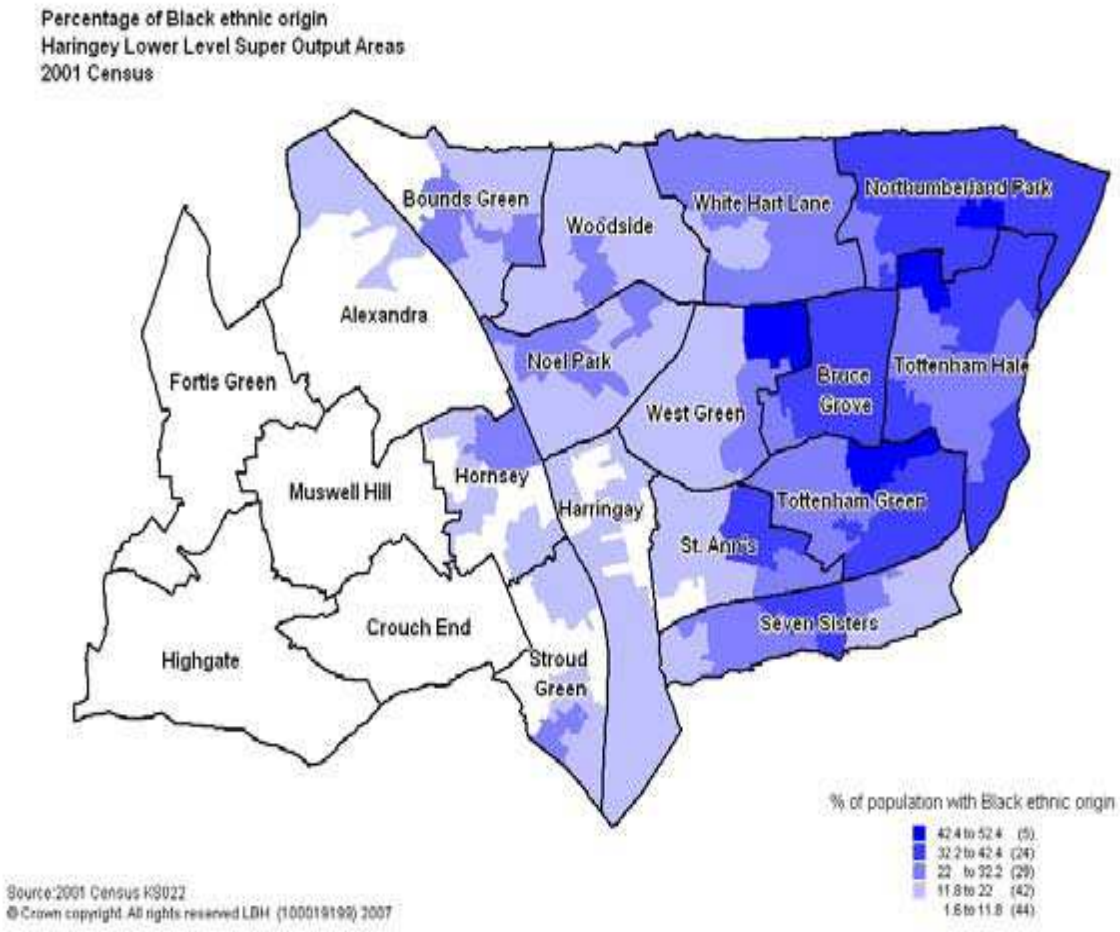
Figure 2.2: Percentage of Haringey residents of retirement age (Haringey JSNA, 2008)



Ethnic profile

2.2.5 Haringey is the 5th most diverse borough in London, behind Brent, Newham, Hackney and Ealing. About half of Haringey's total population is from Black and Minority Ethnic (BME) groups. This includes a high proportion of asylum seekers and refugees. An estimated 193 languages are spoken in the borough. There are a greater number of people who classify themselves as White in the more affluent west of the borough, while Black African and Black Caribbean communities are concentrated in the less affluent east (Figure 2.3). Residents of Asian origin are concentrated in the middle of the borough.

Figure 2.3 Percentage of Haringey residents reporting that they are of Black ethnic origin based on 2001 Census (Haringey JSNA, 2008)



2.3 Population projections and likely impact

2.3.1 Haringey population is predicted to increase across all age groups with the exception of the 65-74 group which is set to decrease very slightly as a proportion of the total population. The 85+ age group is expected to increase as a percentage of the population of older people in Haringey between 2008 and 2025 rising to 13% of all older people (3,146). The prevalence of many diseases increases with age, particularly chronic diseases such as heart disease, cancers and diabetes. As people age, they have a greater chance of acquiring disabling conditions which will affect their ability to live independently. It is predicted that, by 2025, 12,135 residents of Haringey aged 65 and over will be living with a limiting long-term illness; this will be approximately 75% of the 65 or over population. *Haringey's Older People's Mental Health and Dementia - Commissioning Framework 2010-2015* provides a detailed analysis of the population projections for older people, likely impact and commissioning intentions.

2.3.2 The numbers of very young children are also predicted to grow, increasing demand for many children and family services.

2.3.3 The male population of Haringey is expected to grow faster than the female population, by 2029 there is expected to be 6,400 more males than females in the borough.

2.3.4 In preparation for the future, Haringey will need to plan for the health needs of children and families while also addressing the needs of an ageing and diverse population.

2.4 Sources of population change

2.4.1 Population growth in Haringey tends to be due to births outnumbering deaths rather than net inward migration. Since mid-2007 there have been 3,100 more births than deaths.

2.4.2 Haringey attracts a relatively large number of asylum seekers and migrants. The proportion of London's asylum seekers settling in Haringey has fluctuated over the last 5 years between 8.6% and 11.4%, although in March 2006 it dipped to 6.1%. 37.1% of Haringey residents in 2001 were not born in the UK; almost half of these residents were born in Asia and Africa.

2.4.3 Several geographical areas of Haringey have been identified as sites for regeneration and housing growth. Haringey Council's 15 year housing trajectory indicates that over 12,000 new units will be built in Haringey by 2026. The majority of these homes will be located in major growth areas identified in the emerging Core Strategy, namely Tottenham Hale and Wood Green/Haringey Heartlands. It is therefore predicted that the number of change in population will be greater in the eastern part of the borough hence the need for appropriate infrastructure (Figures 2.4, 2.5, 2.6 and 2.7).

Figure 2.4: Haringey's housing projection to 2026

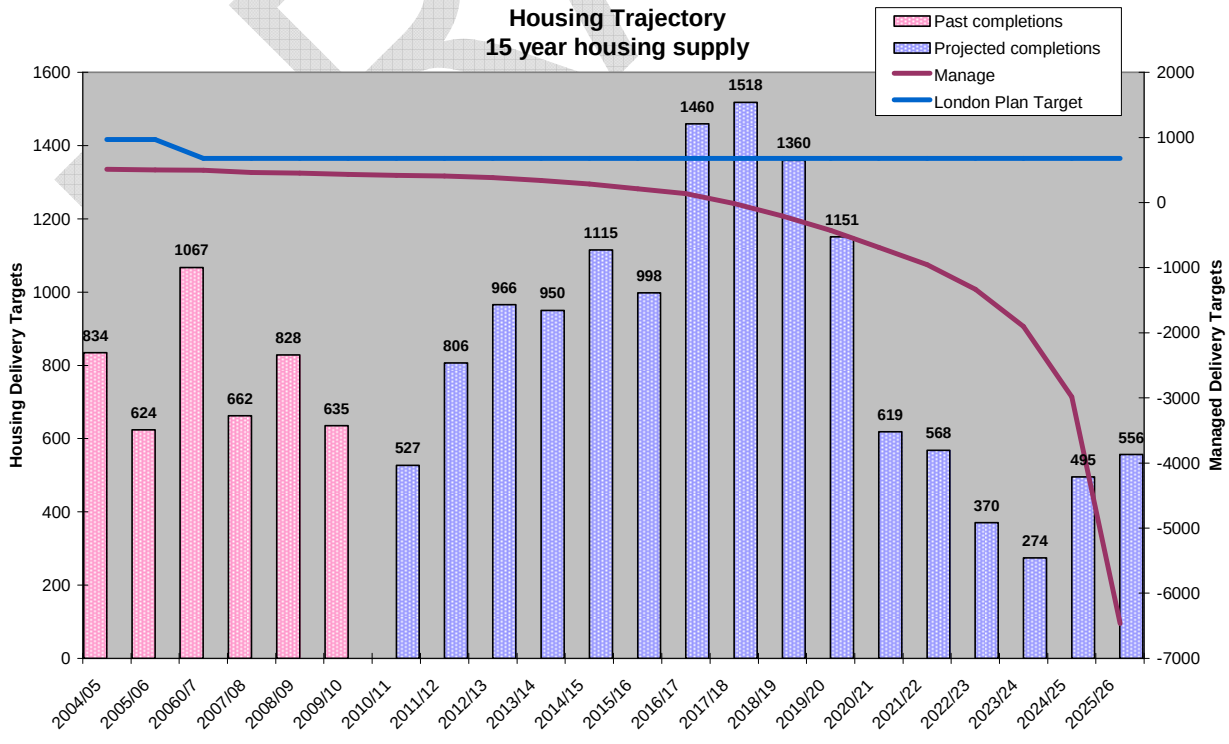


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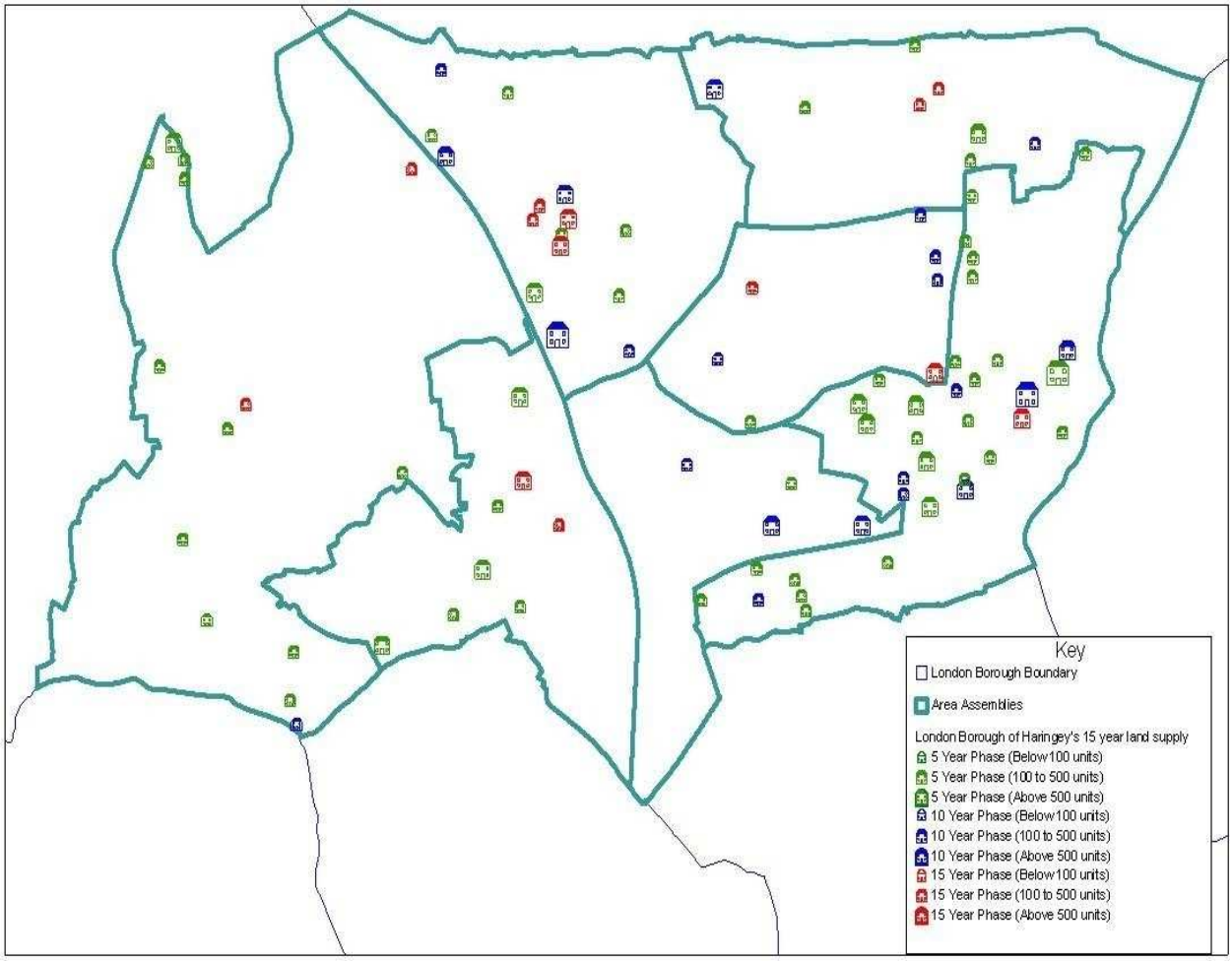
Figure 2.5: Spatial distribution and phasing of proposed housing developments (London Borough of Haringey Core Strategy, 2010)



