

**SUPPLEMENT TO THE NEW ST
ANN'S INVOLVEMENT REPORT
10TH NOVEMBER 2011**

Appendices



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APPENDIX A INVITEES AND ATTENDEES WORKSHOPS 1 AND 2

1

INVITED			ATTENDED	
Organisation/Community Group	1st Name	Surname	Workshop	
			1	2
Appleby Close Residents' Ass				
Blackboy Lane Residents' Ass	Kathleen	Nyland		✓
Blackboy Lane Residents' Ass	Ellen	Ryan		✓
Central Patients Panel	Militsa	Yiacoumi	✓	
Chestnuts Community Arts Centre	Monica	White	✓	✓
Chestnuts North Residents' Ass				
Defend Haringey Health Services (DHHS)	Janet	Shapiro		✓
Edgecot Grove Residents' Ass	Yvonne	Denny	✓	
Friends of Chestnut Park	Laura	Miller	✓	✓
Gardens Resident Ass	Chris	Laver	✓	✓
Gardens Resident Ass	Miles	Shepherd	✓	✓
Haringey Allotments Forum	Helen	Steel	✓	✓
Haringey Clinical Commissioning Consortium	Dr John	Rohan	✓	
Haringey Federation of Residents Ass	Joyce	Rosser	✓	
Haringey Forum for Older People				
Haringey LINK	Faridoon	Madon		✓
Haringey LMC				
Haringey User Network	Peter	Johnson	✓	✓
Haringey Youth Council	Colin	Foster	✓	
Helston Court Residents' Ass				
South Tottenham Residents Ass (HOBA)	Jim	Cassins	✓	✓
Ladder Community Safety Partnership	Ian	Sygrave		✓
London Borough of Haringey	Cllr Zena	Brabazon	✓	
London Borough of Haringey	Michael	Kelleher	✓	✓
London Borough of Haringey	John	Norman	✓	
Mental Health Carers Support Ass. (MHCSA)	Nick	Bishop	✓	
Mental Health Carers Support Ass. (MHCSA)	Dr. Sarah	White		✓
MH&HPAG (Pensioners Group)	Celia	Bower		✓
MH&HPAG (Pensioners Group)	Oona	Simpson		✓
MIND	David	King	✓	✓
NHS Haringey Borough Presence	Steve	Beeho	✓	
NHS Haringey Borough Presence	Jill	Shattock		✓
North East Patients Panel	Sonja	Camara	✓	
North London Business	Gary	Hughes		✓
Older and Bolder Forum	Bernice	Ashton		✓
Polar Bear Community	Stephen	Wish	✓	✓
Pyramid Health & Social Care Ass (PHASCA)	Lena	Hartley	✓	✓
Pyramid Health & Social Care Ass (PHASCA)	Nick	Hartley		✓

APPENDIX A INVITEES AND ATTENDEES WORKSHOPS 1 AND 2

Seven Sisters Safer Neighbourhoods Panel	Andrea	Holden		✓
Sheikh Nazim Sufi Centre				
South East Patients Panel	Thomas P	Jolley	✓	✓
South East Patients Panel	Josephine	Joyce	✓	✓
St Ann's Church				
St Ann's Safer Neighbourhoods Panel				
The Bridge Renewal Trust	Lorne	Horsford	✓	
The Bridge Renewal Trust	Rachel	Hughes	✓	✓
The Save St Ann's Hospital Campaign Grp	Mario	Petrou	✓	✓
Turners Court Leaseholders				
Turners Court Residents' Ass	Anne Marie	Adair	✓	
Woodlands Park Residents' Ass				
	Nuala	Keily		✓

Participant Profile Information

The purpose of this Workshop is to make a start on gathering ideas from the community on the future of St. Ann’s. All those invited are here because they represent other people or are part of a group or organisation and can help us reach their members.

We would also like to find out a bit more about the participants themselves. We will check what types of participants we have involved and fill any gaps by talking to others, as the process goes on. To help us do this, please tick next to all the answers below that apply to you.

Your Gender: Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Your Age:		Your Ethnic Group:	
0-17	<input type="checkbox"/>	White	<input type="checkbox"/>
18-39	<input type="checkbox"/>	Black or Black British	<input type="checkbox"/>
40-59	<input type="checkbox"/>	Asian or Asian British	<input type="checkbox"/>
60-79	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
80+	<input type="checkbox"/>	Other, please specify.....	

Are you...?	✓
Retired	
Unemployed	
In full time education	
From an ethnic minority	
A carer (other than a paid carer)	
Do you have...?	
A physical disability (whether registered or not)	
A learning disability	
A mental health problem	
A long term condition (e.g. diabetes, high blood pressure)	
Have you...?	
Used services on the St. Ann’s site in the last 12 months	
Received social care in the last 12 months	
Visited your GP in the last 12 months	



Barnet, Enfield and Haringey **NHS**
Mental Health NHS Trust

**The New St Ann's
Stakeholder Workshop One
26th September 2011**

-8pm

**Triangle Children, Young People and Intergenerational
Community Centre
91- 93 St Ann's Road Tottenham, London N15 6NU**

A G E N D A

1. Welcome and Introduction

Maria Kane, Chief Exec - Barnet Enfield & Haringey Mental Health Trust
& Councillor Zena Brabazon – London Borough of Haringey

2. Purpose of the Workshop

Elizabeth
Manero

**3. What should be offered on the St. Ann's site in
future?**

Participants

4. What should any surplus land be used for?

Participants

**5. How should the community be involved in the
project from now on?**

Participants

ABOUT THE ST. ANN'S SITE

The site

St. Ann's Hospital is located in the Seven Sisters area of the London Borough of Haringey. It occupies a site of approximately 29 acres (10.973 Ha) and consists of a mix of buildings predominantly dating to late 19th and mid-20th centuries. A small numbers of buildings to the eastern boundary are of newer construction. A narrow strip of land along St Ann's Road lies within the St Ann's Conservation Area.

History of the site

St. Ann's Hospital was originally opened on 8th October 1892 as a Fever Hospital. It was later used as a Military Hospital for United States troops from August 1918 to March 1919. The gardens are believed to have been laid out in the 1920s by a former Kew Gardens worker who chose some trees which are reputed to have therapeutic value. In 1930, the site was taken over by the London County Council and became a health service site in 1947. Since 1982 there has been a succession of changes starting with Haringey District Health Authority, Haringey Healthcare NHS Trust in 1993 and from 1st April 2001 the freehold ownership and management of the site transferred to Barnet Enfield and Haringey Mental Health NHS Trust.

Current services on the site

The Mental Health NHS Trust runs inpatient and community based mental health services on most of the site. Other NHS organisations at St. Ann are as follows:

- Whittington Health NHS Trust - community health services for children and adults across Haringey;
- North Middlesex University Hospital NHS Trust - X-ray unit and sickle cell unit;
- Moorfields Eye Hospital -day surgery and outpatients;
- London Ambulance Service - ambulance station in north west of the site;
- North London Breast Screening Service -mobile screening unit;

A full service list is shown on the back on the Information Sheet.

Current status of the buildings

Roughly 20% of the buildings are empty and more are only partially used. The site is poorly utilised, with patients having to navigate around the site to use services spread across a wide area. With the total annual site maintenance cost of approximately £7.5m, the site is very expensive to run. Most of the buildings on the site are old and tired; the general environment is poor and does not meet modern standards of patient care and staff working conditions. Significant investment is required to keep the buildings operationally safe and sound.

