

**LOCAL DEVELOPMENT
FRAMEWORK**

**Social
Infrastructure
Framework
Working Paper**

Draft Version 6.0 – December 2008

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1 Introduction

Context

- 1.1 Lewisham is an inner London Borough covering an area of 34.7 square kilometres (or 14 square miles) of south east London. It stretches from the River Thames at Deptford and Convoys Wharf in the north to the suburban centres of Sydenham, Downham and Grove Park in the south. It occupies a key strategic position in south-east London on the ancient routes between London and the ports on the Kent and Sussex coast.
- 1.2 The Council is part of the Lewisham Strategic Partnership (LSP)¹ which has developed a Community Strategy and a Neighbourhood Renewal Strategy aimed at enhancing the quality of life of local residents, based on the needs and aspirations of Lewisham's citizens. The successful implementation of these strategies is vital in the borough achieving its vision that:
- 'Together we will make Lewisham the best place in London to live, work and learn'***
- 1.3 Also key to delivering the vision is the Local Development Framework (LDF). The LDF is a collection of planning documents that provide the planning strategies, policies and proposals for the borough.
- 1.4 The principal document of the LDF, The Lewisham Core Strategy will address land use and development issues as well as broader issues which influence the nature of places and how they function. The Lewisham Core Strategy will cover a period of 15 years from 2010 (expected date of adoption) to 2025.
- 1.5 An initial Social Infrastructure Framework (SIF) study has been undertaken to provide part of the evidence base for the preparation of The Lewisham Core Strategy and other Local Development Documents. Since starting work on the study, the Government has issued revised guidance on Local Spatial Planning, Planning Policy Statement (PPS) 12 (May 2008), which emphasises the need for local planning authorities to work with other delivery agencies to plan for the social infrastructure needed to sustain their area. The study incorporates an audit of existing facilities has proved to be a helpful vehicle for engaging with people in other Council departments and other agencies and for building mutual understanding and trust.
- 1.6 Planning officers recognise that the service providers know best in terms of the delivery of their services, but that they need to be informed by a common vision and set of assumptions about future growth. The SIF Model is a rather crude tool for modelling the likely needs for social infrastructure in the borough and it may well be that there are more accurate and robust predictions that can be made, particularly over the short and medium terms (to 2012 and 2017). However, it is a start, and this report documents the journey so far and lays the foundations for closer joint working in the future.

¹ The Lewisham Strategic Partnership brings together 20 representatives from the public, private, voluntary and community sectors to promote and sustain joint working to secure meaningful ways of engaging the community at all levels, both in terms of setting strategy and delivering modern effective local services.

Social Infrastructure

- 1.7 Planning Policy Statement 12 (4.8) refers to the need for core strategies to be supported by evidence of what physical, social and green infrastructure is needed to enable the amount of development proposed for the area. Whilst PPS12 does not define these terms, 4.29 refers to the need to consult with 'social infrastructure delivery agencies' (local education department, social services, primary care trust, acute hospital trusts, strategic health authority, the Police, charities/NGOs).
- 1.8 For these purposes, social infrastructure has been defined using the London Thames Gateway Social Infrastructure Framework (LTGSIF) Model and taken to comprise:
- Education
 - Health and Social Care – Primary Care
 - Health and Social Care – Acute and Mental Healthcare
 - Leisure Recreation
 - Community Facilities
 - Open Spaces
 - Emergency Services
- 1.9 Further details are set out under Methodology below. It should be noted that only public funded and delivered services have been assessed and no attempt has been made to take into account privately funded and delivered services (e.g. private schools and private health care).

Purpose and Status

- 1.10 The anticipated increase in housing and subsequent growth in residential population as described under the London Borough of Lewisham below could potentially result in increased stress on the existing services and infrastructure.
- 1.11 This has led to the requirement for a Social Infrastructure Framework (SIF) designed to:
- Assist in the development of sustainable communities in the London Borough of Lewisham by informing the Core Strategy and other Development Plan Documents and assisting the development management process
 - Inform relevant partners of social infrastructure requirements associated with planned housing development and population growth
 - Create a corporate community of stakeholders within the borough to ensure consideration of social infrastructure in future development, planning and policy
 - Help identify the possible need for financial contributions associated with individual planning applications and provide a platform for preparing the proposed Planning Obligations SPD and a possible Community Infrastructure Levy (CIL) charging schedule (see Planning Policy below).

- 1.12 This document is a Working Paper which reports the findings of a discrete piece of work based on the outputs of a model devised for the Thames Gateway as a whole. It sets out the local planning authority's understanding of the situation as of December 2008 and is a building block towards developing a sound SIF.
- 1.13 This Working Paper forms part of the evidence base for the LDF, although it is expected to be superseded by a more refined and robust analysis during the first half of 2009. Once finalised, the SIF will sit alongside an assessment of physical infrastructure (transport, utilities etc.) and green infrastructure (e.g. open space).

The Borough of Lewisham - General

- 1.14 Lewisham is primarily a residential borough, ranging from low density suburbs to high density neighbourhoods. The borough has large areas of green spaces, with local centres following the pattern of earlier settlements and old village centres. It has a rich ethnic and culturally diverse community but is also rated as the 39th most deprived local authority in the country as recorded in the 2007 Indices of Multiple Deprivation. The borough can be characterised as a residential place where people choose to live, but a significant number commute to work in other parts of London.
- 1.15 According to the 2001 census, 248,922 people live in Lewisham. The 2005 Mid Year Estimates prepared by the Greater London Authority (GLA) project a growth to 257,180 by 2005. It is expected that this figure will increase to approximately 281,945 by 2016.
- 1.16 The borough has a relatively young age structure with relatively fewer people over the age of 40. In 2001, 21% of the borough's population was under the age of 16, which is the second largest child population of all inner London boroughs. It is projected that the proportion of people aged 16 to 24 will rise by 21% by the year 2016.
- 1.17 The borough benefits from a highly diverse population both ethnically and culturally. At the time of the 2001 Census, BME households in Lewisham made up 39% of the total households. This included 9.5% of households who were White, but not White-British, and a further 29.5% defined as Non-White households. The 2007 household survey indicated that BME households had risen to 49.4% of all households, with 11.4% being White, but not White British and 38% being Non-White. The growth in the BME households has occurred across all ethnic groups in Lewisham.
- 1.18 Average weekly full time earnings in Lewisham in 2005 were £521.40 as compared to the London average of £555.80 (Office for National Statistics - Annual Survey of Hours and Earnings 2005).
- 1.19 The Lewisham economy is a relatively small economy by London standards. In the 2001 Competitiveness Audit it ranked 30 out of 33 in terms of size of economy amongst the London boroughs and was the smallest when measured against its immediate inner London and South London neighbours (Lewisham Economic Development Business Plan 2004). Significant growth occurred in the 1990s as measured by the increase in numbers of businesses, with many of the new additions coming in the business services sector.

