



## London Healthy Urban Development Unit

### **Enfield Draft Local Plan Main issues and preferred approaches (June 2021)**

Thank you for the opportunity to comment on the draft Plan. These comments are submitted on behalf of NHS North Central London Clinical Commissioning Group (CCG).

#### Good growth in Enfield – challenges and opportunities

The section outlines many of the challenges and opportunities facing the borough which underpin the key spatial issues.

Paragraph 2.1.18 refers to Enfield becoming a healthier place by building attractive walkable communities. Health and wellbeing is influenced by a wide range of environmental and social factors and planning policies and decisions can contribute to the prevention of ill-health and encourage healthy lifestyles. It would be helpful if this section reflected the priorities in the Joint Health and Wellbeing Strategy (2020-2023) which could influence the key spatial issues, including a healthy diet, increasing physical activity, and providing more opportunities for social interaction.

The Health and Wellbeing Board is also committed to working together with partners and other organisations to improve access to good quality, affordable homes, to supporting people into training and secure employment and to tackling crime. The overall health effects of a changing climate are negative. Tackling health inequalities linked to deprivation should also be recognised as a key challenge for the plan.

We welcome the reference in paragraph 2.1.12 to the Covid-19 pandemic which has changed the way we work, shop and socialise. The draft plan could consider the longer-term implications of the pandemic in terms of travel, changing working patterns and demand for office space, the future of town centres and design of buildings and spaces. The pandemic has accelerated changes in the way healthcare services are provided and how facilities are used, with greater demand for digital services and flexible space.

#### 2.2 Key spatial issues

We suggest that the draft plan identifies health and wellbeing as a key spatial issue and highlights the factors that could make Enfield a healthier place. The Joint Strategic Needs Assessment (JSNA) provides evidence of health needs of the Enfield population. It identifies 'Enfield Place' as a topic and provides data on healthy streets, health and housing, health assets, and community safety.

### 2.3 Spatial vision and objectives

We note that the vision for Enfield by 2039 describes a place which will deliver environmental, economic and social benefits. We suggest that the vision refers to health and wellbeing and describes a healthier place. Perhaps part of the vision could be reworded under the heading of a 'nurturing and healthy place'.

We support the strategic objectives in Table 2.1. In particular, Objective 2 reflects the priorities of the Enfield Joint Health and Wellbeing Strategy, but we suggest that good design and planning can also support a healthy food environment and healthy streets.

We welcome Objective 18 to ensure that new homes are supported by high quality, accessible health infrastructure and can be funded, through the use of planning contributions.

#### Strategic Policy SP SS1: Spatial Strategy

We note that the preferred growth strategy is for at least 25,000 new homes to be provided up to 2039 with a large proportion of the Borough's future development needs provided in the four main placemaking areas of Meridian Water, Southbury, Crews Hill and Chase Park. Nearly two-thirds of future housing capacity is allocated on sites in these areas. The areas are currently in employment use or are Green Belt land with little or no existing healthcare infrastructure. As such, significant investment will be required to provide additional infrastructure to support growth.

The draft plan recognises that this is an ambitious level of growth which will need to be carefully planned. In particular, the loss of Green Belt land and development in Crews Hill and Chase Park could have negative environmental and health impacts which will require appropriate justification and mitigation. Whilst the Integrated Impact Assessment (June 2021) has assessed the impact of the spatial Policy SP SS1, we suggest that the next version of the report assesses in more detail the measures needed to avoid and minimise adverse environmental and health effects, including construction impacts in these areas.

#### Strategic Policy SP SS2: Making Good Places

We welcome clause 3 of the draft policy which states that larger scale developments (of 50 homes or more or 500sqm for non-residential uses) must create healthy places which promote active and healthy lifestyles. We suggest that a healthy place is defined, referring to the London Plan healthy city Good Growth objective (GG3), strategic objective 2 and Strategic Policy SP SC1: Improving health and wellbeing of Enfield's diverse communities.

### 3. Places

We note that ten placemaking areas are proposed, including two rural placing making areas at Crews Hill and Chase Park. Within each placemaking area, site allocations have been identified. However, not all strategic policies refer to the site allocations or to an overall housing capacity figure. It would be helpful if this information was added to each policy.

