


Non-Executive Report of the: Health Scrutiny Sub Committee 02 November 2016	
Report of: Somen Banerjee, Director of Public Health	Classification: Unrestricted
Planning and primary health care infrastructure	

Originating Officer(s)	Tim Madelin, Healthy Environments and Communities Lead, Public Health LBTH Jenny Cooke, Deputy Director of Primary and Urgent Care, NHS Tower Hamlets CCG Matthew Pullen, Infrastructure Planning Team Leader, LBTH
Wards affected	All

Summary

The joint presentation produced in response to the health scrutiny sub-committee request, outlines the main issue relating to spatial planning and primary health care infrastructure. It covers the following;

- Key challenges facing General Practice in Tower Hamlets
- CCG and provider plans to support and develop General Practice
- Workforce challenges and programmes to address these
- The local planning framework
- Infra-structure planning for healthcare facilities
- Estates strategy
- Housing needs of elders

Recommendations:

The Health Scrutiny Sub - Committee is recommended to:

1. Note the contents of the presentation to help gain a greater understanding of:
 - The challenges facing General Practice and the plans in place to address them.
 - Planning of healthcare infrastructure to account for population increases.
 - The links between planning and health infrastructure and how this is implemented in LBTH.
 - How the housing needs of elderly residents will be addressed.

1. REASONS FOR THE DECISIONS

1.1 Presentation is for information

2. ALTERNATIVE OPTIONS

2.1 To not give presentation would not enable the committee to gain a greater understanding of this topic.

3. DETAILS OF REPORT

3.1 The link between planning and health has been long established and the Health Scrutiny Sub-committee wanted to understand how this is being maximised to improved access to health care in Tower Hamlets. LBTH has one of the fastest growing and changing populations in the country and this requires services to constantly evolve to match demand. It is important to continue to make new investments in services, equipment and facilities in the community to support the delivery of improved patient care. As the population is increasing at the same time that the resources available to local authorities and public services is decreasing it is important to consider how planning and development can contribute to achieving broader health objectives. .

3.2 The population growth will have a significant impact on GPs who provide vital services and will be subject to unprecedented levels of pressure. The 'General Practice Forward View' was published in April 2016 and this aims to stabilise and transform General Practice, tackling issues of the low number of GPs, the high workload, infrastructure, and aims to redesign the way care is delivered.

3.3 The Health Scrutiny Sub-committee wanted to develop an understanding of the issues facing, the impact of these on residents, and the plans in place to improve provision and manage growing demand.

3.4 The attached presentation which was jointly produced between the local NHS in Tower Hamlets and Tower Hamlets Council (spatial planning, public health and adult social care) address the following areas:

- Key challenges facing General Practice in Tower Hamlets
- CCG and provider plans to support and develop General Practice
- Workforce challenges and programmes to address these
- The local planning framework
- Infra-structure planning for healthcare facilities
- Estates strategy
- Housing needs of elders

3.5 The purpose of the presentation is to enable the health Scrutiny Committee to:

- Develop an understanding of the challenges facing General Practice and the plans in place to address them.
- Understand how significant increases in the population and number of new homes impacts on demand for health services.
- Understand the links between planning and health and how this is implemented in LBTH.
- Review the Local Plan to help form an understanding of the relationship between housing and health and social care.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

- 4.1 This presentation is for members' information and as such has currently no direct financial implications.
- 4.2 The Council's 2016/17 to 2018/19 three year capital budget for Public Health includes resources towards the infrastructure for healthcare facilities to a total of £15.885m. This is to be funded from S106 contributions and the Community Infrastructure Levy (CIL).

5. LEGAL COMMENTS

- 5.1 This report considers the role of planning in the provision of primary health care infrastructure.
- 5.2 The Council's duties under Sections 1-7 of the Care Act 2014 include a duty to promote integration of care and support with health services and a duty under section 6 to co-operate generally with its partner agencies, including Health relating to adults with needs for care and support.
- 5.3 The National Planning Policy Framework provides that local planning authorities should set out the strategic priorities for the area in the local plan and that this should include the provision of health (paragraph 156). Further it advises that local planning authorities should work with other authorities and providers to assess the quality and capacity of infrastructure for *inter alia*, health and its ability to meet forecast demands (paragraph 162).
- 5.4 The Planning Practice Guidance provides that local planning authorities should ensure that health and well-being, and health infrastructure are considered in local and neighbourhood plans and in planning decision making.
- 5.5 The Council are currently in the process of preparing a new local plan. Through this the Council can seek to identify and safeguard potential sites for infrastructure. The Council's Infrastructure planning Team have prepared an evidence base which analysis growth projections and contains details of the expected primary health care facilities that will be required to support this growth.

- 5.6 In terms of funding the provision of health care infrastructure, prior to April 2015 developer contributions towards health were secured through Section 106 agreements. In April 2015, the Council adopted its Community Infrastructure Levy (“CIL”) charging schedule, and as a result health and other infrastructure are now funded from the CIL that is paid by developers. The money that the Council collects in CIL can be used to pay for any infrastructure on the Council’s infrastructure list (commonly referred to as our “Reg 123 list”), and the monies are no longer ring fenced for a particular type of infrastructure as was the case under the s106 system. There is the ability in legislation for a developer and the Council to enter into an infrastructure agreement whereby a developer may provide infrastructure (such as a new health care centre) on site in lieu of the payment of CIL.
- 5.7 Decisions on how the Council spends the CIL collected is for the Council’s Executive.

6. ONE TOWER HAMLETS CONSIDERATIONS

- 6.1 More disadvantaged communities have a heavier disease burden than less deprived sections of the community, it is important for equity to ensure that sufficient primary health care facilities are provided to ensure all sections of the community have equitable access to healthcare.

7. BEST VALUE (BV) IMPLICATIONS

- 7.1 Social care and health care are closely inter-related and Tower Hamlets Together seeks to bring health and social care providers. In order to get best value from this process it is important to ensure there is appropriate access to primary healthcare.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

- 8.1 Presentation is for information

9. RISK MANAGEMENT IMPLICATIONS

- 9.1 Social care and health care are closely inter-related and Tower Hamlets Together seeks to bring health and social care providers. In order to minimise the risk for the provider partnership it is important to ensure there is appropriate access to primary healthcare.

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

- 10.1 Presentation is for information
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Linked Reports, Appendices and Background Documents

Linked Report

- None

Appendices

- Presentation

Local Government Act, 1972 Section 100D (As amended)

List of “Background Papers” used in the preparation of this report

List any background documents not already in the public domain including officer contact information.

- These must be sent to Democratic Services with the report
- State NONE if none.

Officer contact details for documents:

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