1.20 The borough's economy has undergone substantial change over the last twenty years and in the process has lost the majority of its major private sector companies. Retail chains, smaller retailers and a range of businesses in the business services sector have largely taken over as the source of private sector employment operating in the borough. The public sector is playing an increasingly important part as the dominant employer. In 2004 the workforce in Lewisham numbered 64,700. The largest sector was public/education and health services (23,762), the second largest was distribution/hotels and restaurants (13,679), followed by banking and finance (12,822) (Annual Business Inquiry: December 2004).

As yet relatively small, but potentially important for the future economy of Lewisham is the growing cluster of creative sector enterprises mainly centred on the Deptford and New Cross area and Forest Hill.

Planning Policy

1.21 National guidance in the form of Planning Policy Guidance notes (PPGs), Planning Policy Statements (PPSs) and other documents contain references to the need for consideration of infrastructure in local planning. The London Plan (which form part of the 'development plan' for Lewisham) also includes relevant policies. The key guidance and policies can be summarised as follows:

1.22 **Planning Policy Statement 1 : Delivering Sustainable Development (2005)**

In the section Planning for Sustainable Development – Paragraph 16:

“Development plans should promote development that creates socially inclusive communities, including suitable mixes of housing. Plan policies should:

- address accessibility (both in terms of location and physical access) for all members of the community to jobs, health, housing, education, shops, leisure and community facilities;”

1.23 **Planning Policy Statement 12 : Local Spatial Planning (2008)**

In the section 4.0 The Core Strategy – Paragraph 4.8:

“The core strategy should be supported by evidence of what physical and social infrastructure is needed to enable the amount of development proposed for the area, taking account of its type and distribution. This evidence should cover who will provide the infrastructure and when it will be provided. The core strategy should draw on and in parallel influence any strategies and investment plans of the local authority and other organisations.”

1.24 **Sustainable Communities: Building for the Future (ODPM - 2003)**

In the section Why “sustainable communities”? – Page 5:

“The way our communities develop, economically, socially and environmentally, must respect the needs of future generations as well as succeeding now. This is the key to lasting, rather than temporary, solutions; to creating communities that can stand on their own feet and adapt to the changing demands of modern life. Places where people want to live and will continue to want to live.”

1.25 **The Community Infrastructure Levy (DCLG – 2008)**

This provides guidance on the proposed Community Infrastructure Levy (CIL), a new charge which local authorities will be empowered, but not required, to charge on most types of development in their area. This refers to the requirements in PPS12 and the likelihood that a ‘charging schedule’ (setting out the level of contribution required) will be a new type of document within the LDF.

1.26 **The London Plan – Spatial Development strategy for Greater London – Consolidated with Alterations since 2004**

Policy 3A.18 Protection and enhancement of social infrastructure and community facilities

“Policies in DPDs should assess the need for social infrastructure and community facilities in their area, and ensure that they are capable of being met wherever possible. Adequate provision for these facilities is particularly important in major areas of new development and regeneration.”

“Policies should seek to ensure that appropriate facilities are provided within easy reach by walking and public transport of the population that use them. The net loss of such facilities must be resisted and increased provision be sought, both to deal with the increased population and to meet existing deficiencies.”

Policy 3D.11 Open space provision in DPDs

“In addition to the policy in 3D.8, DPD policies should:

- Identify and support Regional and Metropolitan Park opportunities*
- Identify broad areas of public open space deficiency and priorities for addressing them on the basis of audits carried out as part of an open space strategy, and using the open space hierarchy set out in Table 3D.1 as a starting point*
- Ensure that future open space needs are considered in planning policies for Opportunity Areas and other areas of growth and change in their area*
- Encourage functional and physical linkages within the network of open spaces and to the wider public realm, improve accessibility for all throughout the network and create new links based on local and strategic need*
- Identify, promote and protect Green Corridors and Green Chains and include appropriate designations and policies for the protection of local open spaces that are of value, or have potential to be of value, to local communities.*

The Mayor will assist in co-ordinating this process across borough boundaries.”

Policy 3D.13 Children and young people's play and informal recreation strategies

“The Mayor will and boroughs and other partners should ensure that all children have safe access to good quality, well-designed, secure and stimulating play and informal recreation provision. Boroughs should produce strategies on play and informal recreation to improve access and opportunity for all children and young people in their area.

Boroughs should undertake audits of existing play and informal recreation provision and assessments of need in their areas, considering the qualitative, quantitative and accessibility elements of play and informal recreation facilities.

The Mayor will and boroughs should ensure developments that include housing make provision for play and informal recreation, based on the expected child population generated by the scheme and an assessment of future needs.”