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Haringey's 15 year housing supply

Figure 2.6: Number change in projected population 2010 – 2026 (London Borough of Haringey Core Strategy, 2010)

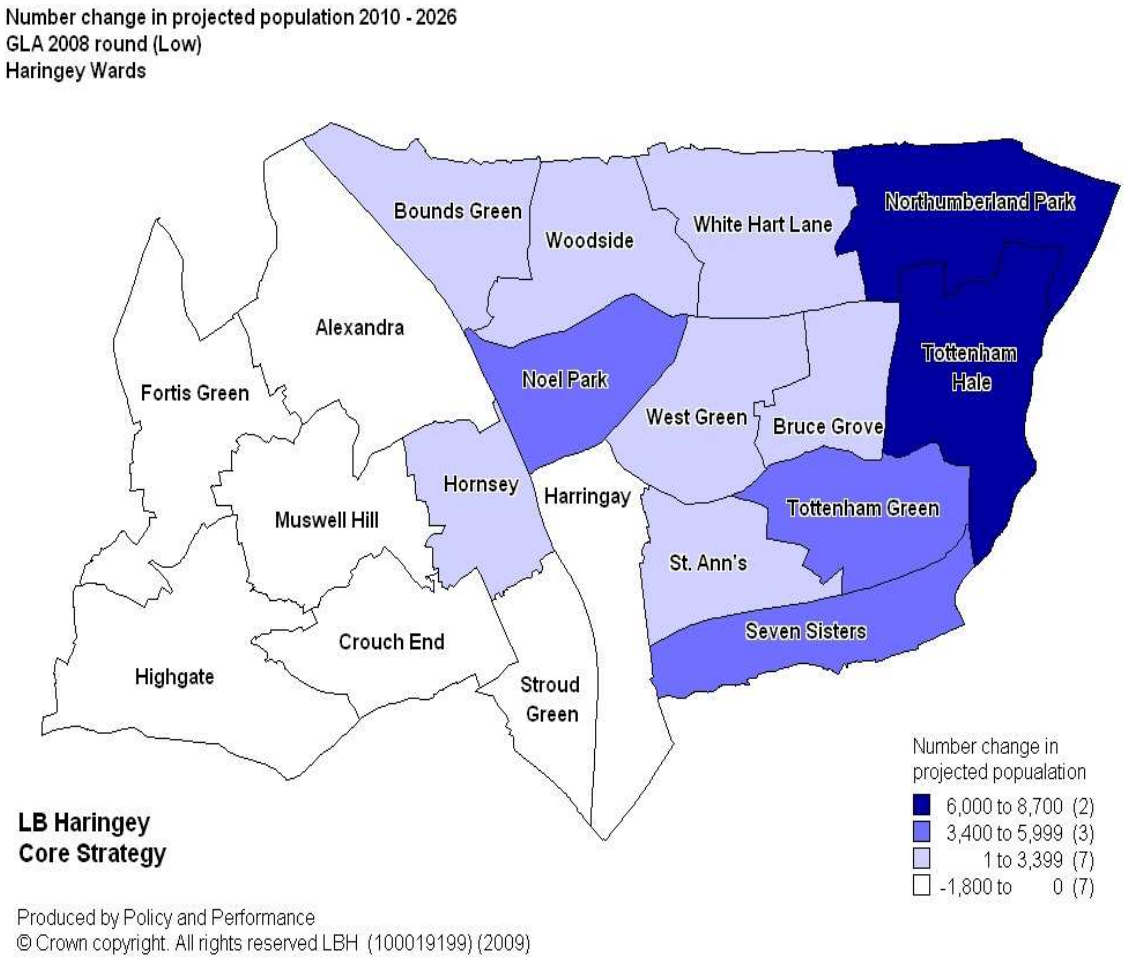

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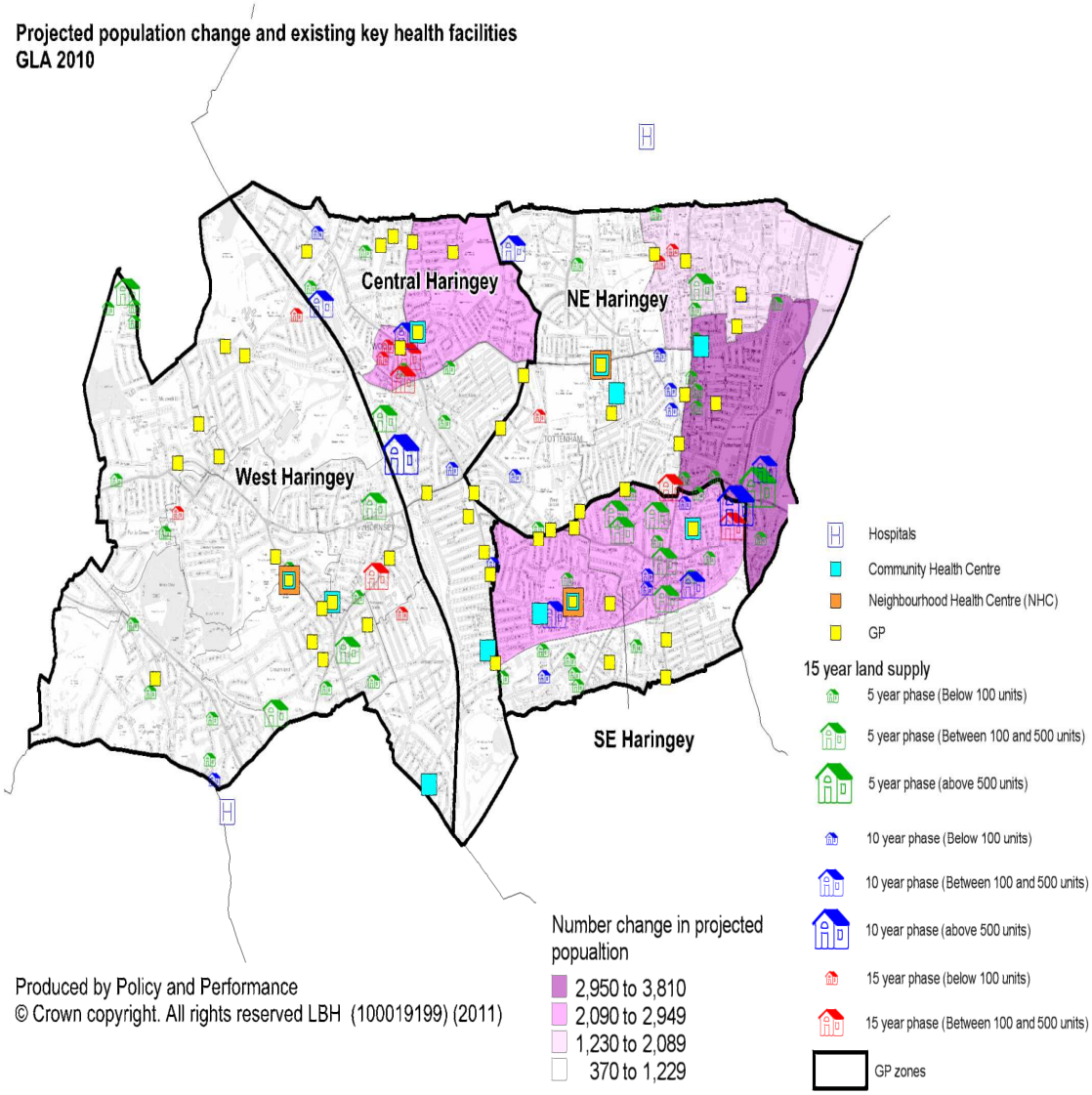
Figure 2.7: Projected population change and combined key existing health facilities



3. Health needs

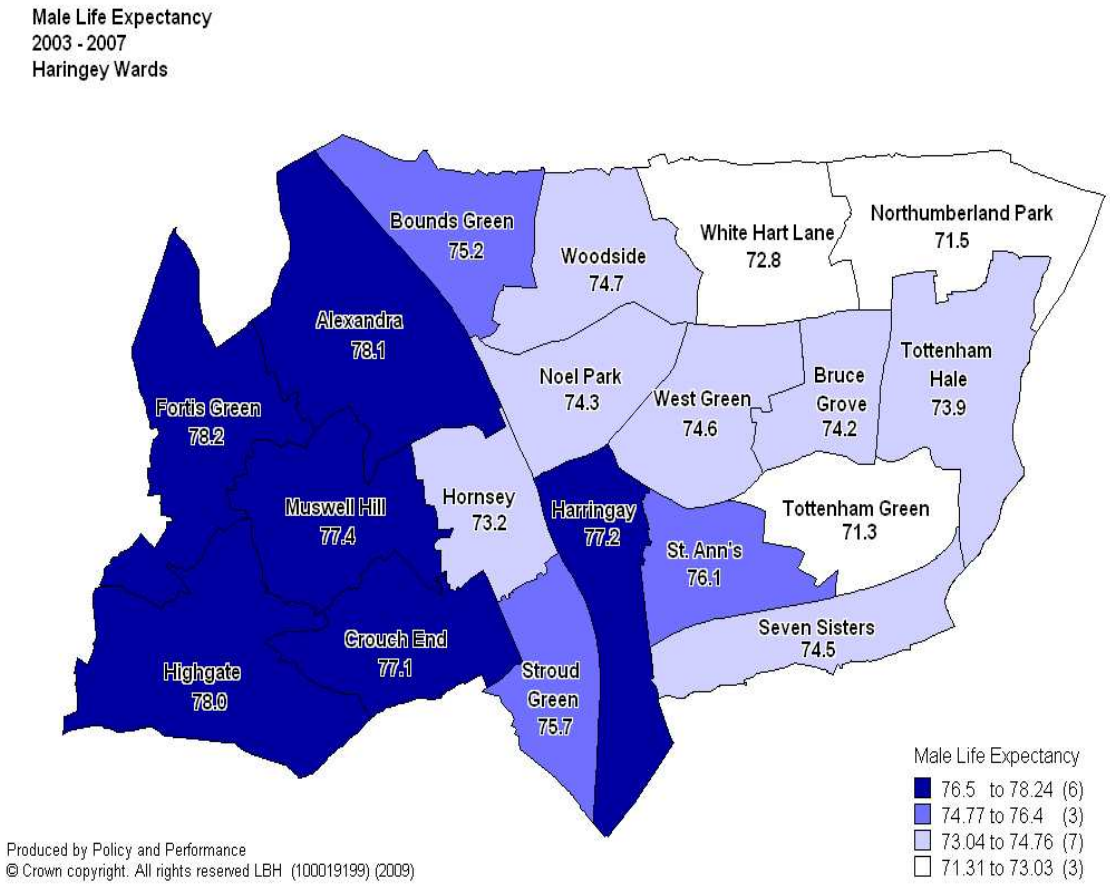
3.1 Health inequalities

3.1.1 For most aspects of health, there is a close relationship between deprivation, the need for health services and higher rates of ill health and premature mortality. Health inequalities in Haringey are apparent with the most deprived areas tending to experience the poorest health.

3.1.2 The HIP is intended to support the introduction of new or enhanced health facilities to assist with tackling health inequalities by improving access to services across the borough now and into the future.