Glossary

Acute Treatment

Medical or surgical treatment usually provided in a district general hospital (also called an acute hospital) e.g. North Middlesex or Whittington Hospitals

Child & Adolescent Mental Health Service

Services for children and young people aged from 0-18 years and their families, with a wide range of mental health problems, disorders and illnesses, who require the help of a multi-disciplinary mental health service

Clinical Commissioning Groups

Groups of GPs, Doctors and Nurses getting ready to take over commissioning. Under government policy money and responsibility for buying health services will be transferred to these groups (subject to legislation)

Commissioning

Planning, arranging and paying for services on behalf of the public, so they meet the needs of the individual fairly, efficiently and effectively

Community Health Services

Treatment provided outside hospital by district nurses, health visitors, community nurses, midwives, therapists and other professionals

Community Mental Health Team

Provides assessments and treatment including outpatient services to people who have complex and enduring mental health needs. The team includes Consultant Psychiatrists, Junior Doctors, Community Psychiatric Nurses, Mental Health Social Workers, Psychologists and Occupational Therapists

Community Treatment

Treatment, often for elderly people, people with learning or physical disabilities or mental illness or those with long-term conditions, which is provided outside a hospital setting, i.e. in the community

Department of Health (DH)

The Department that supports the government to improve the health and well being of the population (www.dh.gov.uk)

Eating disorder Service

Services for people over 16 suffering from an eating disorder

Haringey Joint Strategic Needs Assessment (JSNA)

A document that looks in detail at the needs of the population of Haringey

Health inequalities

The difference between the health of disadvantaged groups or particular communities and the health of the rest of the country

Home Treatment Team

Team of mental health professionals working with individuals with acute mental health problems in their own homes, instead of in-patient treatment

Improving Access to Psychological Therapies (IAPT)

Local version of a national initiative to improve access to "talking therapies", such as cognitive

behavioural therapy, for people with anxiety and depression

Local Development Framework

Statutory plans by each borough setting out the strategy and vision for the development of the borough up to 2026 and area action plans

Local Involvement Networks (LINKs)

Community led networks of local people and organisations, set up to seek the views on services and suggest improvements

Long-term conditions

Conditions (e.g. diabetes, asthma, arthritis) that cannot, at present, be cured but whose progress can be managed by medication and therapies

Mental Health Services

A range of specialist clinical and therapeutic treatment across mental health and social treatment, integrated across different organisations

Mental Health Trusts

NHS providers of hospital or community mental health services

Outpatients

People who are seen in a clinic but not admitted to hospital. Outpatient appointments can take place in a community setting or a hospital

Patient and Public Involvement (PPI)

Involving patients and the public in NHS decision-making that affect services, or in planning or changing services.

Primary Care

All services which are people's first point of contact with the NHS. GPs, and other health professionals, such as opticians, dentists, and pharmacists provide primary care treatment, as they are often the first point of contact for patients

Primary Care Trust (PCT)

Currently responsible for commissioning health treatment locally. NHS Haringey, which is part of the NHS North Central London sector, is the local PCT. PCTs are due to be replaced by Clinical Commissioning Groups (above)

Secondary Care

More specialist services to which a person is referred if their GP thinks necessary. Usually this refers to mental health services or acute hospitals in the NHS offering specialised services (outpatient and inpatient services in either case)

Unscheduled Care

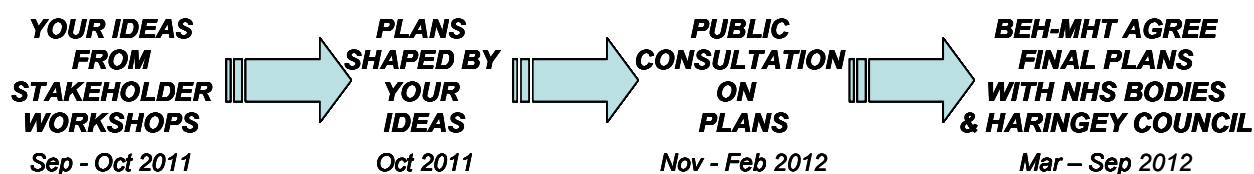
Care or advice for problems that happen unexpectedly to patients. This may be in general practice, hospital A & E, mental health emergency centres, pharmacies, ambulance services, NHS Direct, walk in centres, and dentists.

PLANNING THE FUTURE The New St Ann's

Barnet Enfield and Haringey Mental Health NHS Trust (BEH-MHT) are starting to talk to the community about the future of St. Ann's Hospital in South Tottenham. We want to exploit the site's potential as a place to support people's health and wellbeing in the broadest sense. Overleaf is a list of the current services and the organisations who provide them.

Who will make the decisions? We will involve local people in developing the plans for the future of St. Ann's and then consult more widely before making final decisions with other NHS bodies and Haringey Council.

FROM INVOLVEMENT TO CONSULTATION TO DECISIONS..



Discussions so far: We have started exploring views by meeting local politicians, community representatives and other NHS organisations.

Workshops We are now holding workshops with individuals who represent the community, so they can help us:

- generate a vision for what the site can offer local people
- help work up plans to deliver this vision
- suggest factors to be taken into account in developing the plans
- think of ways in which the community can continue to be involved

We will be looking to those who attend the workshops to bring in the views of others through their organisations and broadcast information more widely.

Talking to others We will also be talking to our patients, carers, the wider public and our staff during this process. We will take note of all the types of people who are involved and where they live, to find out whom else we need to talk to so no significant groups are left out.

What are the things that the community cannot influence? The Trust has certain obligations which it must meet in developing St. Ann's, including:

- Meeting the mental health needs
- Continuing to provide space for existing services if appropriate
- Avoiding duplication of services
- Complying with local planning requirements
- Getting best value for money for the tax payer

What will happen to all the ideas? Health Link will collate all the views into a Report which will feed into the outline plans which will then be consulted on later in the year through exhibitions, public meetings and a dedicated website. The timescale shown in the diagram above is indicative and subject to review.

NOTE:

No decisions on services or the site's future will be made until *after* public consultation

There are *no* plans to close the St Ann's site and there will continue to be a range of health services provided on the site

APPENDIX C PACK AND TABLED DOCUMENTS WORKSHOP 1

SERVICE PROVIDER	SERVICES
<p align="center">Barnet, Enfield and Haringey Mental Health NHS Trust (Mental Health Services)</p>	<ul style="list-style-type: none"> · Outpatients · Adult acute wards · Community mental health services · Continuing care ward · Eating Disorder beds · Drug and Alcohol Advisory Service for Haringey · Dementia services (including Memory Assessment, Admiral Nursing, Dementia Home Treatment Team)
<p align="center">Whittington Health (Community Health Services)</p>	<ul style="list-style-type: none"> · Audiology · Foot Health · Sexual Health · Child Development · Community Dentistry · Community Physiotherapy · Seating & Mobility service (Wheelchair Clinic) · Inpatient stroke and non stroke rehabilitation (Chestnut ward) · Improving Access to Psychological Therapies (“Talking Therapies”)
<p align="center">Moorfields Eye Hospital</p>	<ul style="list-style-type: none"> · Outpatients · Day surgery unit
<p align="center">North Middlesex Hospital</p>	<ul style="list-style-type: none"> · X-ray · Sickle Cell & Thalassaemia Service
<p align="center">North London Breast Screening Service</p>	<ul style="list-style-type: none"> · Mobile breast screening service
<p align="center">London Ambulance Service</p>	<ul style="list-style-type: none"> · Emergency ambulance service