### Strategic Policy SP PL1: Enfield Town

We support the delivery of enhanced health and community facilities in Enfield Town Centre and the CCG would welcome the opportunity to work with the Council to update the Enfield Town Masterplan SPD. In particular, the redevelopment of Palace Gardens shopping centre (Site Allocation 2) provides an opportunity to provide additional health infrastructure as part of a comprehensive mixed-use development

It is recognised that the NHS has a role in supporting the regeneration of town centres in the borough. The Health on the High Street report (NHS Confederation, December 2020) outlines the opportunities for the NHS to become directly involved in the high street policy agenda which could include running health services from vacant property, including vaccination programmes, broadening the range of services provided within communities and supporting and participating in the design of healthy communities and places.

We welcome the reference in paragraph 3.1.12 to the need to create a more pleasant, pedestrian focussed town centre environment which will help create a healthy and liveable place.

### Strategic Policy SP2: Southbury

We support the creation of a new local centre and the CCG would welcome the opportunity to comment on a spatial framework or masterplan for the area. We note that the area contains five site allocations, and the CCG has responded to the planning application for the Colosseum Retail Park (SA9). We agree that the area needs to be planned and developed in a coordinated way. The A10 represents a major barrier and improvements to the public realm and pedestrian/cycle routes and new crossing points are needed to link a new centre to the surrounding area.

### Strategic Policy SP PL3: Edmonton Green

We support the policy to revitalise the district centre. Additional housing will place pressure on health infrastructure. The CCG has responded to a planning application for the Edmonton Green Shopping Centre site (SA13).

### Strategic Policy SP PL4: Angel Edmonton

We welcome the policy which seeks to revitalise the high street and renewal of the neighbouring housing estates. The CCG is working with the Council to assess the healthcare needs and infrastructure requirements arising from the emerging proposals for the Joyce Avenue and Snells Park Estate (SA15). The area also contains a site in the south-east corner of the North Middlesex University Hospital (SA18) and the CCG supports the redevelopment of this site for housing as part of the Trust's wider masterplan for the hospital site.

#### Strategic Policy SP PL5: Meridian Water

We note that the aspiration is for the whole Meridian Water placemaking area to deliver 10,000 homes, but 5,000 new homes will be delivered within the plan period on the site known as Meridian Water West Bank (SA19).

We support the policy which recognises that significant social infrastructure is needed to respond to housing and population growth and help create a new local centre. The CCG is working with the Council to secure appropriate healthcare infrastructure as part of the Phase 1 and 2 planning applications.

We agree with the statement in paragraph 3.5.6 that to overcome existing constraints and unlock the area's growth potential, a comprehensive master planned approach is required across the entire site, with a focus on developing high quality places. We would welcome an updated masterplan for the area including establishing healthy planning principles to help create a healthy place.

#### Strategic Policy SP PL7: New Southgate

We note that New Southgate area contains two site allocations SA25 and S26 where new housing is planned. We support the policy which identifies the need for improvements to community facilities and the CCG would welcome the opportunity to review the requirements in the light of the new site allocations and the demand generated by the Ladderswood estate development.

#### Strategic Policy SP PL10: Chase Park

Housing development in Crews Hill and Chase Park will require investment in new infrastructure to support the growth. At Chase Park, this could include a health facility as envisaged in clause 10 of the policy based on evidence of need. The area is close to Chase Farm Hospital and the indicative site boundary includes land to the north of the hospital site. As such development in the area should be planned in a coordinated taking account future phases of development on the Chase Farm site.

It is noted that a planning application has been submitted on the site of the Royal Chace Hotel, 162 The Ridgeway (ref 21/01816/FUL) for new homes and a care home but this site is not included as a site allocation.

#### 4.1 Strategic Policy SP SE1: Responding to the climate emergency

We support this policy. The NHS is committed to reaching 'net zero' carbon by 2040 and an 80% reduction in emissions by 2028 to 2032. The report 'Delivering a Net Zero National Health Service' (January 2020) sets out interventions which will help the NHS decarbonise, including action to reduce emissions from the NHS estate, a move towards a sustainable model of healthcare with care closer to home, promoting less polluting travel options and preventing ill health which reduces hospital admissions.

## 5.1 Strategic Policy SP SC1: Improving health and wellbeing of Enfield's diverse communities

We support this policy which reflects the London Plan Healthy City Good Growth objective (GG3). To ensure a comprehensive approach, we suggest that additional clauses are added referring to the use of the Healthy Streets approach in planning decisions (see Policy DM T2 Making active travel the natural choice), the need to mitigate the adverse negative health impacts of noise and air quality (see Strategic Policy SP ENV1: Local environmental protection) and to ensure that the design of new homes encourage healthy lifestyles and avoid health problems associated with damp, heat and cold (see Policy DM DE13: Housing standards and design).