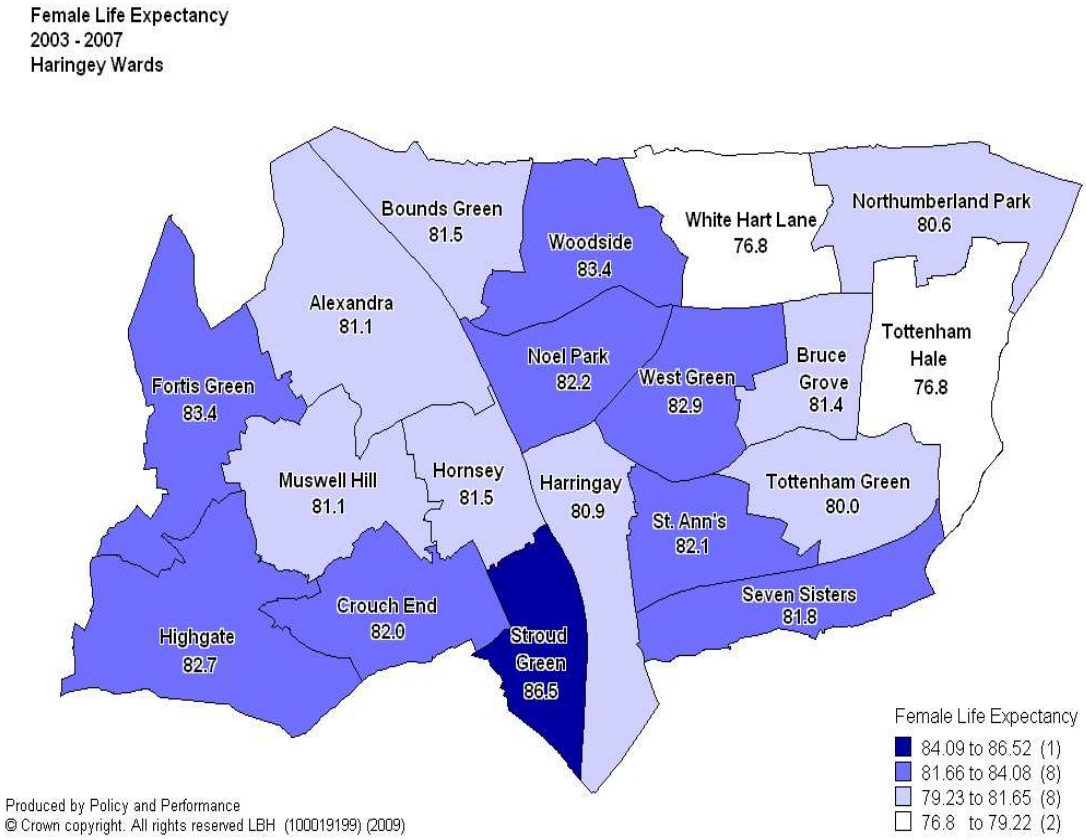
3.1.3 Type and levels of health issues vary considerably across Haringey and infrastructure planning has a role in meeting the health needs throughout the borough. Men in the west will live, on average, 6.5 years longer than men in the east (Figure 3.1). Based on 2006/08 data, life expectancy is 76.3 years and 83.1 years for Haringey males and females respectively (Haringey's Borough Profile, 2010). Although life expectancy is rising generally, in line with national trends, male life expectancy in Haringey is below the national average. Within Haringey, life expectancy varies significantly between wards.

Figure 3.1: Male life expectancy by Haringey ward, 2003/07 (Haringey Borough Profile, 2010)



3.1.4 The difference in female life expectancy across the borough is not as marked as for male; however life expectancy is lower in wards in the east than in the west (Figure 3.2).

Figure 3.2: Female life expectancy by Haringey ward, 2003/07 (Haringey Borough Profile, 2010)



3.2 High-level health needs in the Haringey

3.2.1 A summary of high-level health needs are summarised below (NHS Haringey Strategic Plan 2009-2014):

- The main killers are cancer and CVD, accounting for 60% of deaths in the under 75s and a continuing east/west divide.
- Rates of stroke and diabetes are higher in Haringey than nationally.
- Hypertension affects a large proportion of older people and 8.4% of the population in the west compared with 12.4% in North East neighbourhood.
- The North East Neighbourhood also has the highest levels for chronic kidney disease, smoking, dementia and stroke.
- The West Neighbourhood has the highest levels of cancer.
- The Central Neighbourhood has the highest levels of registered pulmonary heart disease, heart failure and chronic obstructive pulmonary disease.
- By 2025, it is predicted that 18,126 Haringey residents aged 65+ will be living with a limiting long term illness, approximately 75% of the 65+ population.

- Levels of overweight and obesity are higher in boys than girls; there is a large variation across the borough with higher levels of overweight and obesity in the east.
- The east has higher rates of hospital admission for mental health needs.

3.2.2 The most recent survey of five year-olds appears to suggest that Haringey has a better standard of oral health than London as a whole. However, closer analysis reveals a wide variation in figures between postcodes and, indeed, schools. For example, using 2003/04 sample figures which were analysed in Haringey Borough Profile (2010), children in Seven Sisters in the east of the borough had four times more decayed teeth than those in Highgate and four times more dental disease than those in Muswell Hill in the west of the borough.

4. Primary care and GP facilities

4.1 Current provision

4.1.1 NHS Haringey, now operating as part of NHS North Central London, is the local NHS organisation which commissions the services of hospitals, local GPs, dentists, optometrists, the voluntary sector and other organisations to provide health services. NHS Haringey is expected to manage the transfer of its responsibility as the commissioner of a range of primary health services in the borough to the Haringey Commissioning Consortium from April 2013.

4.1.2 Primary care is mainly provided in GP practices, dental practices, pharmacies and optometry premises. Haringey has a diverse provider base with a large number of both GP and dental practitioners.

Haringey GP practices

4.1.3 There are currently 54 GP practices in Haringey employing 191 (WTE) GPs and 370 practice staff. The GP services have been organised into four collaboratives for the last three years: West Haringey, Central Haringey, North East Haringey and South East Haringey. A GP Clinical Director leads the work of each respective collaborative. The four collaboratives recently agreed to form a pan-Haringey Consortium. On 1st April 2011, the Department of Health announced that Haringey GP Consortium will operate as one of the GP pathfinders who will play an increasing role in commissioning healthcare. The Consortium covers the whole of Haringey and has 53 GP practices covering a population of 285,264. The interim Haringey GP Commissioning Consortium is chaired by a local GP.

4.1.4 Characteristics of the GP services in Haringey are described in the NHS Haringey's strategic plan (2009-2014) as follow:

- 50% of the GP practices are single provider GPs nearing retirement age.
- Despite the introduction of the polysystem model there is a fragmented provider base.
- There are 270,000 GP registrations in Haringey, higher than the estimated population figures of 226,000. This could mean that patients are registering from neighbouring boroughs.
- GP services vary significantly depending on the practice in terms of access, quality, and condition of premises and range of services available.

Variation in GP access in the east and west of the borough

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4.1.5 The table below breaks down the existing and planned number of GPs by each Collaborative. The HUDU standard of 1 GP per 1,700 population is then set against the current. The West, Central and North East Collaboratives show a clear surplus of GPs. The South East demonstrates an existing deficit. Given the potential for new housing growth in the South East of the Borough, additional investment in this area may be required. The actual patient list in the table below shows that GPs appear to be serving higher level of population. This may be an indication of level of transience in Haringey and also the patients registering with Haringey GPs from neighbouring boroughs. The patient list also indicates that there is an existing deficit in the south east of the borough.

Table 4.1: GP services in Haringey (information sourced from NHS Haringey, 2011)

Collaborative	No. of Practices	No. of Existing GPs	Haringey Population served (ONS 2009 Mid Year estimates)	Required no. of GPs (calculations based on 1 GP per 1,700 population)	Current GP surplus/ deficit	Patient list (includes Haringey non-residents)	Patient/ GP Ratio
West Haringey	14	65	75,847	45	+20	86,571	1332/1
Central Haringey	13	50	46,723	27	+23	60,493	1210/1
North East Haringey	15	54	63,801	38	+16	75,975	1407/1
South East Haringey	12	22	39,158	23	-1	51,798	2354/1
Total	**54**	**191**	**225,529**	**135**	**+58**	**274,837**	

Note: Population and patient numbers do not necessarily correspond with geographical boundaries; for example people living in a given collaborative may register as patients in another.

4.1.6 Based on HUDU model of provision (1 GP per 1700 population), an assessment of GP provision in Haringey suggests that the overall number of GPs in Haringey is adequate for current and future needs. The calculations are purely based on the GP numbers and do not take into account the factors such as GP list sizes, the potential turnover of GPs due to age profile.

4.1.7 There is, however, a geographical mismatch in GP provision across the borough. There is a current GP deficit in the south eastern area where there are pressing health issues. There are also pressing health issues in the east /north east Tottenham area.

4.1.8 Most recent population projections (2010) from the GLA indicate that the primary care needs expressed as GP numbers associated with the predicted population growth in Haringey between 2010 and 2026 is about 12. The population growth is highest in the north east and south east collaborative areas, and this equates to approximately to 8 GPs, 2 of which relates to Tottenham Hale ward.

4.1.9 NHS North Central London is currently reviewing the state of its premises. The last assessment in September 2010 by NHS Haringey found that the suitability and capacity are good. However, certain areas of buildings need to improve their

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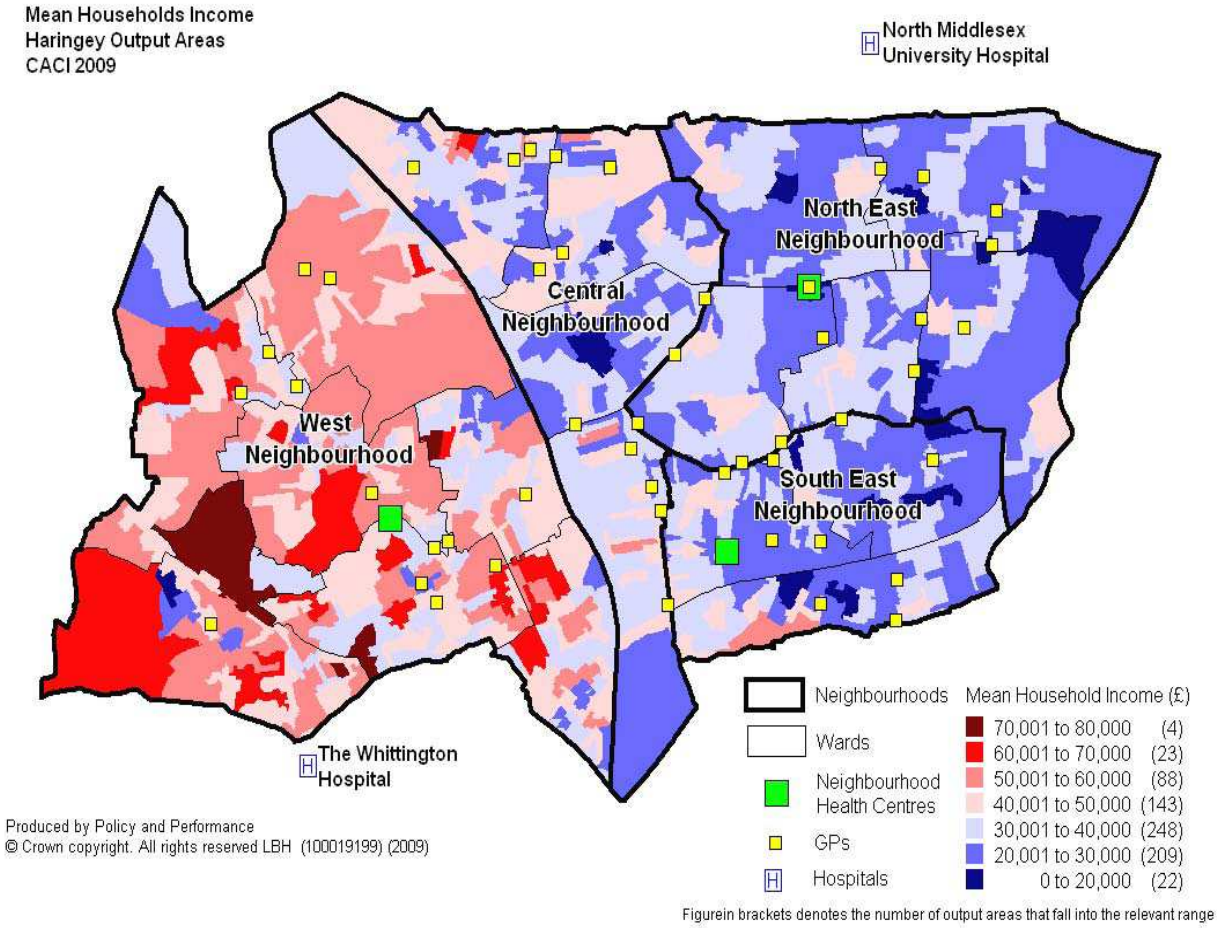
utilisation. The capital funding allocated to the NHS Haringey in recent years has been used to address the maintenance of its estate together with the need to expand the clinical facilities within existing premises and align capacity with need.