Methodology

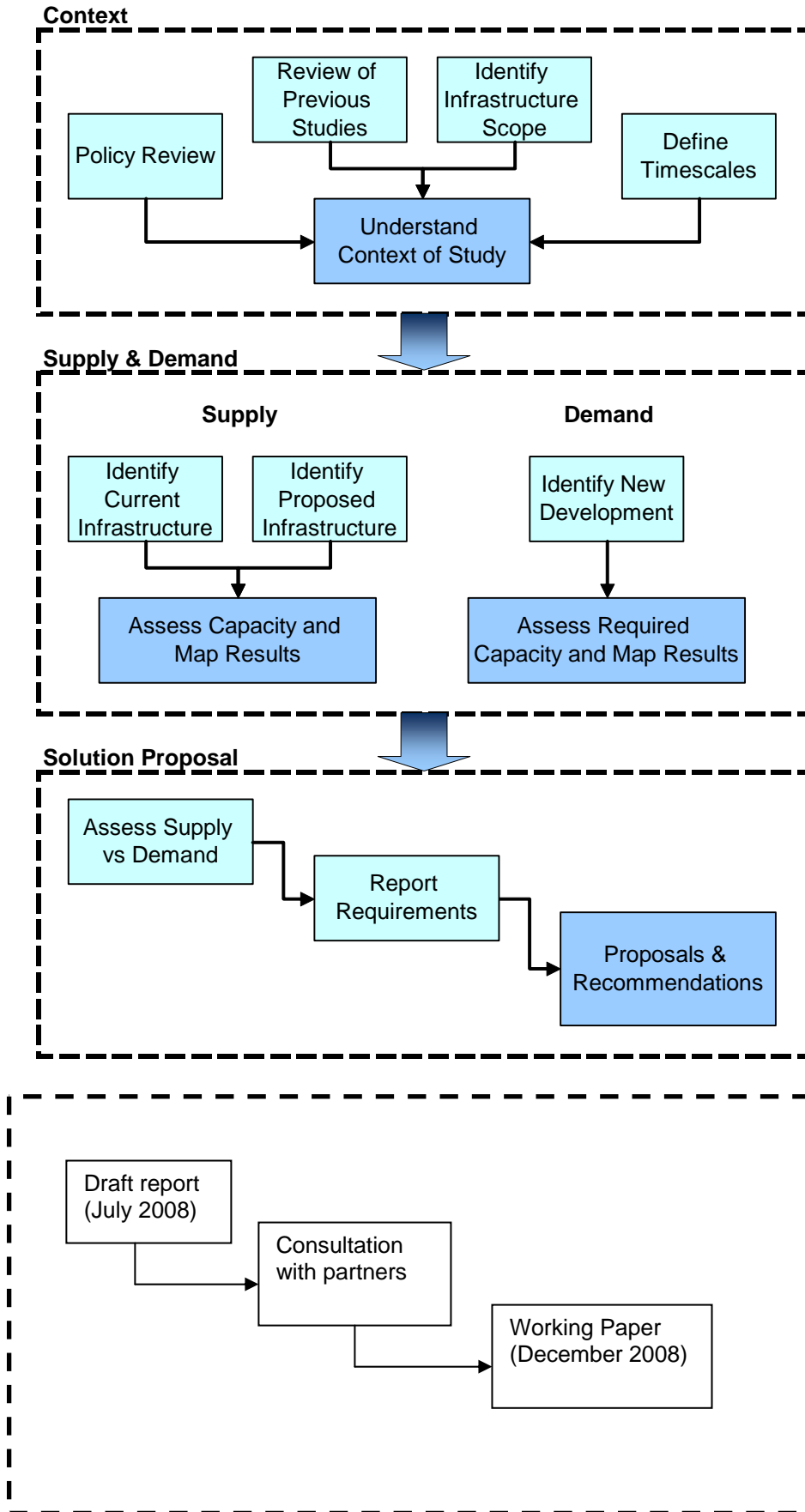
- 1.27 The study area encompasses the London borough of Lewisham for existing, proposed and required facilities. No consideration has been made for cross boundary movement to adjoining boroughs unless clearly stated.
- 1.28 As outlined under Social Infrastructure above, the range of services included within the study has been aligned to the London Thames Gateway Social Infrastructure Framework (LTGSIF) Model – version 2, which has been utilised to generate forecast infrastructure requirements. Table 1.1 details the included services.

Table 1.1

Service	Type
Education	Nursery Facilities
	Primary Schools
	Secondary Schools
Health & Social Care – Primary Care	General Practitioners
	Primary Healthcare Facility Floorspace – Basic
	Primary Healthcare Facility Floorspace – Primary Care Centre
	Primary Healthcare Facility Floorspace – One Stop Primary Care Centre
	Dental Surgeons
Health & Social Care – Acute & Mental Healthcare	Acute Healthcare Beds
	Other Healthcare Beds
Leisure Recreation	Swimming Pool
	Sports / Leisure Hall Activity Courts
	Indoor Bowls Hall
Community Facilities	Community Centres / Hall Space
	Library Space
Open Spaces	Playing Fields
	Children’s Play Space (0 – 3 yo)
	Children’s Play Space (4 – 10 yo)
	Children’s Play Space (11 – 16 yo)
	Allotments

Emergency Services	Police Service – No of Officers
	Police Service – Floorspace
	Fire Service – Stations
	Fire Service – Station Size
	Ambulance Services – Ambulance Demand

- 1.29 Optometrists and pharmacists have not been included as part of Health and Social Care – Primary Care, However, it would be possible to include these in future work. In creating the SIF Model, the NHS department HUDU (Healthy Urban Development Unit), considered the included services key to delivering sustainable and healthy communities.
- 1.30 The production of quantitative information on services provides the basis of the study. In short, the concept of **supply** (current and planned infrastructure capacity) versus **demand** (future infrastructure requirements) underpins this review.
- 1.31 The following social infrastructure delivery agencies were consulted on a draft published in July 2008:
- Lewisham Primary Care Trust
 - LB Lewisham Education (Primary and Secondary)
 - LB Lewisham Parks
 - LB Lewisham Recreation (Leisure, Arts and Libraries)
 - London Metropolitan Police Authority
- 1.32 The comments received from these agencies are set out under Consultation Response below.
- 1.33 The flow map below illustrates in greater detail the process undertaken in the preparation of this Working Paper:



Evidence Gathering – Future Infrastructure Requirements

- 1.34 For the purposes of this study, infrastructure requirements have been measured at current date (2007) and generally in 2012, although this is extended to 2017 in a number of cases. Results for each date have been collected for the borough as a whole and additionally for specific sub-areas where significant development is planned.
- 1.35 The SIF Model utilised to calculate the social infrastructure requirements, demands a number of standards and measures to be approved or completed in order to complete the conversion of housing developments into service requirements.
- 1.36 **Baseline Population** – The SIF Model bases population on ONS 2004 mid year population estimates. This is then projected forward using ONS 2004 based borough-wide level population projections to forecast the likely population for the year chosen. The ONS data excludes future proposed housing developments and uses trend based projections of births, deaths and migration. It is recognised that ONS has limitations and that a number of service providers favour GLA predictions.
- 1.37 **New Housing Impact** – Housing growth has been plotted using statistics from the Strategic Housing Land Availability Assessment (SHLAA), covering 2007 to 2022. This ensures that base data is available for interrogation by ward and at site specific level. Additionally, the SHLAA provides the expected breakdown of unit size mix (no. of bedrooms) and housing tenure. The tenure is split into market housing, intermediate housing and social rented housing, of which the latter two are considered as affordable housing.
- 1.38 **New Population Impact** – Household size has been determined using Census 2001 data refined for Inner London. This is then represented according to unit size and housing tenure and is then married to the new housing stock data to produce a total for the new population.
- 1.39 **Net New Population Impact** – This provides for the proportion of new homes that will be populated by people new to the area, as opposed to housing existing residents. There is no existing data on which to base a reduction from gross to net new population for Lewisham. It has been considered that an extensive study would be required to determine a baseline for this and such a study falls outside of the current SIF scope and timescales. This should, however, be considered a key part of any further work completed. For the purposes of the SIF, it has been assumed that 100% of new housing will be filled by new population to the area and it is acknowledged that this is likely to be an exaggeration.
- 1.40 **Child Yield** – The ratio for child yield has been determined using Census 2001 information for Inner London. This is then represented according to unit size and housing tenure and is then married to the new housing stock data to produce totals of new children. It is recognised that using multipliers derived from the 2001 Census has limitations and that LB Lewisham Education use multipliers developed by the LB Wandsworth, which are most similar to Lewisham’s situation.

- 1.41 **Results** – Table 1.2 shows the amount of new housing (including unit size and tenure) and new overall and child populations, using the SIF model for 2012, 2017 and 2022.

