



London Healthy Urban Development Unit

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12th December 2019

Dear Paul,

London Borough of Brent - Proposed Submission Local Plan (reg 19) Consultation response on behalf of Brent Clinical Commissioning Group

Thank you for the opportunity to comment on the proposed submission local plan (reg 19). I confirm that there has been engagement with health partners in its preparation and the CCG looks forward to working with the Council to help deliver the vision.

Comments are limited to suggested amendments considered necessary for the Local Plan to be 'sound' and to ensure that the health infrastructure is sufficient to meet the increased needs of a growing and changing population and deliver the good growth aspirations.

We note the use of the draft London Plan's 'six good growth policies' and welcome the inclusion of health and wellbeing at the beginning of the plan and then integrated throughout the document.

The NPPF paragraph 34 requires the plan to set out the level of developer contributions for affordable housing and other infrastructure. While the IDP sets out the health infrastructure required to support the growth in the plan, there are paragraphs in the draft plan which we suggest are amended to provide a clear link between growth and new or expanded facilities and the role of developer contributions to ensure these are affordable and sustainable to the NHS and provided alongside the new populations.

Paragraph 20 requires strategic policies to ensure the sufficient provision for community facilities including health infrastructure. We are concerned that the link between the growth anticipated in the plan and the provision of health infrastructure needs to be more consistent throughout the document as it appears to be for transport and green infrastructure. For example, each of the site allocations includes a section on 'Infrastructure requirements' which should refer to the sites contributing to health infrastructure to mitigate the impact of the new populations.

We ask that this consistent approach to health facilities is also reflected in policies, for example, under Policy BP6 there is no reference to health facilities in the text or policy although less good health is identified under challenges.

The plan under Social Infrastructure page 21 recognises the challenge for health, clause b) “provide health care facilities that will meet current needs whilst having the capacity to expand for growth generated by new developments;” However, the Monitoring and Delivery Chapter under Health Facilities, paragraph 7.1.5 does not reflect the borough-wide capacity issues within the health infrastructure as set out in the Infrastructure Delivery Plan. We suggest this is amended as set out below.

7. 1 .15 As with schools, health planning has become more complicated over time. The National Health Service is split up into various layers. Brent has two acute national health hospitals. These are at Northwick Park and Central Middlesex, run by the London North West University Health Trust. The council has on-going dialogue in relation to their estate. Currently both sites are subject to master-planning to allow capacity to meet their future needs and other associated providers (ambulance and Clinical Commissioning Group (CCG)) to be accommodated. The council also works closely with Brent CCG on their estate strategy and in seeking sufficient capacity for General Practitioner surgeries where required on new development sites. Recent examples include the **Wembley Park development, the Peel development** in South Kilburn and the **Waterside development** in Alperton. ~~Subject to early identification of the need for premises from the CCG, and agreement on acceptable premises rents it is not envisaged that there will be significant difficulties in addressing longer term needs arising from developments related to additional premises.~~ ***It is envisaged that increased capacity for existing primary and community care will be required at some existing facilities to increase out of hospital care and meet the needs of a growing and changing population. The impacts of development on health infrastructure should be mitigated through the use of S106 agreements, where appropriate and offered at an affordable rent, and through CIL contributions.***

Please contact me should you have any queries regarding this response.