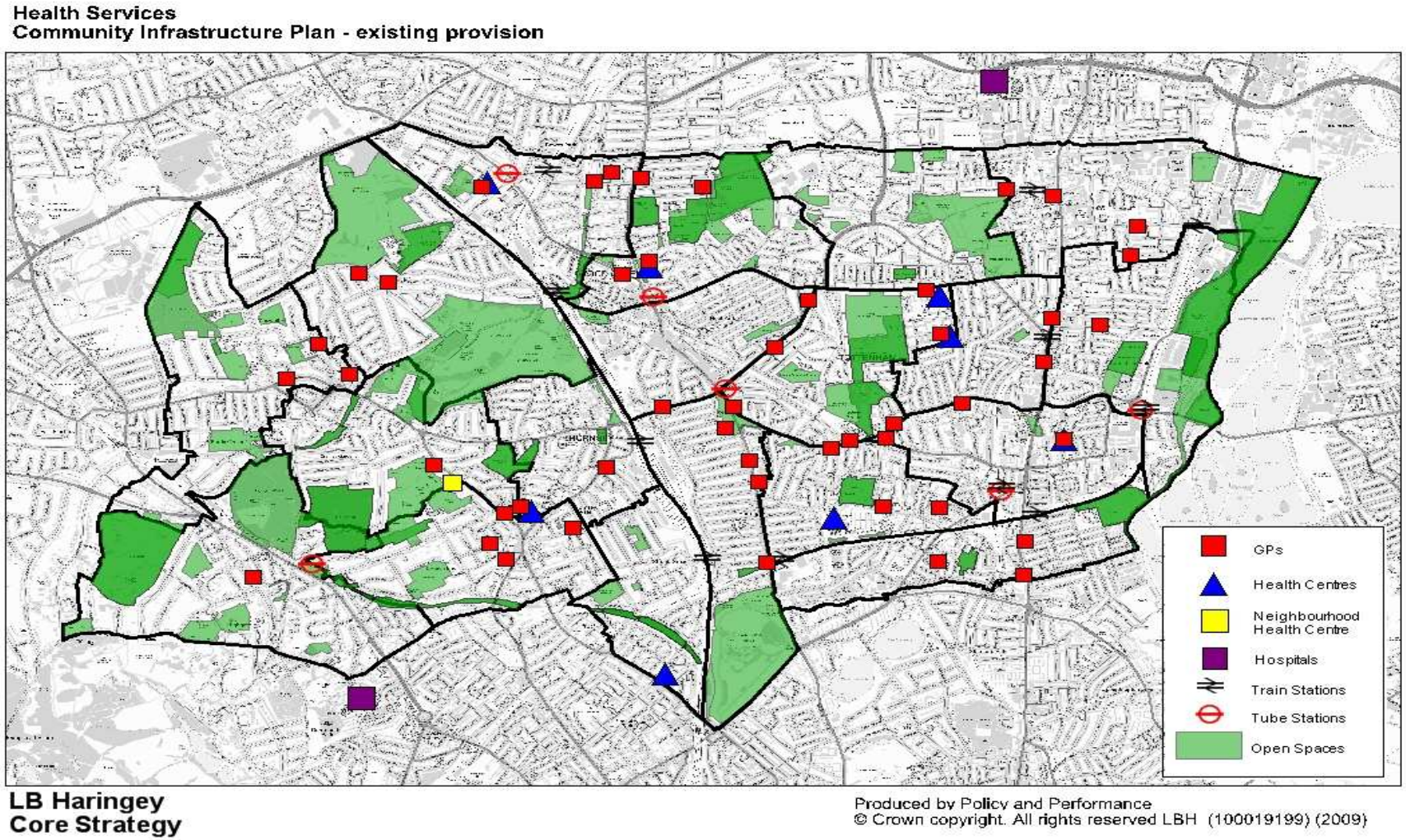
4.1.10 The poverty levels (as underlying determinants of health) associated with the east of the borough and the location of GP services are illustrated in the map below (Figure 4.1). The map also highlights the need for neighbourhood health centres in the north-eastern and central part of the borough.

Figure 4.1: Map showing location of primary care facilities in relation to the four neighbourhoods and mean household income



4.1.11 Figure 4.2 shows the spatial distribution of existing GP practices, neighbourhood health centres and other health centres in Haringey.

Figure 4.2: Key health facilities in Haringey (London Borough of Haringey Core Strategy, 2010)



Variation in GP quality and performance

4.1.12 The national Quality and Outcomes Framework (QOF) was introduced as part of the new General Medical Services (GMS) contract on 1 April 2004. Results of the QOF assessment in 2009/10 show that, in terms of total clinical results, the quality of GP services in Haringey varies significantly from 53.3% to 99.9%. The Haringey average of 93.1% is, however, broadly in line with the England average of 95.9%. The QOF data also shows that the patient experience (which measures ease of access to GP services) in Haringey is slightly below the national average with Patient Survey Total of 46.9% and Length of Consultations Total of 94.5% compared to national average of 55.4% and 98.3% respectively. Considerable variation from practice to practice in the patience experience has also been recorded (NHS Information Centre, 2011).

4.1.13 The NHS North Central London's 2011-2015 strategy which covers Haringey, *Now and into the Future*, aims to strengthen the primary care provider landscape and has identified that in Haringey and neighbouring boroughs there is:

- Need to improve access to GP services to drive up patient experience.
- A high proportion of small GP practices, often in poor buildings not fit for purpose into the future.
- Duplication of services across primary and community health services
- Need to integrate along many care pathways.

4.1.14 The HIP is intended to facilitate the development of modern GP premises and integrated primary, community health and social care services, particularly in areas of greatest need.

4.2 Future provision

4.2.1 The model of healthcare is changing and provision of healthcare nationally and in the borough is undergoing a number of changes. The Health and Social Care Bill 2011 which is currently going through Parliament seeks to implement the Government's vision to modernise the NHS so that it is built around patients, led by health professionals and focused on delivering world-class healthcare outcomes. The Bill proposes to abolish Primary Care Trusts (PCTs) by March 2014 and transfer powers to commission services to GP Consortia and Hospital doctors and nurses.

4.2.2 The NHS needs to achieve up to £20 billion of efficiency savings by 2015 through a focus on Quality, Innovation, Productivity and Prevention (QIPP). The QIPP programme is about ensuring that each pound spent is used to bring maximum benefit and quality of care to patients. QIPP is working at a national, regional and local level to support clinical teams and NHS organisations to improve the quality of care they deliver while making efficiency savings that can be reinvested in the service to deliver year on year quality improvements. The draft North Central London Sector Commissioning Strategy and QIPP Plan, February 2011, indicates that the next few years will be extremely challenging for the NHS as it implements the vision contained in the coalition government's White Paper, 'Liberating the NHS' together with the Health and Social Care Bill 2011, and deal with the unprecedented financial challenges facing the NHS over the next four years. NCL and GP commissioners have so far agreed the following priorities that are reflected in the QIPP plan:

- transferring care, where appropriate, from hospitals to community and primary care settings
- improving services for mental health patients
- Improving patient outcomes in specialist services such as cancer and cardiovascular, local services such has maternity and
- improving areas where performance has been benchmarked against others and identified improvement opportunities.

4.2.3 A key local driver is the need to address health inequalities across the borough. The commitment to tackling health inequalities and improving health and wellbeing is set out in the vision of the new shadow Health and Wellbeing Board and will be central to the borough's new Health and Wellbeing Strategy; it is currently set out in various documents including the Sustainable Community Strategy (2007-16) and Well-being Strategic Framework 2010 (revised draft).

4.2.4 Another change relates to the shift from secondary care to primary care facilities with many minor assessments and procedures carried out near to patients' homes. A key element of NHS North Central London Sector QIPP strategy is the implementation of diabetes and dermatology services from Whittington Hospital to Hornsey Medical Centre. Other service models for delivering enhanced public health, primary and community health care services and for enabling the transfer of services from hospital into the community are currently being looked at. The NHS NCL sector has a saving target of £4.9m for the care closer to home programme for 2011/12.

4.2.5 The NHS is also changing to give patients more choice and flexibility in how they are treated. Research has shown that patients want to be more involved in making decisions and choosing their healthcare, including which hospital they want to receive treatment at. It is believed that increasing choice also drives up standards in hospitals and so benefits patients.

4.2.6 NHS Haringey have advised that the impact of Coalition Government policies on its strategic planning assumptions include:

- Cessation of Healthcare for London, NHS London's strategy for service and organisational change to deliver health improvement
- Reduction and review of NHS funding allocations to NHS commissioners combined with demographic, non-NHS inflation and NHS technologies inflation resulting in static or reduced levels of growth
- Implementation of the NHS Operating Framework requirement on NHS organisations to deliver the Quality Innovation Productivity and Prevention programme to achieve £20bn savings in NHS expenditure to offset the cost pressures and sustain and improve quality of care outcomes.
- Transitional governance of NHS PCT decision making by the NHS North Central London Joint Boards pending the abolition of Strategic Health Authorities and PCTs and establishment of GP Commissioning Consortia and Health and Well Being Boards. This is subject to the outcome of the Government's review of the NHS Bill, currently paused within the parliamentary approval process.

4.2.7 NHS Haringey have also advised that the practical implications of the national policy changes are:

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- Poly-systems and polyclinics are no longer the preferred service model for delivering enhanced public health, primary and community health care services and for enabling the transfer of services from hospital into the community
- Other service models are being developed for providing care closer to home
- Commissioning proposals or plans for new or significantly extended facilities have been replaced by plans to optimise existing investment by NHS Haringey in the premises infrastructure for primary and community health care and transferring appropriate hospital services into community settings
- Due to the imbalance in access to public health and primary care services and the focus of population growth, migration and turnover in the East of the Borough, continued expansion of general practice capacity and re-development of primary care premises is planned.
- NHS North Central London Senior Leadership Team, of which the Haringey Borough Director is a member, is tasked by the Department of Health, through NHS London, to develop a QIPP and Financial Plan for the period 2011/12 – 2014/15. This includes the requirement to achieve financial income and expenditure balance for both NHS Haringey and NHS North Central London in 2012/13.

4.2.8 The assessment of GP provision in Haringey reported earlier suggests that the number of GPs in Haringey is adequate for current and future needs. With predicted population in 2026 of 260,000, the calculations show that current numbers of 191 GPs should be sufficient. There is, however, geographical mismatch with a GP deficit in the south eastern area where there are pressing health issues, as well as in the east /north east Tottenham area.

4.2.9 The NHS estate is undergoing review in the light of reduction in public spending. There is likely to be ongoing need to consolidate services into community settings. As future commissioners, the emerging GP Consortium for Haringey will need to ensure locations and facilities of primary care and community services address the geographical mismatch and improve accessibility as suggested in this Plan.

4.2.10 In the light of current uncertainties and changes in the NHS, the requirements associated solely with meeting the primary care needs of the net new population have been investigated below. While these needs may be met within the existing framework of services, this investigation can inform how the Council calculates contributions to health infrastructure by property developers as new housing comes forward.

4.2.11 Haringey Council's 15 year housing trajectory indicates that once the new London Plan is adopted, Haringey's housing target will increase by over 12000 new units by 2026. The new housing developments are expected to be located in and around the growth areas Haringey Heartlands (central Haringey) and Tottenham Hale (Figure 4.3).