Table 1.2

	2012
Base Population	243,320
New Housing	7,113
1 Bed	3,249
2 Bed	3,254
3 Bed	501
4 Bed	109
% Market Housing	82%
% Intermediate Housing	5%
% Social Rented Housing	13%
New Population	13,324
Total Population	256,644
0 – 3 Year Olds	388
4 – 10 Year Olds	647
11 – 16 Year Olds	313
New Children	1,348

- 1.42 **Service Requirements** – The new population impact is then converted into real service requirements using a series of standards sourced from a wide range of locations. The standards have been approved by the relevant departments in the borough. For a full list of the standards used to generate social infrastructure requirements, please see Appendix 1.

Consultation Response

- 1.43 Table 1.3 below sets out the comments on the July 2008 draft SIF and sets out officer’s response to these comments.

Table 1.3

Comment	Response
Lewisham PCT	
Page 5: No mention of funding requirement/ assistance/solutions to support sustainable development.	‘Purpose and Status’ amended to include references to these issues.
Page 9: Include Optometrists and Pharmacies under Health & Social Care - Primary Care?	Para 1.27 has been amended to acknowledge that Optometrists and Pharmacies have not been included, but that they could be in the future.
Page 25: Lewisham is reasonably served with GP's however it is suffering from spatial capacity. (see 3.21 onwards).	Noted.
Page 27:3.1: Pleased that this is noted and	Noted.

Comment	Response
<p>considered.</p> <p>3.17: Spatial Distribution is not the right Heading: Practice Spread would be better (Note that the map does not indicate numbers of GP's within each practice, or their boundaries).</p> <p>3.22: Areas are approximate.</p> <p>3.24: Newham SSDP figures not recognised: NHS design guidance (formerly Par 51, Schedule 1a) identifies areas for premises supporting up to 5 GP's. Using 148 GP's @ an average of 150m2 per GP, I calculate a basic requirement of 22,000m2 indicating a current premises shortfall of 8,000m2. Page 29: Sqm per 1000 persons (Basic) not agreed.</p> <p>3.27: Not accepted.</p> <p>3.30: Debatable statement against a new criteria of facility but will not argue.</p> <p>3.34: Not accepted.</p> <p>3.36: Consideration should not just be linked to 'major' redevelopment. Multiple smaller developments have an affect on capacity also.</p> <p>Page 38: Add 'Agree priorities' to list?</p>	<p>'Spatial Distribution' is a common heading for all of the topics. 'Practice Spread' is added in brackets for this heading. Para. 3.17 amended to acknowledge limitations of the map.</p> <p>Para. 3.22 amended to acknowledge this.</p> <p>Para. 3.24 amended to make clear that the PCT considers NHS design guidance, which suggests that size calculations should be performed based upon GP numbers as opposed to population. This guidance suggests 150m2 per GP.</p> <p>Note added to para.3.27 making it clear that the PCT does not agree (also included in Overall Conclusions, para. 3.54).</p> <p>3.30 Unchanged.</p> <p>Para. 3.34 amended to make clear that the PCT does not accept the findings of the model and that further work is needed on addressing this topic also included in Overall Conclusions, para. 3.54).</p> <p>'Major' is removed from para. 3.36 and the text is amended to acknowledge the need to find solutions for addressing the cumulative impact of 'minor' schemes (less than 10 dwellings or 1,000m2 non-residential use).</p> <p>Para. 3.57 amended to include agreeing priorities.</p>
<p>Typos in 1.4 and 3.34</p> <p>3.47 – Not familiar with Thames Valley HA and not clear about its status</p> <p>3.51 – The PCT does not “buy and monitor” in terms of acute beds. Providers are commissioned on the basis of care given to admitted patients, and remunerated under a process called “payment by results” according to the Healthcare Resource Group the care given was classified as, applying a national tariff. The allocation of beds etc is regarded as the business of the providers. PCTs monitor numbers of patients and (for non-emergency care) waiting times before admission.</p> <p>Typos in 3.57, 6.7, 6.8 and 6.13.</p> <p>General: 1. Maps of public transport/bus routes might help.</p>	<p>These have been corrected</p> <p>Noted. Para. 3.47 amended to make this clear</p> <p>Noted. Para. 3.51 amended to incorporate this comment.</p> <p>These have been corrected.</p> <p>Noted. To be considered.</p>

Comment	Response
2. Libraries: without also including hours of opening, shelf space alone is not a valid indicator for this.	
LB Lewisham Education	
<p>Primary school information could be usefully updated from the 28 May Mayor & Cabinet Report on primary places demand and supply. This report draws significantly on updated GLA projections of March 2008 which is of significantly higher growth in numbers.</p> <p>The SIF Model underestimates demand and is unhelpful as a basis for making infrastructure demands on developers.</p> <p>The SIF Model is too crude a model to take account of cross borough movement</p> <p>The paper suggests that current capacity for secondary schools. This is not the case.</p>	<p>The revised Working Paper has been updated to take account of the agreed Primary Strategy for Change (PSfC).</p> <p>Noted, the predicted shortage of primary school places as outlined in the PSfC have been included in the revised Working Paper.</p> <p>Noted. This needs to be addressed in further work.</p> <p>Noted. This needs to be addressed in further work.</p>
<p>The biggest issue for nursery and primary education (and for secondary 7 years later) is the significant increase in the birth rate – the next data will be released fully in August 2008 but indications suggest that the significant rise in births in 2006 has been repeated in 2007 (i.e. hitting schools from 2010 onwards) - births in London have risen by over 20% since 2001. In Lewisham this means an increase from 3,773 in 2001 to 4,671 in 2007 (calendar years). The current school capacity for incoming Reception pupils is 3,169.</p> <p>The draft SIF talks of surplus capacity, whereas there will not be any and the infrastructure already requires expansion. The PSfC will become a significant vehicle for taking this forward. Lewisham's position is also complicated by the adjacency to Greenwich, which has seen a 36% increase in births since 2001. The implications of this are that parents who currently choose to send their child to Greenwich schools (because there's space) won't be able to – meaning that the historical ratio of Lewisham resident pupils attending Lewisham schools may increase because neighbouring borough schools are also full. Coupled with the increase in birth rate this could mean a really serious expansion of places are required. This makes securing Section 106 contributions very important – LBL can now argue that there is no surplus space in schools based on the local population needs.</p> <p>Para 1.9 – GLA long-term forecasts suggest over 263,000 in 2007 although they agree at circa 283,000 in 2016. Their population forecasts suggest that births could peak at over 4,800 in 2014 and not</p>	<p>Noted. This needs to be addressed in further work.</p> <p>Noted, the points about cross-borough movements and potential financial contributions have been incorporated into the conclusions on this section (para. 3.24).</p> <p>Noted. This needs to be addressed in further work.</p>