THE NEW ST. ANN'S - KEY FACTS

- Opened 1892 as a Fever Hospital
- Owned by Barnet Enfield & Haringey Mental Health Trust
- Mental health services for children, adults, older people
- Other NHS Organisations provide:
 - Community services (e.g. audiology, dentistry, physiotherapy)
 - X- Ray and Sickle Cell unit
 - Eye services (including day surgery)
 - Breast screening
 - London Ambulance Station
- 20% empty
- £7.5 million per year to run (including empty buildings)

NO PLANS TO CLOSE ST. ANN'S
PLANS TO RETAIN RANGE OF NHS SERVICES
ON SITE



Barnet, Enfield and Haringey 
Mental Health NHS Trust

**The New St Ann's
Stakeholder Workshop Two
20th October 2011**

**6-9pm
Triangle Children, Young People & Intergenerational
Community Centre
91- 93 St Ann's Road Tottenham, London N15 6NU**

A G E N D A

- | | |
|--|---|
| 1. Welcome,
Summary of Workshop One
Purpose of Workshop Two | Facilitator |
| 2. Information and Question and Answer Session | Barnet Enfield and
Haringey Mental
Health Trust and
Others |
| 3. Meeting the Criteria for the New St. Ann's | Participants |
| 4. Set up a Community Reference Group | Participants |

The New St Ann's - Planning Information

St Ann's

According to the Haringey Unitary Development Plan (2006), the following redevelopment can take place at St Ann's:

'Comprehensive mixed use scheme including residential, health facilities and a school. If the site becomes surplus to health requirements, mixed use will be considered – mix to include predominantly community uses with an element of housing'.

Parts of St Ann's are also subject to policies relating Conservation Area, Ecologically Valuable Site and Green Corridor.

Notes

Conservation Area

Areas designated by the Council under the Town and Country Planning (Listed Buildings and Conservation Areas) Act 1990 as possessing special architectural or historical interest. The Council will seek to preserve and enhance the character and appearance of these areas. A narrow strip of St Ann's hospital land along St Ann's Road lies in the St Ann's Conservation Area.

Ecological corridor

Linked green spaces, not necessarily with public access and including elements such as railway embankments, rivers and open land which play a valuable role in the movement of wildlife in the urban area.

Listed Buildings

Buildings of historical or architectural importance that are on the Department of Culture, Media and the Sports statutory list. These buildings are strongly protected and can not be altered, demolished or extended without Listed Building Consent (internally or externally). There is no listed building at St Ann's.

Locally listed buildings

A building or structure of architectural or historic interest which does not qualify for inclusion in the statutory list but which in the opinion of the Local Authority make a valuable contribution to the character of the area. There are two locally listed buildings at St Ann's.

Tree Preservation Order (TPOs)

Made under the Town and Country Planning Act 1990 by the local planning authority to protect trees of importance for amenity, landscape and nature conservation. A number of trees at St Ann's have been subjected to TPOs.

Unitary Development Plan

The development plan providing the land use planning policy framework for the control of development across the entire Borough, taking into account where necessary any relevant economic, social and other considerations. UDP is being replaced by the Local Development Framework (LDF).

RESPONSES TO GRAFFITI BOARD WORKSHOP 1	
Question	Response
1. LIFT document 2002 – status?	<ul style="list-style-type: none"> ▪ LIFT stands for Local Investment Finance Trust, a scheme started by government in 2002/03. LIFTs involve a private company partnering NHS organisations to fund and build new NHS capital developments in primary care. ▪ The private company involved in the Barnet Enfield and Haringey LIFT is Elevate. It has built several local primary care centres including Hornsey Central Neighbourhood Health Centre and Lordship Lane Health Centre. ▪ Barnet, Enfield and Haringey Primary Care Trusts, have an ‘exclusivity agreement’ giving Elevate the first opportunity to develop any new health facility. Barnet Enfield and Haringey Mental Health Trust (BEHMHT) is <u>not</u> bound by this exclusivity agreement. ▪ If there is any surplus land at St Ann’s, BEHMHT would consider a number of options for development partner(s). This could be the local LIFT Company, but may not be. The development partner must be chosen through an open competitive process against transparent criteria and with patient involvement, as required by NHS guidelines. This process cannot start until <i>after</i> the decisions on the New St. Ann’s are made after public consultation that the workshops are helping to develop.
2. Where is the money coming from?	<p>Given public spending cuts, The Trust does not have access to any other sources of capital, so the development of health facilities at St Ann’s can only be funded from capital raised by selling surplus land or financed with income arising from leasing surplus land.</p>
3. What are the mental health services now?	<p>The following mental health services are currently provided by BEH MHT at St Ann’s:</p> <ul style="list-style-type: none"> ▪ Outpatients ▪ Adult acute wards ▪ Community mental health services ▪ Continuing care ward ▪ Eating Disorder beds ▪ Drug and Alcohol Advisory Service for Haringey ▪ Dementia services (including Memory Assessment, Admiral Nursing, Dementia Home Treatment Team)

RESPONSES TO GRAFFITI BOARD WORKSHOP 1					
Question	Response				
4. Move of services to Chase Farm?	<ul style="list-style-type: none"> ▪ To meet modern practice on mental health care (quote evidence) BEHMHT is looking at options for the mental health wards at St Ann’s, as we increasingly move to community-based services, such as the Recovery House we are setting up in Wood Green. People with mental health problems can stay at this House after they leave an inpatient ward but before they go home. The evidence is that this improves recovery rates. Such developments will mean that fewer mental health inpatient beds will be required. We are involving mental health service users and carers in developing options on this issue and this work is continuing. ▪ One option would be moving the 3 remaining mental health wards at St Ann’s to more modern facilities at Chase Farm Hospital so we can offer inpatients a better environment (e.g. en-suite bathrooms) without splitting clinical teams between sites. ▪ There will be public consultation and GP involvement on any service change <i>before</i> any final decisions can be made. The Haringey Overview and Scrutiny committee has been briefed on the issue. 				
5. What is the thinking around existing mental health services? Do they stay or are they to be moved? Not much is being said about these to patients.	<ul style="list-style-type: none"> ▪ In addition to the response to Q4 above, The Trust is working collaboratively with service users and carers groups to ensure that the views of mental health users and carers are sought and taken into account. 				
6. List of services who want to stay at St Ann’s?	<ul style="list-style-type: none"> ▪ it is likely to Whittington Health may propose moving Sexual Health and Child Development services to other locations in Haringey In line with best practice, subject to public consultation and GP input ▪ The Royal Free Hospital is interested in setting up a new renal care centre on the site ▪ Discussions so far, indicate that the following services are expected to stay at St Ann’s: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Mental Health Services (BEHMHT)</th> <th style="text-align: left;">Whittington Health (Community Health Services)</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> ▪ Outpatients ▪ Community mental health services ▪ Drug & Alcohol Advisory Service for Haringey ▪ Dementia services <p>Eye services (Moorfields Eye Hospital)</p> <ul style="list-style-type: none"> ▪ Outpatients ▪ Day surgery unit </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Audiology • Foot Health • Community Dentistry • Community Physiotherapy • Seating & Mobility service (Wheelchair Clinic) • Improving Access to Psychological Therapies (“Talking Therapies”) </td> </tr> </tbody> </table>	Mental Health Services (BEHMHT)	Whittington Health (Community Health Services)	<ul style="list-style-type: none"> ▪ Outpatients ▪ Community mental health services ▪ Drug & Alcohol Advisory Service for Haringey ▪ Dementia services <p>Eye services (Moorfields Eye Hospital)</p> <ul style="list-style-type: none"> ▪ Outpatients ▪ Day surgery unit 	<ul style="list-style-type: none"> • Audiology • Foot Health • Community Dentistry • Community Physiotherapy • Seating & Mobility service (Wheelchair Clinic) • Improving Access to Psychological Therapies (“Talking Therapies”)
Mental Health Services (BEHMHT)	Whittington Health (Community Health Services)				
<ul style="list-style-type: none"> ▪ Outpatients ▪ Community mental health services ▪ Drug & Alcohol Advisory Service for Haringey ▪ Dementia services <p>Eye services (Moorfields Eye Hospital)</p> <ul style="list-style-type: none"> ▪ Outpatients ▪ Day surgery unit 	<ul style="list-style-type: none"> • Audiology • Foot Health • Community Dentistry • Community Physiotherapy • Seating & Mobility service (Wheelchair Clinic) • Improving Access to Psychological Therapies (“Talking Therapies”) 				