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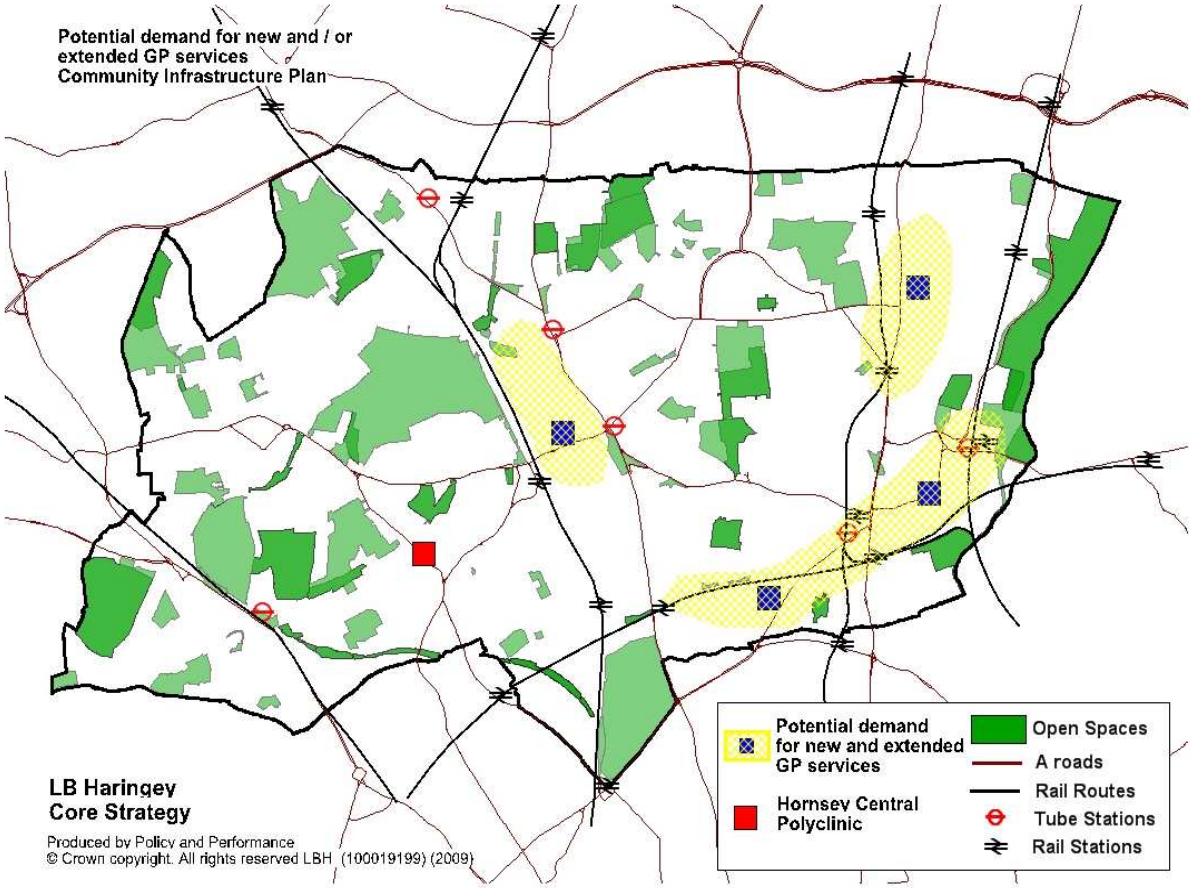
Figure 4.3: Potential demand for new or extended GP services based on projected population growth in Haringey (London Borough of Haringey Core Strategy, 2010)



4.2.12 The health needs arising out of the anticipated growth in population is expected to be met by existing health capacities in the west. In the east, subject to the local NHS QIPP programme, provision to support future healthcare could be achieved through improving or expanding existing accessible services, and development of new GP premises. Therefore, given the current constraints on public spending, NHS Haringey's planning assumption is for an increase of 12 GPs by 2026, of which 8 GPs are associated with the east of the borough.

4.3 Health infrastructure investment plan

4.3.1 London Borough of Haringey and the local NHS are committed to ensuring health provision, (accessible services and buildings) that deliver good and equal health outcomes that meet the needs of the growing population in Haringey, especially in identified growth areas, Tottenham Hale and Haringey Heartlands - and to do this over the lifetime of the Core Strategy.

4.3.2 NHS Haringey has made major investments in the development of Neighbourhood Health Centres based at the Laurels, Lordship Lane – working together with Tynemouth Road - and Hornsey Central. NHS Haringey is aware of the need to develop modern healthcare premises in the east of the borough.

A strategic document approved by the NHS Haringey's Board in 2010/11 highlighted this need. NHS Haringey operates as one of the five PCTs that form the NHS North Central London cluster and through this accesses strategic and operational primary care development and asset and estates management functions to take forward its estate strategies. No further Neighbourhood Health Centre poly-system style developments are planned following the cessation of the Healthcare for London poly-systems programme and in response to the more primary care-led solutions promoted as part of the development of GP-led Clinical Commissioning Groups.

4.3.3 With the reduction in public spending, NHS Haringey reports that access to NHS capital funding in the future will be extremely limited. No material changes are planned in 2011/12. Future projects that have been prioritised for assessment by the Haringey Clinical Commissioning Group with the local Health and Well Being Board in developing commissioning plans include the development of NHS Haringey collaborative primary and community health care networks serving the north east and south east of the borough in line with NHS Quality Innovation Productivity and Prevention (QIPP) and Financial Recovery planning (Table 8.1).

4.3.4 The focus of future land and facility requirements for health commissioners will therefore be on ensuring there is adequate primary care provision in the borough to meet emerging national policies and reduce health inequalities, particularly:

- Additional primary care facilities and access to public health community based interventions in the East
- Reducing inequalities in male and female life expectancy
- Children and family support services
- Older people services promoting prevention and reducing un-necessary hospital and care home admissions
- Shifting care closer to home

4.3.5 Subject to commissioning plans and resources, NHS Haringey intends to extend or develop new GP premises as part of the collaborative primary and community health care network serving the north east of the borough, including Tottenham and linking to the Tottenham Hale development. Priorities for these developments include the improvement of access to public health interventions and primary and community care services. The aim is to deliver these from a range of facilities that are capable of supporting both good quality general medical services, with opportunities for enhanced primary care provision that shifts care closer to home.

4.3.6 The same aims apply to the south east of the borough. Options under development include new local public health services and primary care premises associated with the re-development of the St Ann's Hospital site. These would be complementary to the Laurels and provide integrated primary care, community care, mental health and social care services, GP, diagnostic and other outpatient services needed to serve south Tottenham and support the growing list of patients at the Laurels.

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4.3.7 The Laurels is the Neighbourhood Health Centre (NHC) for South Haringey, with access to community health services at Tynemouth Road HC, which is also well located with capacity to serve the Tottenham Hale area. There are no NHS Haringey plans for another equivalent facility in South Haringey. Any plans developed as part of the St Ann's Hospital site re-provision and development programme would be complementary to the Laurels NHC and public health and primary care focused.

4.4 Community health services

Current provision

4.4.1 On 1st April The Whittington Hospital, Haringey and Islington community services joined together to become an integrated care organisation known as Whittington Health. Whittington Health is a new type of organisation- combining the activities of an acute general hospital with distributed healthcare delivered in the community.

4.4.2 Borough-wide community health services provided by Whittington Health include community dental health, sexual health services, IAPT (improving access to psychological services), audiology & vestibular medicine, nutrition and dietetics, outpatient physiotherapy, seating & mobility service, community nursing , community rehabilitation including neuro rehabilitation, inpatient stroke and non stroke rehabilitation, bladder and bowel services , specialist nursing and foot health.

4.4.3 The community health services are provided from 12 premises across Haringey, most of which are located in the east of the borough. The premises are mostly owned by NHS Haringey.

4.4.4 The facilities from where services are provided are generally good. A six facet survey was completed by Haringey PCT (commissioners) within the past 3 years which informed the capital programme that included sexual health (2010), dental services (2009), seating & mobility (2010), audiology (2010), Improving Access to Psychological Therapies (2010).

Future provision

4.4.5 Planned changes to facilities include transfer of inpatient stroke and non stroke rehabilitation from St Ann's to another location in the borough to facilitate the development of an alternative service model desired by NHS commissioners.

4.4.6 With the planned redevelopment of the St Ann's site, a range of services that are provided in the main to East Haringey residents would need to be retained on the new site. These services include community dentistry, seating & mobility, community physiotherapy, sexual health, IAPT (west and central), audiology, foot health and healthy community (formerly teaching programme).

Investment plan

4.4.7 Whittington Health has only just been created (from 1st April 2011) and its clinical strategy will influence where services are delivered from either within the hospital site or within Haringey. Further integration of health and social care services will, however, remain high on the agenda given the financial challenges ahead for public sector services. Therefore, proposals to integrate

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community health facilities with other primary care and social care facilities on the redeveloped St Ann's site would be viable and sustainable.

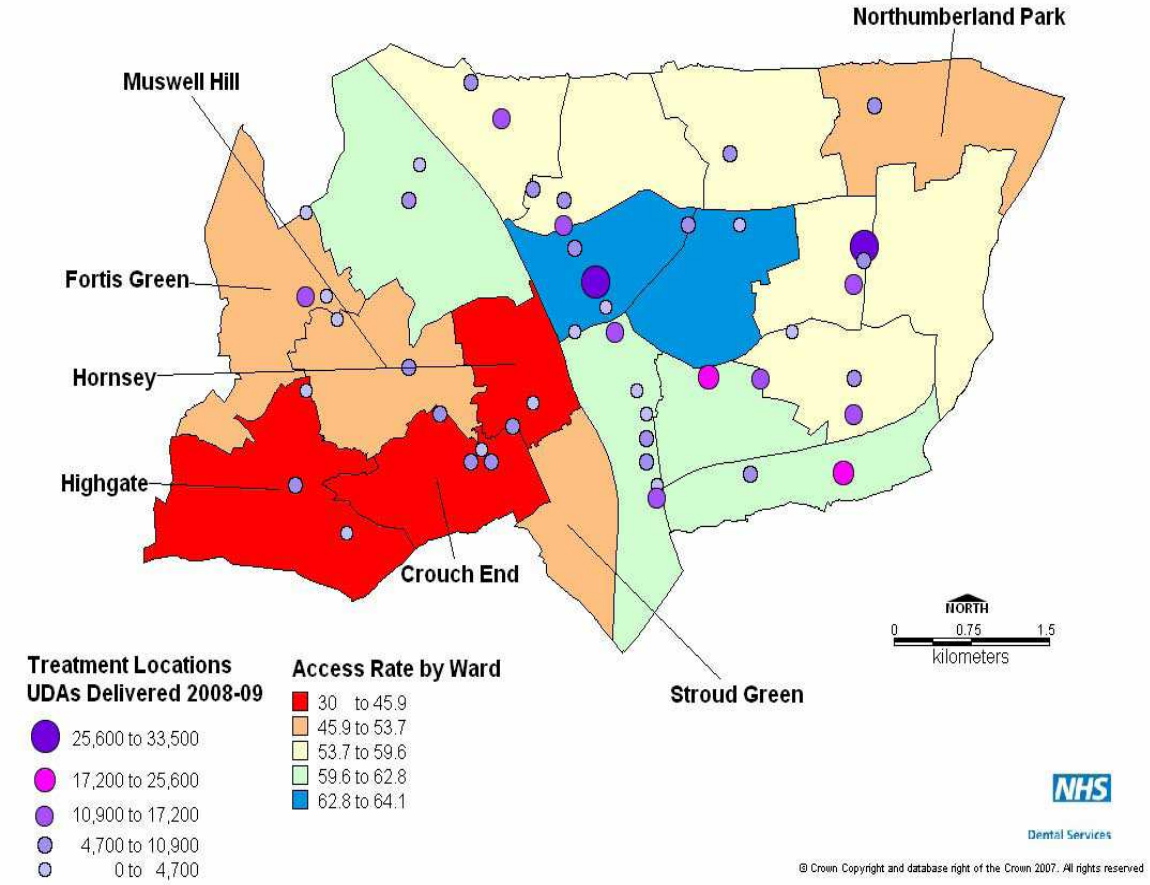
4.4.8 NHS Haringey has indicated that any plans developed as part of the St Ann's Hospital site re-provision and development programme would be complementary to the Laurels Neighbourhood Centre and appropriate hospital and community care delivered closer to home.