Comment	Response
<p>drop to under 4,700 again before 2031.</p> <p>Para 1.28 – GLA data would provide a more detailed local analysis of future demographic trends. They have built in the recent ONS update of fertility rates etc which ONS won't incorporate until their next data release</p> <p>1.32 – Predictions for education have used the Wandsworth models as they were most similar to Lewisham's situation. This includes different yield ratios for different sizes and tenure of housing.</p> <p>Table at end of section 1: the population figure for 2012 is lower than quoted in para 1.9</p> <p>Table at end of section 1: the table suggests that of the 13,324 new population only 10% will be under 16 (compared to Lewisham's age profile whereby 21% are under 16) - is that correct? Based on the housing development and completion dates that you gave me it looked more like 1,200 primary age children by 2012...but that does assume all the developments are completed as expected, which is presumably increasingly unlikely given the financial situation for housebuilders etc.</p> <p>The primary school section needs re-writing to take account of the latest birth rate data.</p> <p>Primary and secondary schools can be any size, although most councils usually create a Form of Entry as 30 pupils...but there's no requirement to do this. Paras 2.30 and 2.45 are incorrect and need amending. Table under para 2.21 and 2.38 is not clear and needs amending.</p> <p>BSF was launched nationally in 2003, not 2005 (para 2.27, 2.36)</p> <p>Table below 2.22 – the total pupils on roll in Jan 2007 was 19,542. Projections carried out for Education included housing suggested a total population of over 22,000 in 2012. The current capacity of schools (based on admission numbers) is 22,582 in 2007, but drops to 22,183 in 2012. There will therefore be no surplus space; indeed in Year R by that point Lewisham could have a shortfall of 350 places (not taking account of 2007 birth data).</p> <p>Given the birth rate change para 2.32 is incorrect; para 2.33 needs rewriting.</p> <p>The increase in birth rate that started in 2002 will</p>	<p>New para. 1.35 notes the limitations of using ONS data.</p> <p>New para. 1.39 notes the limitations of using ONS data and that LB Lewisham Education uses Wandsworth models.</p> <p>Noted. This table needs further work.</p> <p>Noted. This table needs further work.</p> <p>Noted. Significant changes have been made.</p> <p>Para. 2.30 and 2.45 (now 2.46) have been amended to reflect comments. The text in the tables referred to have also been amended to reflect these comments.</p> <p>This paragraph has been deleted.</p> <p>The limitations of the SIF Model are recognised. Data in this table has been amended. In addition, a table has been added under new para. 2.23, setting out the predicted demand for primary school places in 2017 from the SSfC.</p> <p>Para. 2.32 has been amended, but coverage (spatial distribution rather than capacity) is still considered to be 'generally good'. Para. 2.33 has been re-written.</p> <p>Noted</p>

Comment	Response
<p>start to hit secondary school in 2013, although the big increases will come in 2016 onwards...which isn't that far away...</p> <p>A number of comments on Deptford Case Study and what Education has factored in for various sites).</p> <p>The table below 8.10 should read the required places in 2007 as 2407 based on the PLASC pupil count; by 2012 the forecast was for 2,875 overall (based on the developments included and assumed completion rates). Overall this suggests there is still space within the school system; the issue is that the incoming YR will be 463 compared to a capacity for YR of 435...and therefore that year group will need to be accommodated all the way through their schooling. The 3045 total capacity would be breached in 2013. So there is no excess based on this data.</p> <p>The assertions in 8.14 about cross border movement will be affected by the birth rate increase – parental choice is only possible in a system with too many places; its unlikely there will be too many places given LBL and LBG birth rate increases</p>	<p>The initial case study has been deleted from this Working Paper. Further work is needed to establish a robust assessment of Deptford New Cross.</p> <p>See above.</p> <p>See above.</p>
LB Lewisham Parks	
<p>Para 6.10 The borough now has 9 Green Flag awards (2008-9) which includes the Horniman gardens. Two new flags were won for Manor Park and Cornmill gardens but one lost for Eckington Gardens. Therefore say that "Over the past seven years, nine of Lewisham's parks have been awarded Green Flag Status in 2008-9 and Devonshire Road has received a Green Pennant award.</p> <p>Para 6.25 and para 6.26 - the figure of 16 additional playgrounds on housing does not fit with the 64 additional playgrounds in para 6.26.</p> <p>6.32 – Independent annual inspection of playgrounds due in September 2008.</p> <p>6.34 Conclusion re playground space, as with POS and pitches is that inner London borough's will never be in a position to meet national targets. More realistic targets are needed for inner London, and the focus should be on quality of the spaces and not the size. Children and Young people's directorate have received two significant chunks of funding to improve the quality of play spaces (Big Lottery and Play builder) and these improvements will feed in over the</p>	<p>Para. 6.10 has been amended to incorporate these comments.</p> <p>Paras. 6.25 and 6.26 have been amended to correct the figures.</p> <p>Noted. Further work will take account of this information</p> <p>The conclusion has been amended to reflect these comments.</p>

Comment	Response
next three years.	
LB Lewisham Recreation	
Where are the sports halls that have been identified ? For example where are there 8 (4 court) sports halls in Bellingham?	Further discussion needed.
London Healthy Urban Development Unit	
Request meeting to discuss further work and also look at other issues such as healthcare strategy, accessibility mapping of health facilities etc.	Meeting to be arranged as part of further work.
London Metropolitan Police Authority	
<p>The MPS are concerned at the use of the SIF Model for predicting police floorspace. This method does not take into account the factors which affect policing infrastructure need.</p> <p>Table in 7.8 suggests that Lewisham has a 6% excess in the police officers required in 2007 which will drop to 4% in 2012 - suggesting that while this surplus of officers remains, no other officers are required in the area. The MPS Estate Strategy is determined by demographic and socio-economic factors which cannot necessarily be fully determined in advance.</p> <p>The level of policing within the borough will change in coming years depending on the quantum of development brought forward. Large scale development, both individually and cumulatively may have a direct impact on policing. Direct impacts may also occur from increased footfall and visitors. Several types of development (e.g. shopping, sporting and entertainment facilities) would increase the pressure on policing yet do not factor in the formula used to forecast the future police need.</p> <p>The MPA have reviewed the delivery of their operational facilities and concluded that today's policing is better suited to:</p> <ul style="list-style-type: none"> • A number of police 'shop' units, which provide public interface facilities in readily accessible locations within main shopping areas, schools, libraries and hospitals • Police patrol bases in warehouse units on business parks • Custody centres located strategically throughout 	<p>Para. 7.7 amended to make clear that the MPS, as service provider, does not consider the SIF Model appropriate. The conclusions for this part of the report (para. 7.14) have also been amended to make clear that planning officers need to discuss the appropriateness of the SIF Model further with the MPS and consider potential alternative more appropriate models.</p> <p>Para. 7.9 amended to make clear that the MPS, as service provider does not accept that there is currently an excess of police officers or that this will continue in the future.</p> <p>Noted.</p> <p>A new paragraph (7.14) incorporates these priorities into the document.</p>