RESPONSES TO GRAFFITI BOARD WORKSHOP 1	
Question	Response
	<p>Screening (North London Breast Screening) Permanent breast screening service</p> <p>London Ambulance Service</p> <ul style="list-style-type: none"> ▪ Emergency ambulance service <p>North Middlesex Hospital</p> <ul style="list-style-type: none"> • X-ray • Sickle Cell & Thalassaemia Service
7. Assumption that the land will be sold?	<ul style="list-style-type: none"> ▪ There is currently no other source of capital funding. The development of health facilities can only be funded from capital receipt from the sale of surplus land or income from leasing it. However, PFI (Private Finance Initiative) has been ruled out because it would be too expensive.
8. 'Ownership' is by the Trust for the public.	<ul style="list-style-type: none"> ▪ The freehold ownership of the land is held by the Trust.
9. Ownership of St Ann's hospital was transferred to BEH MHT in 2001 following an event in Central London that local people were neither informed about nor invited.	<ul style="list-style-type: none"> ▪ Responsibility for the site passed to BEH MHT from Haringey Healthcare NHS Trust in 2001 as part of the national reorganisation of the NHS.
10. How many people currently use the site annually?	<p>Note – some of these figures relate to <i>appointments</i> not individual patients. A single patient may have one or more likely several appointments.</p> <p>2010-2011 figures provided by the providers are listed below:</p> <p>Mental Health Services (BEHMHT)</p> <ul style="list-style-type: none"> ▪ 667 admissions to beds - acute, old people and eating disorder ▪ 2,461 outpatient and day services appointments ▪ 41,554 community mental health services appointments ▪ 5685 drug and alcohol advisory service for Haringey appointments ▪ 9876 older people and dementia services appointments ▪ 5859 children and adolescents mental health services appointments <p>Community Services (Whittington Health)</p>

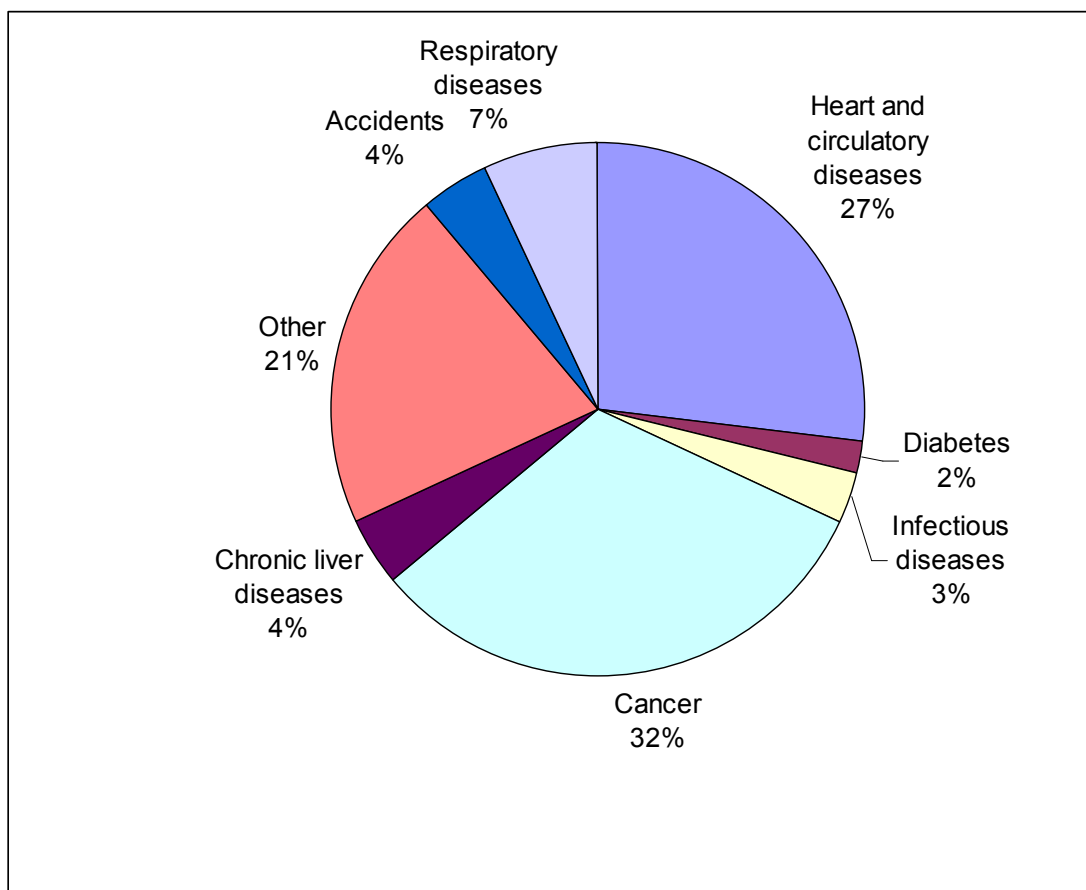
RESPONSES TO GRAFFITI BOARD WORKSHOP 1	
Question	Response
	<ul style="list-style-type: none"> ▪ 5,222 community health service users ▪ 18,684 sexual health service users ▪ 4,956 dental service appointments ▪ 8162 patient sessions and 2937 telephone improving access to psychological therapies (IAPT) sessions <p>Community Services (North Middlesex Hospital)</p> <ul style="list-style-type: none"> ▪ Just over 6,000 X-ray scans ▪ TBC – sickle cell services <p>Eye Services (Moorfields Eye Hospital)</p> <ul style="list-style-type: none"> ▪ 16,250 outpatient appointments ▪ 4,400 day surgery operations <p>North London Breast Screening Service</p> <ul style="list-style-type: none"> ▪ c.2260 breast screening appointments
11. If private housing, how 'private'?	<ul style="list-style-type: none"> ▪ St Ann's site is designated in Haringey's Unitary Development Plan (UDP) as a mixed use site. The precise land use allocations and quantities will be determined as part of the public consultation process.
12. How are current criteria developed in workshop 1 being met now?	<p><i>i) Meet needs</i> - The majority of the current buildings at St Ann's are outdated and hinder the development of modern healthcare services. Despite significant investment in recent years, it is not possible to meet modern standards, particularly for the mental health inpatients wards still at St Ann's.</p> <p><i>ii) Good practice</i> -The annual Patient Environment Action Team (PEAT) assessments review a range of patient environment issues relating to all areas of the Trust's wards and buildings, including an assessment of the privacy and dignity that a service offers its users. PEAT scores for St Ann's are 'adequate' compared to 'excellent' for Chase Farm. It is an everyday struggle to meet good practice in the current facilities. For example, patients have no access to en-suite bathrooms.</p> <p><i>iii) Quality of development</i> -The current facilities have significant limitations in terms of the patient environment and the supporting infrastructure.</p> <p><i>iv) Site should not be sold</i> -This criterion will be addressed as part of the consultation and business case development processes. However, PFI (Private Finance Initiative) has been ruled out.</p>