4.5 Dental Services for Haringey

Current provision

4.5.1 NHS Haringey currently manages the contract for dental services in Haringey. There are 51 dental practices in Haringey, 48 contracted under General Dental Services and 3 contracted under Personal Dental Services. There is a wide range in the size and type of dental practices that provide NHS dentistry. The number of surgeries per practice ranges from one to five. There are a number of single handed practices while the largest practices in Haringey have up to eight dentists working from the practice (some on a part time basis). The location of practices across Haringey is shown below.

Figure 4.4: Treatment locations and ward level access rate (%) - 2008/09 (source: NHS Haringey)



4.5.2 Haringey's dental practices are located in a wide range of premises most of which were not purpose-built and many of which are converted residential properties. Many are above shops. As at April 2008 approximately half of practices had good wheel chair access and approximately a quarter had disabled toilet facilities.

4.5.3 NHS Haringey's *Oral Health Needs Assessment* in July 2009 indicates the need to improve access and tackle inequalities in oral health.

4.5.4 Haringey Borough Profile, *Healthier people with a better quality of life* (2010) reports that dental provision in Haringey is good. Haringey is ranked 13th out of the 152 NHS Primary Care Trusts (PCTs) nationally for the percentage of the population who visited a dentist regularly as an NHS patient in last 24 months.

4.5.5 Similarly, the proportion of the population who use NHS dentistry is high compared to other areas of London. Haringey is ranked in joint sixth place among 31 London PCTs for the percentage of respondents in the 2008 National Patient Survey in Haringey who said that they visit a dentist regularly (i.e. at least once every two years) as an NHS patient.

4.5.6 Access to primary care dentistry is measured nationally by counting the number of unique patients receiving NHS dental care over a two-year period. According to the NHS Information Centre (February 2009) the total patients seen as a percentage of the population in the previous 24 months ending at 31 December 2009 in Haringey was 65.9%, slightly higher than the percentage for England (54.7%) and London (50.6%).

4.5.7 In terms of uptake and deprivation, the level of dental activity (measured in Units of Dental Activity [UDAs], i.e. dental work carried out) in an area does not correlate to the level of deprivation (as one might expect, given the link between deprivation and dental disease). The disparity is most marked in Northumberland Park – one of the most deprived areas of the borough but on the second lowest level of UDAs carried out in the period (Figure 4.4).

4.5.8 It was reported by Hansard in December 2004 that Haringey had 61 dentists per 100,000 people (16 Dec, 2004 Column 1614). With a mid year population of 24,300 for that year, this means that Haringey had approximately 136 dentists.

Future provision

4.5.9 The NHS Healthy Urban Development Unit has also established benchmarks for the provision of dentists. A benchmark requirement of one dentist for each 2,000 of population has been established. The above suggests that Haringey's provision should be 112 Dentists.

4.5.10 While Haringey may appear to be over served, it is also possible that Dentists in Haringey serve population from neighbouring boroughs.

4.5.11 A population increase to 260,000 people by 2026, would generate a need for 130 WTE dentists. Existing dental practices should have the capacity to serve the increased population without the need for additional dentists.

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4.6 Pharmacies

4.6.1 NHS Haringey has a network of 57 pharmacy contractors providing dispensing services and a range of other nationally and locally commissioned services to meet the needs of Haringey's diverse population e.g. medicines use review, smoking cessation, minor ailments scheme, emergency hormonal contraception, needle & supervised drug treatment (Haringey Primary Care Trust Pharmaceutical Needs Assessment, January 2011)

4.6.2 An assessment of the provision of essential pharmaceutical services against the needs of Haringey's population in Haringey in 2011 looked at the following key factors in determining the extent to which the current provision of essential services meets the needs of the population: distribution of pharmacies, their opening hours, the neighbourhood population, average travel times to the nearest pharmacy and the provision of dispensing services. It was concluded that Haringey's population currently has good access to essential, advanced and enhanced services at times and locations from where they are needed. The opening of four 100 hour pharmacies in the last five years together with eight extended hours pharmacies means that Haringey's population has improved access to pharmacies across an extended period of the day.

4.6.3 The Pharmaceutical Needs Assessment made no assessment of the need for pharmaceutical services in secondary care, however NHS Haringey is concerned to ensure that patients moving in and out of hospital have an integrated pharmaceutical service which ensures the continuity of support around medicines.

4.6.4 NHS North Central London (2011) has identified that use of the community pharmacy Minor Ailments service is currently patchy across the sector and increased uptake is required to reduce demand of GP time and possibly A&E usage. There is thus scope to integrate and promote other primary care services within community pharmacies.

4.6.5 In addition to the Enhanced Services that NHS Haringey currently commissions, NHS Directions include a list of Enhanced Services which PCTs may commission under local arrangements from community pharmacists. Where these services will sit in the future is not yet clear. NHS Health and Social Care Bill (2011) currently going through parliament suggests that some of these services would naturally sit with new clinical commissioning groups and others with public health in the local authority. It is hoped that the mechanism for taking forward these ideas will emerge as the details of the programme of change are confirmed.

4.7 Children's centres

4.7.1 Children's centres are dealt with in greater detail in Haringey's Community Infrastructure Plan (March 2010). Children's centres bring together a range of services for children under five and their families such as family support, health and education. They include good quality childcare, information and support across the local community. The idea is to make services easy to use and to give children the best start in life. There are 17 Children's centres in Haringey which cover the following network areas:

- North Network – 5 centres covering post codes in parts of N11, N17 and N8

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- South Network – 8 centres covering post codes in N15 and parts of N4, N8 and N17
- West Network – 4 centres covering post codes in N6, N10 and parts of N4, N8, N11, and N22

5. Acute hospital services

5.1 Current provision

5.1.1 Haringey does not have a general acute hospital within its boundaries and residents mainly use North Middlesex University Hospital in Enfield to the north or the Whittington Hospital in Islington to the south. Other hospitals in the capital will also be used to provide specialist services for Haringey residents.

5.1.2 The catchments for general hospital services in London are not defined by fixed boundaries across all services and specialisms that may be provided. Haringey is served by overlapping catchments. This presents challenges in identifying surpluses or deficits that are specific to the London Borough of Haringey.

5.1.3 Previous analysis has identified that over three quarters of Haringey's households are able to access either the North Middlesex or the Whittington hospitals within a 30 minute bus journey, while 100% of households are able to access one of the hospitals within a 45 minute bus journey.

North Middlesex University Hospital NHS Trust

5.1.4 North Middlesex University Hospital NHS Trust currently provides 400 inpatient beds and the following range of acute services:

- 24 Hour Accident and Emergency and a comprehensive range of diagnostic and outpatient department services
- Emergency medicine and elderly medicine;
- Emergency and elective surgical specialties;
- Intensive care, high dependency care and coronary care;
- Maternity and Obstetrics
- Specialist services (including Oncology, Gynaecology, Haematology, HIV/AIDS, Diabetes, Renal and Cardiology)
- Children's Services: Paediatric inpatients and outpatients, paediatric A&E and neonatal

5.1.5 A £123 million new hospital building opened to patients on the 1st June 2010 providing:

- A bigger A&E department with an integrated Walk in Centre.
- A dedicated 24/7 A&E for children.
- 8 new operating theatres for both planned day surgery and emergency surgery.
- A Diagnostics Centre incorporating new MRI and CT scanners, 4 ultrasound units and a new mammography unit.
- A spacious Outpatients Department.
- An Intensive Care Unit, with single rooms throughout in order to preserve privacy and dignity and provide the best infection control measures to most vulnerable patients.
- 5 new inpatient wards.

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5.1.6 The hospital which employs over 2600 staff serves a population of approximately 600,000 people from its north London location. Annual general service key outcomes include 130,000 (A&E), 250,000 (outpatient department) and 16,000 (elective theatres).

Whittington Health

5.1.7 The Whittington Hospital situated in Islington is operated by Whittington Health and serves mainly the west of the borough. It is an acute general teaching hospital which serves a population of approximately 250,000 people. The hospital has 467 beds and employs over 2,000 staff. The hospital is registered with the Care Quality Commission to carry out the following regulated activities:

- Treatment of disease, disorder or injury
- Surgical procedures
- Diagnostic and screening procedures
- Maternity and midwifery services
- Termination of pregnancies
- Assessment or medical treatment for patients detained under the 1983
- Metal Health Act

5.1.8 In the financial year of 2009/10, Whittington Hospital dealt with:

- 25,000 inpatients
- 11,000 day cases
- 4,000 babies born
- 83,000 Emergency Department attendees
- 215,000 outpatients

5.1.9 The Whittington Hospital delivers its activities from its main site, situated in Archway, and as of July 2010 a range of minor procedures and treatments are delivered from Hornsey Central Neighbourhood Health Centre in Crouch End.

Admissions of Haringey adults to all hospitals

5.1.10 Admission to hospital is broken down into elective, emergency and maternity episodes. Between April 2008 and March 2009 there were 56,169 admissions to hospitals. Half of these were elective admissions (28,278), a third were emergency admissions (19,333) with the remaining being for maternity (8,520).

5.1.11 It is reported that the current rate of emergency admissions is marginally higher than England with an extra 2,000 admissions per year since 2002/03 (Haringey Borough Profile, 2010). Standardised admission ratios (expressed as a ratio of observed to expected admissions, multiplied by 100) for elective and emergency admissions in Haringey wards show that with the exception of Hornsey, those in the east are more likely to be admitted to hospital.

5.2 Future provision

5.2.1 The NHS Healthy Urban Development Unit (HUDU) has identified a series of performance ratios that relate population to the number of care beds to be provided. These standards call for:

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- 1 care bed for every 480 head of population
- 1 other acute care bed for every 1,430 head of population

5.2.2 It is considered that the use of national standards to assess future needs may not fully reflect the current thinking in the local NHS, and shift in activity from secondary to primary care. As required by the Department of Health and NHS London, NHS North Central London is developing a Quality Innovation Productivity and Prevention (QIPP) Plan and Medium Term Financial Plan extending the current plan assumption regarding secondary to primary care activity shift by two years to 2014/15. Given that QIPP model has overtaken the HUDU model, it is expected that the number of care beds required for a given population will reduce fairly significantly.

5.2.3 A recent analysis of emergency admissions to the Whittington by Islington Public Health (2011) showed a link between emergency admission and the level of deprivation experienced by Haringey residents. The most deprived Haringey residents used the greatest number of emergency admissions. This study suggests that reducing deprivation would help to reduce the use of emergency admissions and associated costs.

5.3 Health infrastructure investment plan

5.3.1 The hospitals services are subject to national policies and local commissioning intentions.

North Middlesex University Hospital NHS Trust

5.3.2 The North Middlesex University Hospital NHS Trust's service business plan is also governed by Barnet, Enfield & Haringey Clinical Strategy which is currently awaiting a review of the Independent Review Panel for the Secretary of State. North Middlesex University Hospital has definite plans to invest a total £65m over the next 2 years to create:

- £22m, 120 additional acute beds to meet increased activity and
- £10m, enabling works
- £33m women's & children's unit to accommodate 1,500 births

5.3.3 Further information about these projects is provided in Table 8.1.

Whittington Health

5.3.4 As a new organisation which became operational on the 1st April 2011, Whittington Health is currently reviewing its estate strategy.

6. Mental health services

6.1 Current provision

6.1.1 Barnet, Enfield and Haringey Mental Health NHS Trust (hereafter referred to as the Trust) provides a range of mental health services to people living in boroughs of Barnet, Enfield and Haringey. Its services across the three boroughs include child and adolescent mental health services, mental health services for adults and older people, substance misuse services, specialist

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service such as eating disorders, forensic services and brain injury rehabilitation and community services in Enfield.

6.1.2 The Trust owns the 29-acre St. Ann's Hospital site in Haringey and provides a range of mental health services on site. The Trust occupies just over half of the current buildings on the site, including the inpatient mental health unit for Haringey. Other users of the site include NHS Haringey (outgoing), Moorfields Eye Hospital NHS Foundation Trust, North Middlesex University Hospital NHS Trust and the London Ambulance Service.

6.1.3 The Trust also seeks to address the high mental health need in geographical areas identified in chapter 3 by operating a set of smaller Mental Health centres located in the community, including Canning Crescent centre in Wood Green and Children and Adolescent Mental Health Services at Burgoyne Road in Harringay.

6.1.4 The Trust undertook a survey of its estates in 2009 which found that 24% of its estate, mainly at St Ann's in South Tottenham, is early Victorian and built between mid 19th and early 20th Century. Most of these buildings are rigid in design and require modernisation to meet future health needs. There is also a need for improved space utilisation including provision of integrated facilities.