Comment	Response
<p>London</p> <ul style="list-style-type: none"> • Safer Neighbourhood Team bases comprising office accommodation from which Teams patrol Wards on foot and bike • Specialist operational requirements across London. <p>MPS is constantly monitoring its needs across London and it wishes to have the flexibility to react to policing needs if and when they arise. The formula-based approach is too simplistic and does not reflect the MPA's Estate Strategy.</p> <p>The MPA's estate needs are reflected by changing demographics. The best way to ensure the delivery of the aims of the draft Asset Management Plan is to influence planning policy and development proposals and to secure the delivery of floorspace and other obligations through s.106 agreements. This has proven to be the most successful way of delivering the MPA's estate needs and providing police facilities where they are needed.</p>	<p>Noted. These points have been incorporated into the proposed amendments to para. 7.7.</p> <p>Noted. These points have been incorporated into the conclusions of this part of the report (new para. 7.16).</p>

1.44 PARA. NEEDED?

2 Education

- 2.1 Education for children is governed by The Department for Children, Schools and Families (DCSF), one of three new government departments set up by the Prime Minister in June 2007. Local Authorities provide education services and facilities using funding and resources provided by The DCSF, although specific schemes can be funded by other government bodies.
- 2.2 3 areas of education will be studied in this framework:
- Nursery Schools
 - Primary Schools
 - Secondary Schools.

Nursery Schools

Existing Capacity

- 2.3 Table 2.1 below outlines the existing level of capacity in the borough, taken from the CIS Database, Laing & Buisson (2007). It should be noted that this only includes nursery provision and does not account for facilities such as childminding and family centres.

Table 2.1

Sector	Lewisham Oct '07		National %'s Jan '07
	Volume	%'s	
Private	2,129	74.8%	71%
Voluntary	410	14.4%	16.7%
Statutory	308	10.8%	12.3%
Total	2,847	n/a	n/a

- 2.4 The existing level of capacity has been used as a baseline for comparison against requirements for both now and future dates. No allowance has been taken for any future proposals for nursery care.

Forecast Requirements

- 2.5 As described in the Data Gathering section of this report, the SIF model predicts new population and children from housing development. This is then converted into the volume of new children requiring nursery provision and the staff required to look after them using the standards in Table 2.2 below.

Table 2.2

Facility	Measure	Sub Measure	Source	Standard
Nursery Schools	Proportion of Age Group requiring Nursery	0 - 1 year olds	LLV Regeneration Strategy - SES - Social Infrastructure Paper	20%
		1 - 2 year olds		20%
		2 – 3 year olds		45%
		3 – 4 year olds		80%
	Staff Requirements	0 - 1 year olds	Building for Sure Start: A Design Guide	3
		1 - 2 year olds		3
		2 – 3 year olds		4
		3 – 4 year olds		8

Analysis

- 2.6 Table 2.3 compares existing nursery school facilities with the forecast requirements and provides a reading of the difference.

Table 2.3

Year	Nursery Places			Nursery Staff		
	Existing / Planned	Required	Difference	Existing / Planned	Required	Difference
2007	2,847	5,707	-2,860	n/a	1,207	n/a
2012	2,847	5,450	-2,603	n/a	1,157	n/a

- 2.7 The borough has 2,847 nursery places equating to only 50% of the current required volume for 2007 as suggested by the SIF model. Although the required places decrease by the year 2012, there is still a considerable shortfall.
- 2.8 In March 2008, Lewisham Children's Centres Childcare & Play Unit (CCCP) produced a Childcare Sufficiency Review looking at overall provision in the borough. The report used both 'The 2006 Childcare Act' definition and suggested criteria for assessing the sufficiency of childcare (including nursery places).
- 2.9 The Childcare Sufficiency Review contains a study into childcare place vacancy rates by ward in the borough. See Table 2.4 :

Table 2.4

Ward	Vacancy	Ward	Vacancy	Ward	Vacancy
Whitefoot	26%	Evelyn	16%	Forest Hill	11%
Downham	22%	Ladywell	16%	Lewisham Central	10%
Catford South	20%	Bellingham	15%	Sydenham	9%
Grove Park	19%	Brockley	12%	Lee Green	8%
New Cross	17%	Telegraph Hill	12%	Rushey Green	8%
Perry Vale	17%	Crofton Park	12%	Blackheath	7%

- 2.10 The results show that every ward in the borough has considerable capacity, with childcare place vacancy rates between 7% and 26%. Concerns exist over capacity in certain wards, in particular Blackheath, where affluent residents provide a large demand, but high property prices are discouraging the development of new private nurseries. In general, this data suggests that there is no endemic issue for the borough.
- 2.11 While the SIF Model proposes that at current population Lewisham should already be over capacity, childcare vacancy rates clearly provide opposing information, suggesting a relatively lower percentage of children are placed in childcare in the borough. This has been reported back to Lewisham CCCP for their consideration and comment.
- 2.12 It should also be noted that in 2007, 75% of Lewisham's nursery care was provided by the private sector. This is consistent with the national trend that 'non GI (Government Initiative) provision by authorities continues to decline' as discovered in Laing & Buisson's 2007 Report. New provision is almost entirely from the private sector and thus the council can only attempt to influence its location, without any real control.
- 2.13 By 2012 the SIF model requirement for nursery places has fallen to 5,450, despite considerable housing development and increase in population. Much of the new housing is planned as 1 or 2 bedroom and is thus not conducive to family living, resulting in little impact on the volume of children. This demonstrates that the dominant factors on the number of children will continue to be births, deaths and migration, which ONS estimates suggest will cause a decrease in the young population by 2012.
- 2.14 Although there are no statistics for the borough on staffing levels, all nurseries are bound by legislation to comply with the National standards for under 8's day care and childminding. This is the same standard as used in the SIF Model and therefore Lewisham will meet this target as a minimum, providing it is meeting its target for nursery places.