RESPONSES TO GRAFFITI BOARD WORKSHOP 1	
Question	Response
	<p>v) <i>Mixed use site</i> - St Ann's is currently not a mixed use site.</p> <p>vi) <i>All St Ann's proceeds for St Ann's Redevelopment</i> - This criterion will be addressed as part of the consultation and business case development processes.</p> <p>vii) <i>Health improvement</i> - There are currently mental and community health services on the site. There is no current specific site strategy for improving the wider health and wellbeing of the local population.</p> <p>viii) <i>Value for money</i> - The site is poorly utilised, with 20% of the buildings empty and more only partially used. It costs of £7.5m per year to maintain including empty buildings.</p> <p>ix) <i>Process</i> - Stakeholder engagement process has been initiated involving representatives of community, service users and carers groups, local politicians and service providers. Wider public engagement is planned from November 2011 including public consultation on the options which emerge.</p>
13. PCT moved 5 services to the Laurels without consultation.	This comment has been noted.
14. Involve mental health users in consultations.	<ul style="list-style-type: none"> ▪ The Trust is working collaboratively with service users and carers groups to ensure that the views of mental health users and carers are sought and taken into account.

SUMMARY INFORMATION ON HEALTH NEEDS

Reference 1: Towards Joint Strategic Needs Assessment in Haringey: The core dataset - August 2008 – extracts from the data provided

- **Life expectancy:** Life expectancy in Haringey (2004/06) was 76 for males (1.3 years lower than England) and 82.1 for females (0.6 years higher than England),.
- **Major causes of premature deaths in Haringey:**



- **Infant mortality rates:** high in Haringey (7.2 per 1000 live births 2004/06), the highest in London
- **Low birth weight:** 8.2% of births in Haringey in Haringey in 2004/-06 were low birth weight compared to 6.7% in London and 6.4% in England
- **Cancer:** the leading cause of premature mortality (deaths in residents under 75 years) in Haringey in 2004/06 (32% of all deaths). Lung cancer was the most common cause of death from cancer in Haringey (1996-2005), followed by breast cancer, colorectal cancer, prostate cancer and bladder cancer.
- **Circulatory Diseases** are one of the major causes of hospitalisation and death in Haringey and nationally:
 - **Coronary heart disease (CHD):** 1.9% of people registered with a GP in Haringey were reported to have coronary heart disease (2005/06), compared with 3.6% in England and 2.3% London).
 - **Hypertension** (high blood pressure) in Haringey is estimated at 20.1%, which is slightly lower than that predicted for England (23.8%).
 - **Stroke** deaths from in Haringey under 75s are 50% higher than expected for England (2004/06),

- **Diabetes:** 3.5% of people registered with a GP were reported to have diabetes, compared with 3.6% in both England and London. Estimates suggest that the prevalence of diabetes in Haringey is actually closer to 4.4% (3.6% in males and 5.2% in females).
- **Tuberculosis:** in 2006 there were 68.8 TB notifications per 100,000 population in Haringey, compared with 44.7 in London.
- **Long-term lung disease:** in Haringey GP registrations for chronic obstructive pulmonary disease (long-term lung disease) at 0.7% were lower than England (1.4%) and London (0.9%) 2004/05)
- **Mental ill health:** is one of the leading causes of non-fatal burden of disease and injury in the UK.
 - Another possible indicator of severe mental ill health is the suicide rate. Analysis of suicides in Haringey between 2001 and 2004 show that an average of 35 Haringey residents commit suicide each year, which is approximately 50% higher than the national average. Around three-quarters of people who committed suicide in Haringey had no contact with mental health services in the previous 12 months.
 - Housing and homelessness is an important determinant of mental health. Higher prevalence of mental illness has been found in homeless people or in people in insecure accommodation. Haringey has one of the highest rates of people living in temporary accommodation in the country.
 - For Haringey children, it is estimated that 1579 5-15 year olds have conduct disorders, 1281 have emotional disorders and 1132 suffer from anxiety.
- **Musculoskeletal condition:** 16.1% of people who require incapacity benefit and severe disablement allowance (IB/SDA) in Haringey do so because of a musculoskeletal condition.

Reference 2: NHS Haringey Strategic Plan 2009-2014

Health inequalities in Haringey are apparent with the most deprived areas tending to experience the poorest health. High-level health needs are summarised below (NHS Haringey Strategic Plan 2009-2014):

- There is significant variation in life expectancy between wards. 2001/05 figures show male life expectancy ranging from 71 in Tottenham Green to 78.2 in Alexandra ward and female from 77 in White Hart Lane to 82.9 in Crouch End.
- The main killers are cancers and cardiovascular disease accounting for 60% of deaths in the under 75s and a continuing east/west divide.
- The highest levels of cancer occur in the west
- Rates of stroke and diabetes are higher in Haringey than nationally.
- Hypertension affects a large proportion of older people, eg 8.4% of the population in the west compared with 12.4% in north east neighbourhood.
- The highest levels of registered pulmonary heart disease, heart failure and chronic obstructive pulmonary disease are found in central Haringey.
- The highest levels for chronic kidney disease, smoking, dementia and stroke are found in the north east.
- By 2025, it is predicted that 18,126 of Haringey residents aged 65+ will be living with a limiting long term illness, approximately 75% of the 65+ population.
- Higher levels of overweight and obesity occur in the east; levels of overweight and obesity are higher in boys than girls.
- The east has higher rates of hospital admission for mental health needs.

INFORMATION ON GOOD PRACTICE FROM ELSEWHERE**Case study 1: St Mary's Community Health Campus (Portsmouth)***Old St Mary's**Artist impression of the New St Mary's***Background**

This involved the redevelopment of the former maternity and paediatric blocks which became vacant when the Portsmouth Hospital consolidated its services on a new location. Vision is:

- hub of a whole range of local health services and treatments,
- base for community staff, enabling them to offer treatments at home

The project cost of £20m was funded by NHS Capital. The redevelopment will be completed in early 2012.

Planned services

- Diagnostics
- Rehabilitation services, including for stroke
- Intermediate care services
- Assessment and treatment day care for older people
- Outpatient clinics (40,000 annual attendances)
- Integrated physiotherapy, occupational therapy, speech and language therapy
- Podiatry
- Chronic pain service
- Long term conditions management
- Healthy Living Centre
- Base for a mobile breast screening van covering Portsmouth City

Other facilities

- Café for staff, visitors, and patients
- League of Friends shop
- Health information hubs
- Pharmacy

Key lessons

- Good timely communication
- Involve stakeholders in the planning and design phases
- Manage expectations

Finchley Memorial Hospital



Old buildings



Artist impression of new facilities

Background

Finchley Memorial Hospital is over 100 years old and much of the existing building structure is unable to meet the future expectations of its patients, staff and community. Redevelopment needed to enable delivering a better healthcare service to the local community through a purpose built modern healthcare facility that provides flexibility to meet the changing healthcare needs of the local population.

