

Ms Deborah Harrington comments

Page: [Policy GG1 Building strong and inclusive communities](#)

Section: [N/A](#)

GG1 B 'provide access to good quality services and amenities'

Health & Care devolution makes provision for, and access to NHS services part of the remit of local authorities as well as the NHS. This is outlined in the Devolution Programme Team's November 2017 publication 'Health & Care Devolution: what it means for London', based on NHS England's Five Year Forward View (5YFV) and its associated estates plan the Naylor Review.

The 5YFV and the Naylor Review are based specifically on the reduction of the number of sites from which the NHS operates: fewer GP family practices, closure and downgrading of hospitals, centralisation of services. This has the following implications for the London Plan;

- A reduction in the number of sites will mean further distances to travel. This means access for those with severe illness and disability may be reduced and travel becomes a health cost. Unwell people are unlikely to walk or cycle longer distances.
- The NHS is one of the largest employers in the country. A reduction in the number of facilities it operates from means concentrating staff into fewer sites which runs counter to the Plan's aim of increasing employment opportunities in more areas.
- The Plan seems to accept the NHS estate disposal proposals without question. But 'surplus' NHS estate is being created by the closure of working services, not by re-appraising unused or derelict land. How will London cope with an increased population if the planned housing density increases are in part based on the land which should be providing its essential health services? Where will the health services of the future be built?
- The Plan describes consideration of community as central to housing development but hospitals and GP services form part of the spatial awareness and sense of place of communities - a fact which is borne out by the fierce level of campaigning surrounding hospital downgrades and closures.

An Independent Inquiry into the NHS plans was held in NW London in 2015 headed by Michael Mansfield QC. Its key findings were:

- Cutbacks are being targeted on the most deprived communities
- The public consultation was inadequate and flawed
- There is no business plan to show the reconfiguration is affordable or deliverable
- NHS facilities have been closed without adequate alternative provision being put in place
- The plans seriously underestimate the increasing size of the population in NW London and fail to address the increasing need for services

The Mayor should address the issues implicit within the NHS plan for both its feasibility and its impact on the Plans's wider objectives of access to services before committing to large scale use of public land, especially NHS land on the 'One Estate' model.

Page: [Policy GG2 Making the best use of land](#)

Section: [N/A](#)

GG2

1.2.5 'redevelopment of brownfield sites'

The public may not realise that 'brownfield sites' means, amongst other things, working hospitals such as Charing Cross, where there are plans to downgrade it and reduce the hospital to 14% of its current site to create space for building flats. It also means council estates which have tenants and leaseholders who may lose their homes to create 'mixed' communities including 'affordable homes'. The council estates are already mixed communities and their homes are affordable, but the new mixed tenures decrease that and allow for more properties for sale or part-sale, part-rent. Public estate is being handed over to the private sector with alarming speed leaving a loss of physical and policy space for future service development or provision for all.

Small sites are mentioned, but there are street properties in the ownership of local authorities which are to be put up for sale for the want of money for repairs to bring them back into tenatable order. Whilst it is true that those properties would raise capital it is also true that it can't be spent until years down the line (because that is the timescale for newbuilds) whereas it would contribute to keeping communities truly mixed and house people in a very short time if funding could be made available for their renovations.

GG2 F 'maximise opportunities to use infrastructure assets for more than one purpose'

This is shorthand for putting public services into fewer and fewer sites, reducing public ownership and service delivery even further, in fact eroding both the value and nature of public service. There have already been instances of probation officers sitting in libraries - in the public open space - to interview their clients.

Page: [Policy GG3 Creating a healthy city](#)

Section: [N/A](#)

GG3 'determinants of health'

1.3.1 Whilst agreeing with the principle that the social determinants of health must be addressed to tackle the problems of inequality, these issues are ones which take time to sort out. The Health and Social Care Plan says 'We need to refocus investment on prevention, early intervention, and planned care rather than just supporting Londoners when a health issue is causing immediate problems.' This approach is clearly reflected in the London Plan. But the effects of poor housing, low income, smoking, air pollution and other disease causing conditions will not be solved overnight.

In the meantime good locally accessible healthcare is essential. This is particularly true for families with young children, elderly people and those with disabilities for whom distance is a barrier, either through physical incapacity or cost. Following the 5YFV and the Naylor Review to reduce the number of NHS facilities will decrease access for these groups. Long-term investment in the social determinants of health and a Health in All Policies approach is essential but will not help these immediate needs.

The 5YFV depends on a shifting of priorities from hospitals to the community, just as the London Plan emphasises preventative care over immediate care. However the 'Workforce and Skills' section of the Health and Social Care devolution document accepts that the high cost of living in London (itself one of the social determinants of health) creates problems with recruitment and retention of staff, particularly those on lower pay. It cites North East London having 17.5% of registered social care roles vacant - a situation which is reflected across the country, according to the National Audit Office.

Ease of access is an equality issue. Retaining local services should be given high priority in all planning.

Page: [Enabling Infrastructure](#)

Section: [N/A](#)

Funding the London Plan: Enabling Infrastructure

11.1.36 Healthcare in the Community

Healthcare in the community is more of an aspirational statement than a reality on the ground. The 5YFV and the Naylor Review are explicit about land sales and reducing staffing levels but vague on the details of care closer to home. The fact is that primary care is struggling from a shortage of GPs and social care from widespread issues of recruitment and retention, particularly in London where cost of living is high and social care salaries are low.

The Commons Health Select Committee is currently hearing evidence on this subject and have heard from the Local Government Association and the Royal College of Emergency Medicine about the lack of preparation for this kind of transfer of responsibility 'at scale and pace'. There is also poor evidence of cost saving from the process. The National Audit Office has criticised the plans.

11.1.37 'new or expanded primary and community care facilities'.

When Michael Mansfield chaired the NW London Independent Inquiry in 2015 he found that there was little or no provision being put in place in the community, especially in areas of deprivation. The Naylor Review is explicit that it wants GPs to move out of their owned premises where they run their family practices into shared rented facilities owned and run by the private sector. Property companies such as Assura are growing their businesses in primary care estate. This is detrimental to the running costs of the NHS as a public service and fewer services means worse access. These may be the 'new' or 'expanded' facilities, but there are fewer of them, not more.

11.1.38 public/private joint ventures

As described above, in the case of GPs PPPs are replacing GP ownership or public ownership to 'release' land for sale.

11.1.39 The Sustainability and Transformation Plans

The STPs will not be financially sustainable. They may make huge cuts and reductions in service but to call that 'sustainable' when it means denial of healthcare and reduced access to healthcare renders the word meaningless.

11.1.40 unused and underused NHS buildings

Alarm bells should ring for all planners and politicians at how often selling estate = selling off the NHS estates, including hospitals and GP surgeries which are being emptied of their services in order to create a 'surplus'. The population is growing and the NHS is being shrunk. The Mayor should stand firm against this destruction and not base the London Plan so heavily on it, for the good of Londoners now and in the future.