Spatial Distribution

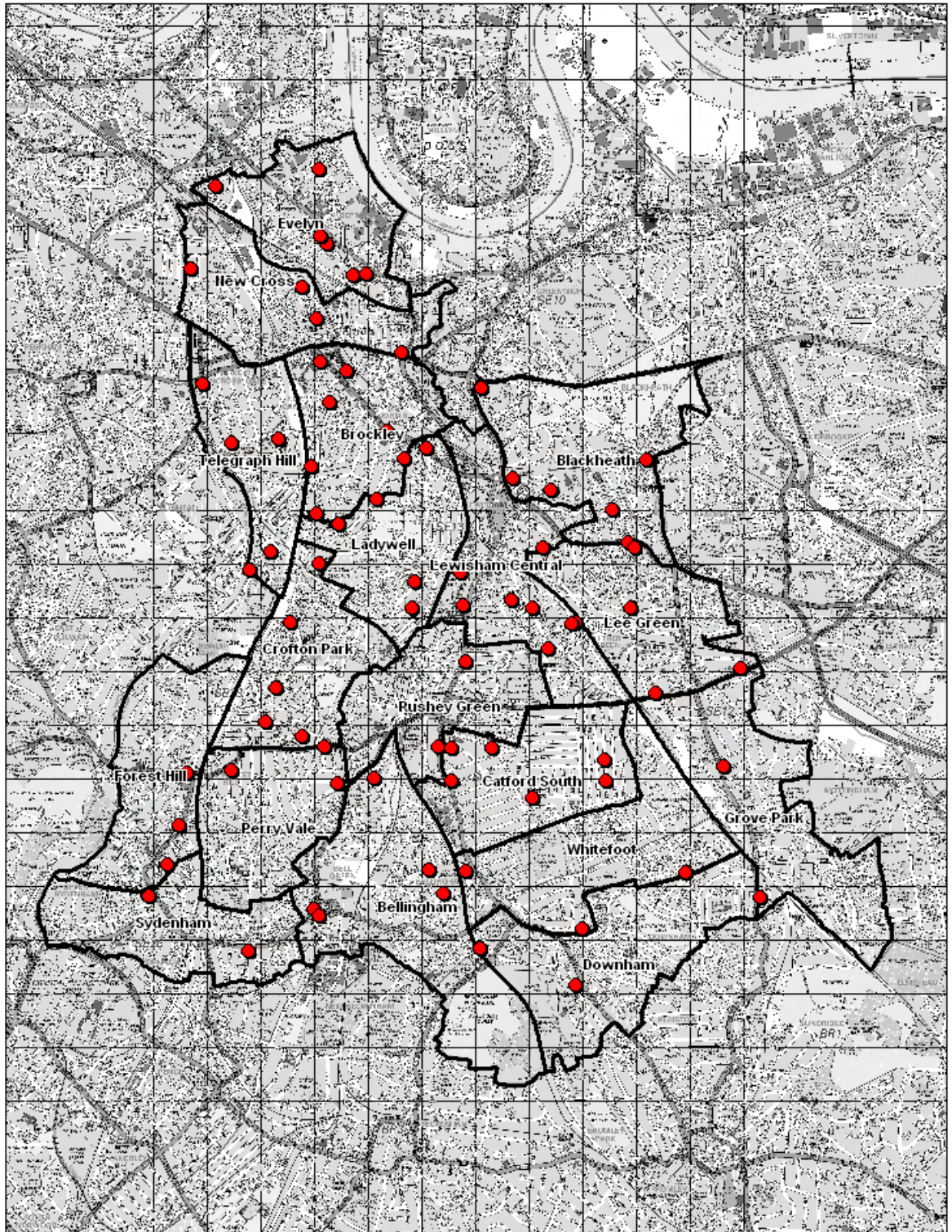
- 2.15 Map 2.1 shows the spatial distribution of nurseries in Lewisham. There is a reasonably even spread of facilities across all wards, with provision apparent in residential areas as well as town centres and main transport routes.

Conclusions

- 2.16 Provision Summary : In general spare provision indicates a sufficient supply, further work needed to encourage a workable distribution of services.
- 2.17 Further investigation with CCCP is required concerning:
- Why is there less demand for childcare in Lewisham? – Theories include the effects of lower incomes, housing types, family care?
 - How do we encourage growth in supply in Blackheath?

- 2.18 Work continues to share knowledge of potential development sites with the Lewisham CCCP and investigate the possibility of suitable accommodation for new nurseries in new developments where requirement is apparent.

Nurseries in Lewisham - 2007



Collins Bartholomew Ltd (2005)

Primary Schools

Existing Capacity

- 2.19 The Primary Strategy for Change and Primary Capital Programme (PSfC) was agreed by LB Lewisham's Mayor and Cabinet in May 2008 and details the demand for primary school places in the borough projected to 2017 against the current provision.
- 2.20 Table 2.5 is taken from the PSfC and outlines the existing level of provision across the 6 Place Planning Localities in the borough in 2007:

Table 2.5

Locality	Planned Admission Limit	Number on Role	Surplus	% Surplus
Forest Hill, Sydenham	5,775	5,158	617	11%
Lee Green	2,170	1,904	266	12%
Brockley, Lewisham, Telegraph Hill	5,292	4,588	704	13%
Catford, Bellingham, Grove Park	3,885	3,582	303	8%
Deptford, New Cross	3,045	2,407	638	21%
Downham	2,415	1,904	511	21%
TOTAL	22,582	19,543	3,039	13%

Forecast Requirements

- 2.21 Using the new child volume established by the SIF model, the proportion of pupils educated by LEA's is applied to create the volume of new children requiring primary school places. See Table 2.6

Table 2.6

Facility	Measure	Source	Standard
Primary Schools	Proportion of Pupils not educated by LEA's	LTGSIF Research	5%
	Total pupils based on an admission number of 30 (1 form entry)	DfES	210

Analysis

- 2.22 Table 2.7 below compares existing primary school facilities with the forecast requirements resulting from the SIF model and provides a reading of the difference.

Table 2.7

Year	Primary Places			Forms of Entry		
	Existing / Planned	Required	Difference	Existing / Planned	Required	Difference
2007	22,582	19,337	+3,245	n/a	92.1	n/a
2012	22,183	22,000+	+183	n/a	93.0	n/a

- 2.23 Table 2.8 is taken from the agreed PSfC and outlines the predicted demand for primary school places in 2017 (based on different and more accurate assumptions).

Table 2.8

Locality	Planned Admission Limit	Number on Role	Shortage	% Shortage
Forest Hill, Sydenham	5,670	6,379	709	12.5%
Lee Green	2,205	2,705	500	22.7%
Brockley, Lewisham, Telegraph Hill	4,979	5,938	961	19.3%
Catford, Bellingham, Grove Park	3,885	4,258	373	9.6%
Deptford, New Cross	2,940	3,499	559	19%
Downham	2,638	2,638	223	9.2%
TOTAL	22,092	25,417	3,325	15%

- 2.24 The SIF model estimates that in 2007 there were 19,337 places required. This can be compared to the actual number of primary places used of 19,543. There is always likely to be a small difference due to cross boundary movement of children which is not considered in the SIF model.
- 2.25 Using either set of data, the requirements fall considerably below the existing provision of 22,582 places. There is a current surplus across every locality, equating to over 3,000 places, or approximately 13% of the Planned Admission Limit.
- 2.26 To allow for parental preference of primary schools, there should be a surplus of spaces. The PSfC suggests this should be approximately 6%, thus the PSfC identified excess of 13% for the borough indicates there is still over-capacity of primary provision in the borough.
- 2.27 The SIF projection for 2012 shows only a small increase in the place requirement, despite significant housing development and population increase. As described in the section for nursery provision, the new housing will not generate a great volume of young children as the housing unit size is expected to be largely 1 and 2 bedroom. This means the dominant factors on the number of children will continue to be births, deaths and migration, which the ONS estimates suggest will decrease the population up to 2012.
- 2.28 The LB Lewisham's PSfC, using a different set of assumptions, works to 2017 and predicts a shortage of 3,325 primary school places, which amounts to a 15% deficit. The agreed PSfC identifies a strategy and capital programme for addressing this predicted shortfall by a combination of building new schools and refurbishing and expanding existing schools in a number of locations across the borough.