We strongly support the requirement to carry out health impact assessments (HIA) to accompany planning applications. We note the different types of development that would require an HIA. It would be helpful if the requirement for HIA was referred to in other relevant policies of the plan. For example,

- Major and strategic development within areas of poor air quality (Air Quality Focus Areas) - Strategic Policy SP ENV1: Local environmental protection
- Education, health, leisure and community facilities - Strategic Policy SP SC2 Protecting and enhancing social and community infrastructure
- Care homes/sheltered accommodation - Policy DM H5: Supported and specialist housing
- Hot-food-takeaways, drive-through restaurants, betting shops and payday loan shops - Policy DM TC6 Managing the clustering of town centre uses

We note that the use of the HUDU Healthy Urban Planning Checklist is recommended, but we would encourage the use of the HUDU Rapid HIA tool for larger residential-led development proposals.

Paragraph 5.1.4 refers to other categories of development where the submission of a health impact assessment (HIA) will be required under the Environmental Impact Assessment (EIA) regulations. In this case a HIA may form part of the environmental statement rather than a standalone document.

We note that paragraph 5.1.5 refers to the use of the NHS Healthy Urban Development Unit's "Planning Contribution Model for London". We support this statement, but suggest that this paragraph could be moved under Strategic Policy SP SC2 which deals with healthcare infrastructure.

## 5.2 Strategic Policy SP SC2: Protecting and enhancing social and community infrastructure

We welcome Policy SP SC2 and the support for new social and community infrastructure. However, when considering the redevelopment or disposal of surplus NHS sites we consider that the policy should be sufficiently flexible to allow the loss of a facility, or part disposal of a

site, where declared surplus to requirements in accordance with service transformation and estate strategies. The redevelopment of NHS sites and the introduction of housing and other uses provides vital investment to re-invest in new and improved health facilities which are fit for purpose. This flexibility would accord with clauses F and G of London Plan Policy S1.

Therefore, we suggest that criterion b) is amended to read “declared surplus to requirements and the loss, or partial loss is part of a wider public service transformation plan which requires investment in modern, fit for purpose infrastructure and facilities.”

Whilst we agree that opportunities to share the use of an existing site or co locate services should be explored, we don’t believe that this should be a restrictive policy criterion that would restrict the loss of a facility if all other criteria are met.

We note that the second part of the policy applies to new or improved community facilities. It requires all facilities to be located in or close to the borough’s town centres or in accessible locations or clustered together. We consider existing health facilities may not meet this requirement and as such improvements to existing facilities would not be supported.

We note that criterion f requires that appropriate maintenance and management arrangements are put in place, taking account of the needs of other infrastructure providers. It is unclear what is meant by ‘appropriate’ and what type of social and community infrastructure this would apply to.

We support clause 4 and the use of developer contributions for new and improved health and care facilities. We suggest that the supporting text refers to the Infrastructure Delivery Plan and to Appendix D: Table D.1: Developers’ contributions which sets out current requirements (in the Planning Obligations SPD). Health facilities and services should read ‘Health facilities and services’.

Paragraph 5.2.1 defines social and community infrastructure. We suggest that the second bullet should read ‘health and care facilities’ and be separated from leisure facilities.

#### Policy DM BG9: Allotments and community food production

We welcome paragraph 6.9.2 which states that where a health impact assessment (HIA) is required, consideration should be given to how the development will support access to green space, exercise and healthy food. However, we suggest that this paragraph could be moved under Strategic Policy SP BG1 which deals with all green infrastructure.

#### Policy DM DE12: Civic and public developments

It is unclear how this policy relates to Strategic Policy SP SC2 which addresses the same issues such as creating a strong active frontage (b), optimise the use and capacity of the site (c) and operate as a multifunctional space (d).

Whilst we support the aim of the policy to create well-designed accessible buildings, with potential to collocate services and share spaces, not all new health facilities will be of a scale and type which will provide this opportunity, particularly new health facilities not in NHS ownership and leased from private developer or landowner. The range of services accommodated in a new facility will be determined by service strategies.

#### Strategic Policy SP H1: Housing development sites

The draft Plan aims to provide at least 24,920 new dwellings up to 2039, equating to 1,246 homes per year. We note that Table 8.1 lists the sites allocated for housing development. Nearly 90% of housing capacity comes from large, allocated sites in the ten place making areas. In addition, 2,535 homes are allocated in areas outside of the place making areas. In some areas, there is a clustering of sites which will have a cumulative impact on infrastructure, notably in Cockfosters. Table 8.2 also identifies a supply of 1,540 homes from small sites.