Construction of the £28m health facility began in October 2010 through the LIFT (Local Investment Finance Trust) model and the new hospital will open in late 2012.

Planned Services

- Centre for patients with neuro-degenerative diseases
- Intermediate care beds and specialist rehabilitation services (includes stroke rehabilitation)
- Walk-in centre with extended opening times and services
- Therapy services including physiotherapy, occupational therapy and podiatry
- Primary care services including GP services
- Outpatient services
- Integrated social services
- Community pharmacy services
- Renal dialysis
- Diagnostic and clinical support services
- Community and voluntary group services and access to health and wellbeing advice.
- Pharmacy

Other facilities

- Therapy and ward gardens
- Fitness and sports areas

Key lessons

- 'Health campus' - a fully integrated site of healthy activity, shared resources and community involvement.

Edgware Community Hospital

Background

The major re-development of Edgware Community Hospital resulted in local people having access to a wide range of services, provided from modern, purpose built facilities.

The £24m redevelopment was funded through NHS Capital. The new hospital opened some 7 years ago.

New and retained services

- Advice and Information Centre
- Birth Centre
- Breast Screening Unit
- Child and Adolescent Mental Health Service
- Children's Outpatient Department
- Day Hospital
- Day Surgery Unit
- Dental Access Centre
- Intermediate Care Ward
- Mental Health Services for Older People
- Outpatient Department
- Pharmacy Department
- Phlebotomy Service
- Therapies Centre
- Ultrasound and X-ray Department
- Walk-in Centre

Other facilities

- An Education and Information centre for health professionals, local community groups and members of the public
- Restaurant

Key lessons

- Stakeholder engagement.

HOW THE FINANCE WORKS IN THE NHS

HM Treasury sets the expenditure for the Department of Health, as part of its Comprehensive Spending Review. The period of the current Review is 2008-2011

The Treasury also sets limits for Department of Health revenue expenditure (day-to-day items such as salaries and running costs) and capital expenditure (typically for purchasing large items which have a usable life of over one year, such as buildings and equipment)

Currently the Department of Health provides funding directly to local health bodies known as PCTs. PCT spending accounts for around 90 per cent of NHS expenditure.

The Department of Health allocates revenue funding to PCTs according to a weighted capitation formula. The aim is for PCTs to be able to commission similar levels of health services for populations in similar need.

Currently PCTs are responsible for leading their local health economies. Their primary function is to commission healthcare for their local population. This can be from NHS trusts, Foundation Trusts themselves (or other PCTs) or from the independent sector.

Commissioning requires PCTs to consider their priorities and how to deliver more and better quality services within their financial allocation, resulting in improved health outcomes for patients.

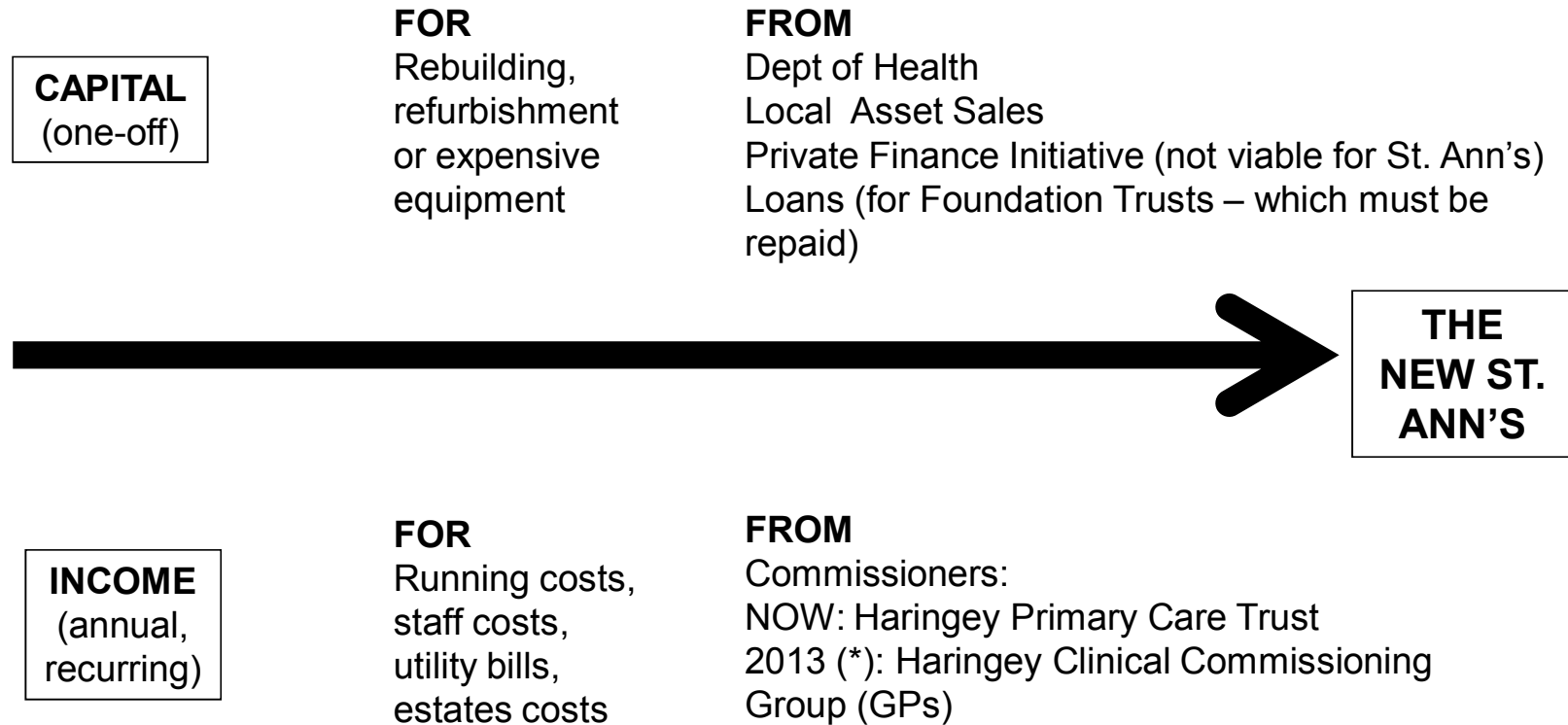
Under reforms currently planned and being debated in Parliament, PCTs will be replaced by Clinical Commissioning Groups of a similar or smaller size, which will receive funding from government and use it to commission most services locally, working to a set out aims set by government. The Groups will be made up of GPs and other professionals.

The NHS is increasingly moving towards standard costs, or tariffs, for each type of service or procedure that patients have, rather than leaving sums paid for services or procedures to services provider down to local negotiation.

For capital funds, NHS trusts and Foundation Trusts are expected to use internal sources of funds (such as proceeds from asset sales) and loans to fund capital schemes. Any borrowing is subject to limits.

For very large projects, NHS trusts and Foundation Trusts may consider financing them via a private financing initiative contract with the private sector.