6.2 Future provision

6.2.1 The predicted population increase in Haringey over the next 15 years is expected to be across all age groups with the exception of the 65-74 group which is set to decrease very slightly as a proportion of the total population. The 85+ age group is expected to increase as a percentage of the population of older people in Haringey between 2008 and 2025 rising to 13% of all older people. This increase is expected to be focused in the middle and east of the borough, the areas of highest mental health need.

6.2.2 A national Dementia Strategy has been launched nationwide (2009). The Trust recognises that old age dementia in the local area (as is the pattern nationally) is on the increase and is working with Haringey NHS to plan services how best to respond to the growing need for specialist dementia services.

6.2.3 Mental health services are rapidly evolving, and future trend is to provide more health services away from inpatient settings and close to patients' homes, as this is generally better for them. These services are currently the subject of forward planning by the Mental Health Trust and Haringey NHS. This is aimed at reducing hospital inpatient stays and treating more people at, or closer to, home. There are ongoing discussions among local stakeholders, along with the future role of St. Ann's Hospital generally. It is recognised that fewer inpatient beds will be required and more services will delivered in primary and community settings. The 'personalisation' agenda discussed in the Social Care section below will also get implemented in some areas of mental health provision.

6.2.4 The Trust plans to redevelop the site to create an *exemplar* and *vibrant* modern community facility with a *sustainable mix* of primary care, community care, mental health and social care services including the existing Moorfields Eye Hospital and North Middlesex University Hospital services, with new housing,

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public open space and other community infrastructure, having strong links to its surroundings.

6.2.5 The Trust is reviewing space requirements for retained services at St Ann's and may consider developing smaller and integrated facilities in partnership with other health and social care providers, commissioners and local stakeholders.

6.2.6 There are not generally accepted national standards for provision of mental health services set out per head of population. However, the care beds and acute beds requirement set out for hospital services in other parts of this Plan will include requirements for mental health provision.

6.2.7 A key commissioning intention of NHS Haringey is to take a robust approach to reducing over-reliance on secondary care-led provision and shift greater investment into primary and community-based mental health services. This means that the Trust needs to significantly change how and where it delivers its services.

6.3 Health Infrastructure investment plan

6.3.1 The Trust has plans to undertake comprehensive redevelopment of St Ann's site to provide modern and integrated primary care, community care, mental health and social care facilities. The mental health facility will take account of the need for more services to be provided nearer to or in people's home and fewer but improved inpatient beds consolidated at Chase Farm Hospital.

6.3.2 The Trust intends to invest in a local recovery house in Alexandra Court in Wood Green which will serve Haringey residents. This is currently the subject of a public consultation. Specialist rehabilitation services would be provided to help people return to as normal a life as possible. A range of other, non clinical, services would also be provided to support people's recovery, such as helping with employment and suitable housing.

6.3.3 A summary of projects is provided in Table 8.1.

7. Adult services and commissioning by Haringey Council

7.1 Current provision

7.1.1 The function of Haringey Council's Adult Services and Commissioning is to provide a range of personalised care services in partnership with other statutory agencies, such as the NHS, the third sector and private sector as well as internal partners. The services provide a wide range of information, advice and care services to support residents over the age of 18 and in particular provide support to older adults, carers, people with problems relating to mental health and substance use, people with disabilities, and people with HIV/AIDS. The Service has a lead role in safeguarding vulnerable adults and protecting people who are at risk of harm.

7.1.2 The current strategic objectives of Haringey Council's Adult Services and Commissioning are:

- To implement the Council's budget strategy;

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- To implement *Think Local, Act Personal: Next Steps for Transforming Adult Social Care* and personalisation and provide greater choice and flexible services through personal budgets, reablement, tackle the life expectancy gap by developing early intervention and prevention, improving mental health and wellbeing, and extra care, ensuring we deliver service improvements;
- To ensure strong safeguarding for vulnerable adults;
- To deliver value for money services through robust strategic commissioning; and
- To continue delivering statutory services within adult social care.

7.1.3 Service functions provided are briefly outlined below.

Assessment and Personalisation

7.1.4 This service delivers the following functions:

- Delivery of the personalisation agenda including personal care, budgets and comprehensive information and advice;
- Care management and assessment for older people and adults with physical and mental health disabilities; and
- No recourse to public fund.

Adult Commissioning

7.1.5 This service delivers the following functions:

- Value for money commissioning of adult care services;
- Market development and management;
- Council lead for the integration with the NHS;
- Mental health care for Adults and Older People;
- Strategic planning, development and management of the council wide voluntary sector; and
- Managing Supporting People programme.

Prevention Services

7.1.6 This service delivers the following functions:

- Reablement;
- Community alarm;
- Supported housing;
- Day opportunities;
- Integrated Community Equipment and Major Adaptations; and
- Occupational Therapy.

Learning Disabilities Partnership

7.1.7 This service delivers the following functions:

- Health and social care services for people with learning disabilities and their carers;

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- Service planning, including identification of housing, leisure, employment and learning opportunities; and
- Transition from Children's to Adults' Services.

Safeguarding Services

7.1.8 This service delivers the following functions:

- Promoting awareness of adult safeguarding and risk assessment;
- Management and governance of the safeguarding process;
- Setting the strategic direction of safeguarding through the Safeguarding Adults Board; and
- Management of the Deprivation of Liberty Safeguards process.

7.1.9 Haringey Council currently has a mix of directly provided services (residential, nursing, day care and home care), but commissions most of its adult care in the Independent and Voluntary Sector. Demand for services is assessed through performance indicator returns, Joint Strategic Needs Assessments (JSNAs) and strategic commissioning plans.

7.1.10 Haringey Adult Social Care has received an Annual Performance Assessment (APA) rating by the Care Quality Commission (CQC) of "performing well" for the last three years. All of Haringey's internal provision (residential and home care) has been CQC quality rates as "good" for the last three years and all of its commissioning care services have performed in the top national quartile over the past two years, with its commissioned residential care services CQC rates as the best in London in 2009/2010. Haringey's joint stroke care services were also rates as top in London in 2009/2010.

7.2 Future provision

7.2.1 Alongside the financial challenges placed on adult social care, outlined in the Comprehensive Spending Review and Grant Settlement, the restructured service will work within a framework of new policy directives from central government. These policies include

- A Vision for Adult Social Care: Capable Communities and Active Citizens which sets out a new agenda for adult social care in England.
- The Localism Bill: which aims to decentralise power and empower communities.
- Draft Haringey Council Voluntary Sector Strategy: which is currently out to consultation.
- The NHS White Paper, Equity and Excellence: Liberating the NHS: which sets out the Government's long-term vision for the future of the NHS.
- The recent Public Health White Paper, Healthy Lives, Healthy People: which sets out the Government's long-term vision for the future of public health in England.
- The Department of Health's consultation on *Transparency in Outcomes: a Framework for Adult Social Care* which forms part of the transition in adult social care.
- Think Local, Act Personal: Next Steps for Transforming Adult Social Care: which is the sector–wide statement of intent that makes the link between the government's new vision for social care and Putting People First.

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7.2.2 *Putting People First*, a shared vision and commitment to the transformation of adult social care, was published in December 2007 and set out the shared aims and values for transforming social care. The new Government continues to support the personalisation agenda which is a key principle specified in their *Vision for Adult Social Care*. The vision states that individuals not institutions should take control for their care.

7.2.3 *Adult Commissioning:* The Government propose a vision for a thriving social market in which innovation flourishes, with Councils playing a key role in stimulating, managing and shaping the market. Councils will need to support communities, voluntary organisations, social enterprises and mutuals to flourish and develop innovative and creative ways of addressing care needs. The first step in market shaping is for councils, in partnership with the NHS, to move away from traditional block contracts and support growth of a market in services that people want. The *Vision for Adult Social Care*, NHS white paper and public health white paper all set out the Government's requirement for councils to work closely with the NHS to pool budgets and jointly commission services.

7.2.4 *Health:* A number of recent policy directives from the Government, including the *Vision for Adult Social Care*, NHS white paper and public health white paper, have stressed the importance of joint working between the NHS and local authorities. This service will support partnership working with health colleagues, including joint commissioning and working with GP collaborative, the new Health and Wellbeing Board and the integration of health improvement functions within the local authority. The service will also take a lead role in revising the Joint Strategic Needs Assessment (JSNA), as outlined in the *Vision for Adult Social Care*.

7.2.5 *Mental Health:* The Adult Commissioning Service will be responsible for the mental health assessment and care management teams, and mental health commissioning budgets.

7.2.6 *Supporting People:* This service will continue to manage the Supporting People programme which delivers a range of support services, including housing related support, to over 9,000 people in Haringey. The new Government's *Vision* recognises that the Supporting People programme helps to avoid more costly interventions, improves outcomes for individuals and returns savings to other areas.

7.2.7 *Voluntary Sector:* The importance of the voluntary sector in achieving excellent health and social care outcomes is emphasised in all of the Government's new policy directives. Councils will work with the voluntary sector to stimulate the development of social capital to deliver early intervention and prevention, including strong neighbourhood wellbeing networks. The Comprehensive Spending Review stated that paying and tendering for services will be by results rather than the Government being the default provider. The Government will look at setting proportions of services to be delivered by independent providers, such as the voluntary sector. Key areas to be explored include the provision of adult social care and community health. The revised Voluntary Sector Strategy will provide a revised commissioning and funding framework which sets out the core principles for how the Council will support and work with the voluntary sector, including how the Council will fund and commission services.

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7.2.8 *Prevention*: is one of the seven principles of the *Vision for Adult Social Care* published by the new Government. The *Vision* states that empowered people and strong communities will work together to maintain independence. Where the state is needed, it will support communities and help people to retain and regain independence. The *Vision* expects councils to commission a full range of appropriate preventative and early intervention services such as reablement and telecare. The Government is supporting the expansion of reablement. The Council has set up a new Early Intervention and Prevention Service to ensure it delivers against the prevention principle in the vision. Reablement covers a range of short-term interventions which help people recover their skills and confidence after an episode of poor health, admission to hospital or bereavement. Reablement can help people to continue to live independently in their own homes, avoiding expensive readmissions to hospital and ongoing social care packages.

7.2.9 *The Learning Disability Partnership:* contributes to the delivery of *Putting People First* and *Valuing People Now* by providing a range of personalised services to people with learning disabilities. This service will play a key role in continuing to deliver personal budgets to all adult social care users. The *Vision for Adult Social Care* recognises that people with learning disabilities, autism, disabled people and those with complex needs require person-centred planning to maximise choice and control, and appropriate help in cases where a direct payment is not chosen. The service contributes to this objective through the provision of advocacy to help people express views and receive the services they want. The service also plays a role in monitoring compliance with the CQC's essential standards of quality and safety at its registered locations.

7.2.10 *The protection of vulnerable people:* forms one of the key principles underpinning the *Vision for Adult Social Care*. With effective personalisation comes the need to manage risks to maximise people's choice and control over their care services. Individual risk assessment enables the safeguarding of vulnerable adults against the risk of abuse or neglect while allowing for individual freedom. The CQC's risk-based approach supports the safeguarding agenda by monitoring provider compliance with the essential standards of quality and safety and identifying where standards are at risk of failing. Targeted inspections will be carried out where a significant risk is identified. Inspections may also be triggered through performance information reported in the Quality and Outcomes Data Set, local intelligence or feedback from service users. In the context of localism, the local HealthWatch and other neighbourhood groups will become the eyes and ears of safeguarding, highlighting and reporting suspected neglect and abuse. The Adult, Commissioning and Safeguarding Quality Board oversees compliance against the essential standards of quality and safety to ensure robust practices are in place. This service will be key to continuing the successful delivery of the safeguarding agenda and risk management.

7.2.11 In the short to medium term, financial challenges placed on adult social care, outlined in the Comprehensive Spending Review and Grant Settlement will lead to rationalisation of premises and facilities and further strengthen the need for co-location and joint provision of services. As indicated previously, Barnet Enfield and Haringey Mental Health Trust propose to take over the care facility at Alexandra Court and turn it into a local recovery house to meet the mental health needs of Haringey residents.