Paragraph 8.1.14 notes that the key infrastructure requirements on which the delivery of the plan depends is set out in the Infrastructure Delivery Plan (IDP). The CCG would welcome the opportunity to update the latest IDP to ensure that it reflects current provision, the NHS strategic context and estate priorities.

#### Strategic Policy SP H2: Affordable housing

We support flexibility in the type of affordable housing provided (clause 4) and the reference in paragraph 8.2.4 to a broader range of affordable housing products, including the need for key worker housing.

It is recognised that the shortage of affordable housing is hindering the recruitment and retention of public service workers. The National Planning Policy Framework definition of affordable housing (Annex 2) includes housing for sale or rent for essential local workers, which includes NHS staff.

We suggest that that the supporting text specifically to innovative approaches that set aside a proportion of homes on land owned by Government departments and agencies for key workers, such as health and education professionals. A nomination approach can be agreed to meet an identified housing need for homes for NHS staff.

#### Policy DM TC6: Managing the clustering of town centre uses

We support Policy DM16 which seeks to avoid an over-concentration of hot food takeaways, betting shops, pawnbrokers, pay day loan shops, amusement centres and casinos. It expects applicants to submit a Cumulative Impact Assessment as part of any planning application for these uses. It is unclear how these assessments relate to the requirement for health impact assessment under Policy SP SC1.

We note that paragraph 10.6.4 refers to the London Plan which controls new hot food takeaway uses within 400 metres walking distance from the entrances and exits of an existing

or proposed primary or secondary school. We suggest that this requirement should be part of the policy. We support the use of a planning condition where applications for hot food takeaways are permitted to ensure compliance with Healthier Catering Commitment standards as noted in paragraph 10.6.5.

Paragraph 10.6.3 notes that hot food takeaways can have detrimental impacts on the health and well-being of local communities. Over concentrations of other uses, such as betting shops, pawnbrokers, pay-day loan stores, amusement centres and casinos can also have a determinantal impact on health and wellbeing and concentrations of these uses are often found in deprivation areas.

#### Strategic Policy SP D1: Securing contributions to mitigate the impact of development

We support this policy which gives priority to the use of developer contributions for health (not healthy) facilities and services. The wording of the policy may need to be amended to clarify the words 'where appropriate' in the context of the CIL Regulation 122 tests.

Clause 3 of the policy sets out the preference for on site provision of infrastructure. In the case of healthcare infrastructure, it is likely that only large-scale development will generate sufficient demand to justify a new facility and that in some cases on site provision may not be required where investment in expanding existing off-site facilities is preferred.

#### Policy DM D3: Infrastructure and phasing

We welcome the collaborative approach to infrastructure planning as set out in the policy and paragraph 15.3.1. Paragraph 15.3.2 refers to the Infrastructure Delivery Plan (IDP). The latest draft IDP (June 2021) identifies healthcare projects and priorities, including those new primary healthcare facilities identified in the site allocations. The CCG would welcome the opportunity to update the latest IDP to ensure that it reflects current provision, the NHS strategic context and estate priorities.

Appendix C of the draft plan contains site proformas for all the proposed allocated sites. A proposed health use is only indicated on one site - SA15: Joyce Avenue and Snells Park Estate.

The following sites could include a proposed health use subject to evidence of need

SA2: Palace Gardens Shopping Centre

SA9: Colosseum Retail Park

SA19: Meridian Water West Bank - social and community infrastructure

SA20: ASDA Southgate - compatible town centre uses

SA27: Land at Crews Hill – associated community and social infrastructure

SA28: Land at Chase Park - associated non-residential uses including social infrastructure



#### Policy DM D4: Monitoring and review

In order to deliver the spatial vision and strategic objectives of the Local Plan, the Council will monitor the implementation of policies, proposals and infrastructure on an annual basis. Key indicators are set out in the Local Plan monitoring framework in Appendix D, Table B.1.

To monitor Policy SC1: Improving health and wellbeing of Enfield's only one indicator is suggested – No 22 No net loss of community infrastructure. We suggest that this objective should consider net gain in community infrastructure. In addition, further indicators could be identified to monitor strategic objective No 2 and Policy SC1 using indicators in the Joint Health and Wellbeing Strategy related to the priorities of a healthy diet, increased physical activity, and providing more opportunities for social interaction.