Barnet Enfield & Haringey Mental Health Trust
Needs Capital and Income for The New St. Ann's



(*) subject to parliamentary approval

NB. Capital cannot be used to supplement income or pay off deficits

APPENDIX D PACK AND TABLED DOCUMENTS WORKSHOP 2

New Build Typical Space Requirements and Estimated Costs - Option 1 (Including General Hospital)				
Theme	Services	Typical space Requirements (sq. m)	Typical Unit Cost/sq.m (£)	Typical Total Cost (£)
General Hospital				
	A&E and minimum range of services	10,000	3,500	35,000,000
Mental Health				
	In-patient beds (100)	2,500	3,500	8,750,000
	Elderly care beds (100)	3,000	3,500	10,500,000
	Community mental health services	5,000	3,500	17,500,000
Community Health				
	Audiology	250	3,500	875,000
	Community dentistry	250	3,500	875,000
	Foot health	150	3,500	525,000
	IAPT	200	3,500	700,000
	Community physiotherapy	400	3,500	1,400,000
	Seating & mobility service	150	3,500	525,000
	Speech and therapy	150	3,500	525,000
	Diabetic services	150	3,500	525,000
Hospital Services				
	X-rays	400	3,500	1,400,000
	Sickle cells	300	3,500	1,050,000
	Eye services	1,250	3,500	4,375,000
	Ear, nose and throat	490	3,500	1,715,000
	Birth centre	3,000	3,500	10,500,000
	Minor injury unit	1,000	3,500	3,500,000
	Heart, liver, lung and throat	2,000	3,500	7,000,000
	Renal care centre	1,000	3,500	3,500,000
	Alternative medical treatment	400	2,000	800,000
	Breast screening	100	3,500	350,000
Primary care				
	GP services	1,500	3,500	5,250,000
Other Facilities				
	Pharmacy	200	3,500	700,000
	Restaurant	400	2,000	800,000
	Fitness centre	100	2,000	200,000
	voluntary sector premises	300	2,000	600,000
Total				119,440,000

APPENDIX D PACK AND TABLED DOCUMENTS WORKSHOP 2

New Build Typical Space Requirements and Costs - Option 2 (Including Community Hospital)				
Theme	Services	Typical space Requirements (sq m)	Typical Unit Cost/sq m (£)	Typical Total Cost (£)
General Hospital				
	A&E and minimum range of services	0	3,500	0
Mental Health				
	In-patient beds (100)	2,500	3,500	8,750,000
	Elderly care beds (100)	3,000	3,500	10,500,000
	Community mental health services	5,000	3,500	17,500,000
Community Health				
	Audiology	250	3,500	875,000
	Community dentistry	250	3,500	875,000
	Foot health	150	3,500	525,000
	IAPT	200	3,500	700,000
	Community physiotherapy	400	3,500	1,400,000
	Seating & mobility service	150	3,500	525,000
	Speech and therapy	150	3,500	525,000
	Diabetic services	150	3,500	525,000
Hospital Services				
	X-rays	400	3,500	1,400,000
	Sickle cells	300	3,500	1,050,000
	Eye services	1,250	3,500	4,375,000
	Ear, nose and throat	0	3,500	0
	Birth centre	3,000	3,500	10,500,000
	Minor injury unit	1,000	3,500	3,500,000
	Heart, liver, lung and throat	2,000	3,500	7,000,000
	Renal care centre	1,000	3,500	3,500,000
	Alternative medical treatment	0	2,000	0
	Breast screening	100	3,500	350,000
Primary care				
	GP services	0	3,500	0
Other Facilities				
	Pharmacy	200	3,500	700,000
	Restaurant	400	2,000	800,000
	Fitness centre	100	2,000	200,000
	voluntary sector premises	300	2,000	600,000
Total				76,675,000

APPENDIX D PACK AND TABLED DOCUMENTS WORKSHOP 2

New Build Typical Space Requirements and Costs - Option 3 (Including Community Health Campus)				
Theme	Services	Typical space Requirements (sq. m)	Typical Unit Cost/sq. m (£)	Typical Total Cost (£)
General Hospital				
	A&E and minimum range of services	0	3,500	0
Mental Health				
	In-patient beds (100)	0	3,500	0
	Elderly care beds (100)	0	3,500	0
	Community mental health services	5,000	3,500	17,500,000
Community Health				
	Audiology	250	3,500	875,000
	Community dentistry	250	3,500	875,000
	Foot health	150	3,500	525,000
	IAPT	200	3,500	700,000
	Community physiotherapy	400	3,500	1,400,000
	Seating & mobility service	150	3,500	525,000
	Speech and therapy	150	3,500	525,000
	Diabetic services	150	3,500	525,000
Hospital Services				
	X-rays	400	3,500	1,400,000
	Sickle cells	300	3,500	1,050,000
	Eye services	1,250	3,500	4,375,000
	Ear, nose and throat	0	3,500	0
	Birth centre	0	3,500	0
	Minor injury unit	0	3,500	0
	Heart, liver, lung and throat	0	3,500	0
	Renal care centre	1,000	3,500	3,500,000
	Alternative medical treatment	0	2,000	0
	Breast screening	100	3,500	350,000
Primary care				
	GP services	0	3,500	0
Other Facilities				
	Pharmacy	200	3,500	700,000
	Restaurant	400	2,000	800,000
	Fitness centre	100	2,000	200,000
	voluntary sector premises	300	2,000	600,000
Total				36,425,000

APPENDIX E IDEAS FOR SERVICES AND FACILITIES WORKSHOP 1

TABLE 5 GROUP A SERVICES AND FACILITIES

THEME	IDEAS
BETTER MENTAL HEALTH SERVICES	<ul style="list-style-type: none"> ▪ Removal of prison bars - less stigma
DEVELOP SERVICES	<ul style="list-style-type: none"> ▪ Minor Injury Unit ▪ Moorfields ▪ Comprehensive outpatients departments
EQUAL ACCESS FOR DISABLED WOMEN TO SCREENING	<ul style="list-style-type: none"> ▪ Breast screening ▪ Equal access to breast screening
FORWARD THINKING PRIMARY CARE SERVICES	<ul style="list-style-type: none"> ▪ Primary care ▪ GPs and a general health centre ▪ Primary care mental health hub ▪ <u>1st class primary care</u> incorporating many different services, which together make a comprehensive health centre
SPECIFIC SERVICES FOR MEN	<ul style="list-style-type: none"> ▪ Easy access 'drop in' health screening for men
WELL MANAGED AND EFFICIENT SERVICES (NO AUTO ANSWERS)	<ul style="list-style-type: none"> ▪ Reception that does not close for an hour at lunchtime ▪ Easy appointments and access to services
WELLNESS	<ul style="list-style-type: none"> ▪ Alternative medical treatments availability ▪ Under 'health' - monthly sessions where medical and non-medical people can learn from each other - discussions about health etc. ▪ Under 'wellbeing' - exercise, dance, music groups for people who use ST. Ann's and people in the area ▪ If there is a mixed use site - decent high quality social housing, given that housing impacts on health outcomes