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7.3 Social care infrastructure investment plan

7.3.1 There are currently no plans to develop new facilities.

8. Implementation strategy for key infrastructure projects

8.1 Introduction

8.1.1 This section provides a summary of projects that have been developed to meet identified current and future needs of Haringey residents. The following factors were taken into account:

- Anticipated population growth, changing demography and health needs
- Areas of greatest demand and shortfall in service provision in the east
- Suitability of location, capacity and ease of access
- Health inequalities issues
- Reduced public sector funding in the short to medium term

8.1.2 Each stakeholder organisation is expected to ratify and adopt this Health Infrastructure Plan as a first step in ensuring its implementation. Each stakeholder organisation is expected to ratify and adopt this Health Infrastructure Plan as a first step in ensuring its implementation. The draft plan will be considered by appropriate Council decision-making bodies including the shadow Haringey Health & Wellbeing Board. Given the current financial constraints in the public sector, successful delivery of the projects will depend on economic affordability, multiple sources of funding, joint delivery and co-location of facilities.

8.2 Implementation strategy

8.2.1 Projects set out in Table 8.1 are broken down into primary care and GP facilities, mental health and integrated health care facilities including primary care, community health and social care, and acute hospital facilities. It is particularly difficult to establish definite timescales not only due to the difficult economic situation but also the ongoing reformation of the NHS.

8.2.2 It is recognised that progressing the identified projects involves collaborative working and is dependent on the following:

- Strategic planning policy
- Health service commissioners
- Health service providers
- Service users and other stakeholders

Strategic planning policy

8.2.3 The Council is currently preparing its Local Development Framework Core Strategy – A New Plan for Haringey. This will guide growth in the Borough for the London Plan period to 2016 and beyond to 2026. The HIP will be adopted as part of the Haringey's Community Infrastructure Plan and inform decisions about development sites for health facilities.

8.2.4 From 2014, Community Infrastructure Levy (CIL) will provide a way for developers to contribute towards infrastructure for the benefit of local

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communities. The Council is currently preparing a Charging Schedule which sets out the levy rates for different types and locations of development. This Plan will provide evidence base to support the Council's determination of an appropriate charging schedule. Accordingly, CIL is expected to provide contributions towards new health facilities as shown in the table below.

Health service commissioners

8.2.5 To facilitate the successful delivery of the projects, it is important that current and future health service commissioners support the introduction of identified new or enhanced health facilities to assist with tackling health inequalities, particularly in the east of the borough. To this end, the support of emerging Health and Wellbeing Board (H&WBB) and GP Consortia will be vital to the implementation of the projects. It is recognised that, in the short-term, implementation of the NHS Operating Framework requirement on NHS organisations to deliver the Quality Innovation Productivity and Prevention programme to achieve £20bn savings will constraint delivery of new projects.

Health service providers

8.2.6 The HIP ensures that service providers throughout the borough are fully aware of future growth in the Borough and are sharing information and forward planning joint delivery of services where appropriate.

8.2.7 Each service provider is expected to include relevant projects into their key strategic plans and, given the current difficult economic climate, to work proactively towards integrated and co-location of services where it adds value. St Ann's provides the best opportunity to develop and enhance this approach given its location in the east of the borough, accessibility and plans for new integrated health and social care facilities.

Service users and other stakeholders

8.2.8 Service users, residents, LiNK, community and voluntary organisations will need to be involved by each lead partner organisation to ensure proposed scheme meets local needs. This is important in engendering community support and championing of the project.

Monitoring

8.2.9 At strategic spatial plan level, the infrastructure delivery will be monitored through the Annual Monitoring Report. Over the life time of the Core Strategy, the LBH and local NHS will work together to keep the growth trends and the corresponding needs for health services under review as part of the monitoring work for the Core Strategy, Haringey's Community Infrastructure Plan and appropriate Health Plans; and utilise the monitoring of outcomes in shaping the future services in Haringey.

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Table 8.1 List of key projects

Name and location of new or enhanced facility	Need for facility	Requirements of facility (eg specific location, land, size/floor space etc)	Indicative cost	Lead Department/ Service	When	Sources of funding	Contingency if facility can not be delivered/ Any dependencies or funding gaps (if any)
Primary care and GP facilities							
NHS Haringey extended or new GP premises – Borough wide	To ensure health provision, (accessible services and buildings) that deliver good and equal health outcomes that meet the needs of the growing population in Haringey, especially in areas with future housing growth and undersupply. (GP numbers associated by population growth 2010- 2026 is approximately 12 GPs, 8 of which associated with north east and south east, 2 with central Haringey)	Accessible services and premises	£3 – 4m	NHS Haringey Borough presence/NCL sector team	By 2016-17 (2016-2021 2021-2026)	NHS capital grant/ LIFT funding/ S106/CIL/ NHS Revenue	Contingency plan based on identifying appropriate sites. Some of these will be met by new primary care buildings *(see next two rows below)*

NHS Haringey collaborative primary and community health care network serving the north east of the borough, including Tottenham and the Tottenham Hale development	Improvement of and access to public health, primary and community health care facilities	Options under development including mix of re-developed and new primary care facilities and resource centre/s for local public health services, 1-2 GPs in Tottenham Hale and appropriate hospital and community care delivered closer to home	£400/sqm based on assumptions for Hornsey Central	NHS Haringey Borough presence/NCL sector team	By 2015/16	NHS capital grant/ LIFT funding/ S106/CIL/ NHS Revenue	This links in with the timeline for GP capacity growth in the first grid line above and NHS Quality Innovation Productivity and Prevention (QIPP)/Financial planning. Site options are being developed by NHS North Central London based on appraisal against care pathway plans under development with NHS Haringey's GP Commissioning Consortia Pathfinder.
NHS Haringey collaborative primary and community health care network serving the south east of the borough	Improvement of and access to public health and primary health care and facilities	Options under development including new primary care local public health services premises associated with the re-development of the St Ann's Hospital site. These would be complementary to the Laurels and appropriate hospital and community care delivered closer to home	£400/sqm based on assumptions for Hornsey Central	NHS Haringey Borough presence/NCL sector team	By 2015/16	NHS capital grant/ LIFT funding/ S106/CIL/ NHS Revenue	This links in with the timeline for GP capacity growth in the first grid line above and NHS Quality Innovation Productivity and Prevention (QIPP)/Financial planning. Site options are being developed by NHS North Central London based on appraisal against care pathway plans under development with NHS Haringey's GP Commissioning Consortia Pathfinder.
Mental health and integrated health care facilities							
St Ann's site	To provide integrated primary care, community	6000 sqm (early estimate)	c£12m	BEH MHT	2014	BEH MHT	Site options being developed; delivery subject planning consent and joint working with

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	care, mental health and social care services. GP, diagnostic and other outpatient services needed to serve south Tottenham and support growing list of patients at Laurels	1500 sqm	£2-3m	LBH/GP Consortia	2014	NHS Capital Grant/NHS Revenue/ Section 106/Community Infrastructure Levy	partners This proposed facility could be part primary and community health care network serving south east of the borough (see row immediately above); increasing capacity of the Laurels for GP and primary care services not an option as Laurels is too small and needs storage for medical records
Alexandra Court	To provide access to local recovery house in Wood Green area and prevent closure of local facility.	Lease and refurbishment of existing LBH facility.	TBC	BEH MHT	2011	BEH MHT	None
Acute hospital facilities							
Additional acute beds at North Middlesex University Hospital (NMUH) NHS Trust	More activity as hospital admission increases	120 beds / 5,000m2	£22m	NMUH Environment Directorate	2011-13	Department of Health/NMUH Trust	Subject to the approval of Barnet Enfield and Haringey Clinical Strategy and Business Case.
New Women's & Children's Unit at NMUH	Increased births	1,500 births / 4,500m2	£34m	NMUH Environment Directorate	2011-13	Department of Health/NMUH Trust	Subject to the approval of Barnet Enfield and Haringey Clinical Strategy and Business Case.
Enabling works for early transfer and	Allow current programme to	N/A	£10m	NMUH, Environmental	2011-12	DoH/NMUH Trust	Subject to the approval of Barnet Enfield and Haringey

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service development at NMUH	progress whilst awaiting outcome of SoS decision but with sustainability included			Directorate			Clinical Strategy and Business Case.
Secondary care facilities Haringey NHS/Neighbouring boroughs' NHS	This is a demand-led estimate by the Local planning authority**.**	Need for 28 – 40 additional hospital beds or equivalent appropriate alternative primary care facilities	£10 - £14.5m	NHS Haringey and/ NCL/GP Consortia	2015-6	TBD	It is considered that the use of national standards to assess future needs may not fully reflect the current thinking in the local NHS, and shift in activity from secondary to primary care. As required by the Department of Health and NHS London, NHS North Central London is developing a Quality Innovation Productivity and Prevention (QIPP) Plan and Medium Term Financial Plan extending the current plan assumption regarding secondary to primary care activity shift by two years to 2014/15.

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Background Documents

NHS Haringey/NHS North Central London

1. Health and Health Services in North central London, Now and into the Future: Evidence Pack 2011/2-2014/15, March 2011
2. NHS Haringey - Haringey Primary Care Trust Pharmaceutical Needs Assessment, January 2011
3. NHS Haringey Operating Plan 2010/11, February 2010
4. Working for a Healthier Haringey. NHS Haringey Strategic Plan 2009-14, January 2010
5. Developing World Class Primary Care Strategy 2008
6. Transport Accessibility Report 2009
7. NHS Haringey Strategic Plan 2008-2013
8. Oral Health Needs Assessment, July 2009
9. A segmentation Model of Haringey's Health Needs, Health Inequalities and Unmet Need, Dr Foster Research, 2009
10. NHS Haringey, Getting Better Together – North East Haringey, South East Haringey, Central Haringey and West Haringey
11. Completed Questionnaire for primary care services
12. Email correspondence from NHS Haringey Borough Director
13. Meetings with the NHS Haringey managers

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14. Haringey Borough Profile, August 2010
15. Community Infrastructure Study, March 2010
16. Joint Strategic Needs Assessments, 2008
17. Haringey's Older People's Mental Health and Dementia - Commissioning Framework 2010-2015
18. Completed Questionnaire for adults services

BEH Mental Health Trust

19. Strategic Outline Case – Haringey Mental Health Services 2006
20. Completed questionnaire for mental health services
21. Meetings with the Service provider

North Middlesex University Hospital NHS Trust

22. BEH Clinical Strategy
23. Completed questionnaire for acute hospital services
24. Meetings with the service provider

Whittington Health

25. Completed questionnaire for community health services
26. Meetings with the service provider

Haringey GP Consortium

27. Meetings and correspondences with the representative

Glossary

Accessibility: Ability of people or goods and services to reach places and facilities.

Acute care: This is generally an inpatient service for a disease or illness with rapid onset, severe symptoms and brief duration.

Community Infrastructure Levy (CIL): This is a new levy that local authorities can choose to charge on new developments in their area. The money can be used to support development by funding infrastructure that the council, local community and neighbourhoods want.

Core Strategy: The Core Strategy is a Development Plan Document setting out the vision and key policies for the future development of the borough up to 2026.

Development Plan Documents (DPD): Statutory planning documents that form part of the Local Development Framework including the Core Strategy, Development Management DPD and Sites Allocation DPD.

Joint Strategic Needs Assessment (JSNA): This is a document that looks in detail at the needs of the population of Haringey.

Local Development Framework: Statutory plans produced by each borough that comprise a portfolio of development plan documents including a core strategy, proposals and a series of area action plans.

London Plan (The Spatial Development Strategy): The London Plan is the name given to the Mayor's spatial development strategy for London.

Personalisation: A government programme which will give people more control over their care and support by giving them Personal Budgets. People can then choose how their Personal Budgets will be spent.

Primary care: The collective term for all services, which are people's first point of contact with the NHS often the GP but not always.

Section 106 (S106)/Planning Obligations: This is a section of the Town and Country Planning Act 1990 which allows a local planning authority (LPA) to enter into a legally-binding agreement or planning obligation with a landowner in association with the granting of planning permission. The obligation is termed a Section 106 Agreement and is used where it is necessary to provide contributions to offset negative impacts caused by construction and development.

Super Output Area (SOA): is a geographical area designed for the collection and publication of small area statistics. It is used on the Neighbourhood Statistics site, and has a wider application throughout national statistics. SOAs give an improved basis for comparison throughout the country because the units are more similar in size of population than, for example, electoral wards.

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