APPENDIX E IDEAS FOR SERVICES AND FACILITIES WORKSHOP 1

TABLE 5 GROUP B SERVICES AND FACILITIES

THEME	IDEAS
GREEN SPACE	<ul style="list-style-type: none"> ▪ Keeping green spaces available for patients and public (as existing) ▪ Green space ▪ Allotments
JOINED UP SERVICES	<ul style="list-style-type: none"> ▪ NHS local authority and voluntary services linked/providing joined up services
LOCAL SERVICES FOR LOCAL PEOPLE	<ul style="list-style-type: none"> ▪ Mental health facilities matching Barnet and Enfield (repatriation)
MENTAL HEALTH	<ul style="list-style-type: none"> ▪ Inpatient acute mental health wards delivering high quality healthcare ▪ Full mental health service ▪ Modern facilities for acute service - wards, day therapies, psychological therapies etc. ▪ Having facilities for daytime activities - sport, art, music etc. available for inpatients and community
PREVENTION AND WELL-BEING	<ul style="list-style-type: none"> ▪ Green space ▪ Emotional wellbeing support (helping people feel better about themselves) ▪ Cardiovascular testing and counselling
RANGE OF COMMUNITY SERVICES	<ul style="list-style-type: none"> ▪ Full community services ▪ Diabetic information and advice
THIRD SECTOR HUB	<ul style="list-style-type: none"> ▪ Facilities for voluntary sector, charities and social enterprises ▪ Mental health service user-led organisations having enough space to support other service users ▪ Community 'café plus'

APPENDIX E IDEAS FOR SERVICES AND FACILITIES WORKSHOP 1

TABLE 5 GROUP C SERVICES AND FACILITIES

THEME	IDEAS
A & E	<ul style="list-style-type: none"> ▪ A & E ▪ To have an A & E department or a walk-in service ▪ A & E ▪ A & E surgical wards ▪ General hospital or at least A & E in attractive grounds ▪ Accidents and Emergency, up to date scanners
HEALTHY LIVING SERVICES	<ul style="list-style-type: none"> ▪ Public transport enhancement ▪ Station on North London line by hospital and more bus routes ▪ Whatever results in the employment of local people in meaningful occupations and jobs ▪ Another efficient health centre like The Laurels only to accommodate more services should any rebuilding on site occur ▪ Allotments/food growing as part of mental health recovery ▪ Growing, cooking, eating together for health and community health ▪ Allotments ▪ City farm
LOCAL CONTROL	<ul style="list-style-type: none"> ▪ <u>Services controlled</u> by local residents
MINOR INJURIES	<ul style="list-style-type: none"> ▪ Walk-in clinic ▪ 24 hours maternity service ▪ Minor injuries unit and wide range of health checks and healthcare services ▪ Minor injuries clinic
RANGE OF HEALTH SERVICES	<ul style="list-style-type: none"> ▪ Birth Centre ▪ Drop-in crisis centre ▪ Specialist therapy i.e. music, dance, art ▪ Orthopaedics ▪ Ear, nose and throat ▪ Wide range of diagnostic services on site ▪ Smaller number of higher quality acute/respite mental health wards ▪ Heart, liver, lung, throat, kidney ▪ Dental services ▪ Speech and therapy ▪ More specialist unit e.g. cardiology

APPENDIX E IDEAS FOR SERVICES AND FACILITIES WORKSHOP 1

TABLE 5 GROUP C SERVICES AND FACILITIES

THEME	IDEAS
	<ul style="list-style-type: none"> ▪ MRI scanner(s) ▪ Sexual health clinic for young people and adults ▪ Men's clinics ▪ Another efficient health centre like The Laurels only to accommodate more services, should any rebuilding occur
WELL INTEGRATED SERVICES	<ul style="list-style-type: none"> ▪ The local services already meeting the emotional, psychological and wellbeing needs of the community. Will the health authorities respect the Compact and accommodate working local services ▪ Beacon centre for integrated public service/voluntary sector mental health provision for local young people ▪ Integrated primary and secondary care ▪ Consortium of local services sharing their specialised cultural needs - important to have needs-led preventative services

TABLE 6 GROUP A USE OF LAND	
THEME	IDEAS
COMMUNITY USE GREEN SPACE	<ul style="list-style-type: none"> ▪ Allotments/gardens for wellness ▪ Wildlife refuge ▪ Community garden ▪ If redevelopment means redevelopment of health services. Then: space should be left with trees and gardens for local people to enjoy ▪ Green space to be maximised
SOCIAL HOUSING	<ul style="list-style-type: none"> ▪ Mixed quality housing, social, shared ownership and private to fund health improvements ▪ Attractive social housing ▪ Social housing and open spaces ▪ Social housing and open spaces ▪ High quality social housing with gardens
TRANSPORT	<ul style="list-style-type: none"> ▪ Public transport on site (e.g. W5 re route onto site)

TABLE 6 GROUP B USE OF LAND	
THEME	IDEAS
ACCESSIBLE GREEN SPACE	<ul style="list-style-type: none"> ▪ Green space (open) not <u>surplus</u> but part of redevelopment ▪ Green space, trees, wildlife etc. ▪ Allotments ▪ Recreational landscaping for the public
INFORMATION	<ul style="list-style-type: none"> ▪ Not for housing - might have too high density ▪ Type and quality of housing (tenure, density, size of unit) ▪ Need more information re details of development (more info about the site now) ▪ How much surplus land is at issue ▪ Does redevelopment depend on money coming from land sale? ▪ Need more information - cost of development, details of development, space needed by development ▪ Meaning of 'redevelopment?'
NO SURPLUS LAND	<ul style="list-style-type: none"> ▪ Good planning should not result in surplus land (health services) ▪ There should not be any surplus land if the site is well planned (flat-packed furniture) ▪ "surplus" after needs are met ▪ Use all surplus land as ecologically sound accessible green space (Council wants to be greenest borough)
SERVICES	<ul style="list-style-type: none"> ▪ Spare space - include a youth centre
USE OF PROCEEDS	<ul style="list-style-type: none"> ▪ "IF" - to put <u>all</u> the money into the <u>quality</u> of the redevelopment (where Haringey usually gets under funded) by selling surplus at best value ▪ "Redevelopment" after a quality service

TABLE 6 GROUP C USE OF LAND	
THEME	IDEAS
BENEFIT OF PATIENTS	<ul style="list-style-type: none"> ▪ Development needs to remain for the new generations ▪ LAND must stay so that in future it could be used for the benefit of patients ▪ Gardens around the hospital for patients to relax & get fresh air & exercise
COMMUNITY USE/BENEFITS	<ul style="list-style-type: none"> ▪ Left over must be given to locals to use for collective needs ▪ The water tower as a community project/space ▪ Allotments & high quality green areas ▪ City farm ▪ Allotments ▪ Wildlife haven ▪ Young people's organisations
GOOD RESIDENTIAL DEVELOPMENT	<ul style="list-style-type: none"> ▪ To build high quality <u>family</u> housing ▪ Hostels for homeless young people first step ▪ Mixed tenure conversion project ▪ Some nice private housing & some social housing ▪ Think about long term sustainable solutions e.g. council housing, key worker housing ▪ Mixed tenure - social and high value housing
HEALTH SERVICES	<ul style="list-style-type: none"> ▪ Independent health services ▪ All the site must be kept for health services - selling it off is short sighted. We may need space for other services in the future as the population grows
HOUSING FOR STAFF	<ul style="list-style-type: none"> ▪ Residence for hospital staff ▪ Houses for staff
"IF"	<ul style="list-style-type: none"> ▪ I don't like the "if". The 29 acres of land - how much will be used for services lease or sold for home?
NO HOUSING	<ul style="list-style-type: none"> ▪ Definitely not for housing ▪ No housing
NO SURPLUS LAND	<ul style="list-style-type: none"> ▪ There is no excuse for surplus land at St. Ann's ▪ What evidence exists for surplus land at St. Ann's? ▪ There is no surplus land - Green space around buildings is an important contributor to health & well-being ▪ If the site is used and managed for the long term, there would be no surplus