- 2.29 Potential housing developments are not generally included in primary place forecasts as there can be great uncertainty about the final project and the pupil yield of the proposed accommodation. Greater accuracy is possible with housing developments that have been approved. However, forecasts and proposals have been developed to consider some of the more significant potential developments at locality level and undertake some 'what if' exercises in respect of them.
- 2.30 In common with most councils, LB Lewisham would prefer any new provision to have admission numbers in multiples of 30. This is the same as used in the SIF Model.

Spatial Distribution

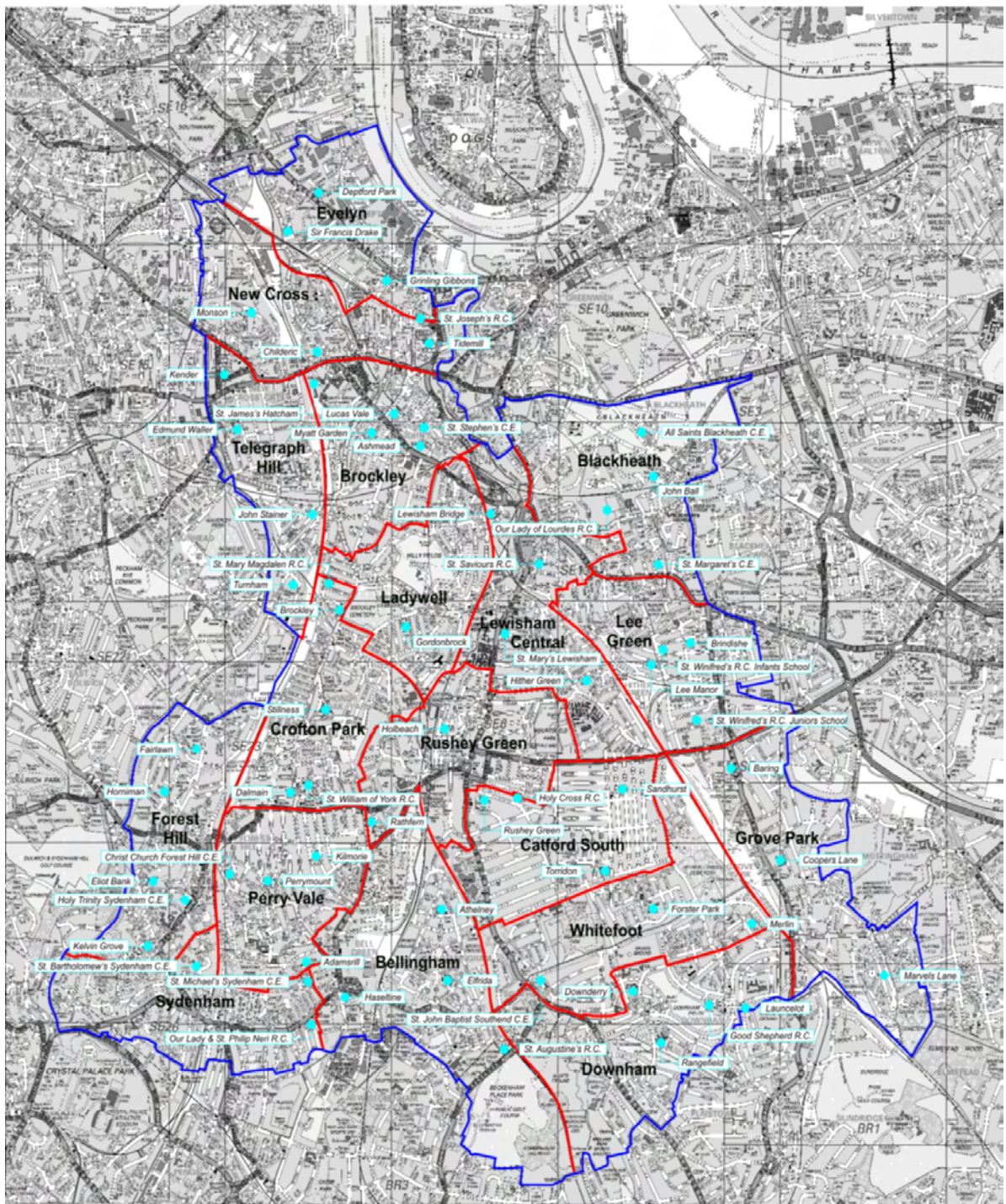
- 2.31 Map 2.2 shows the spatial distribution of existing Primary Schools in the borough.

Conclusions

- 2.32 Provision Summary : The borough generally has a good coverage, although careful monitoring is required if the situation changes through the PSfC.
- 2.33 The SIF Model results in different predictions to those that have informed the PSfC. Planning and Education officers need to continue to work together in order to provide a 'joined –up' approach to planning for school places and to identify potential developer contributions through section 106 payments to help ensure delivery of the PSfC..
- 2.34 Another issue that Planning officers need to better understand is the dynamic between Lewisham and neighbouring authorities. For example, the LB Greenwich has seen a 36% increase in births since 2001. The implications of this are that parents who currently choose to send their child to Greenwich schools (because there's space) won't be able to – meaning that the historical ratio of Lewisham resident pupils attending Lewisham schools may increase because neighbouring borough schools are also full.
- 2.35 Further analysis should also focus on quality and accessibility, i.e. distance to the nearest school, quality and safety of walk and cycle routes and the capacity at individual sites.
- 2.36 The planning and education departments have committed to monitoring primary place requirements on a regular basis to monitor housing developments, from proposal through approval to completion and ensure they are considered and evaluated.

Map 2.2

Schools in Lewisham



● PRIMARY SCHOOLS

Geographic Information & Research
BartsSchoolsLabelled2007.cdr
(updated 2007)

Secondary Schools

Existing Capacity

- 2.37 In 2005 the government introduced the Building Schools for the Future (BSF) programme to support its educational reform agenda. It has been used to devolve significant funds — about £3 billion in 2005-06 — to local authorities (LAs) and schools to spend on maintaining and improving their school buildings.
- 2.38 Due to the BSF programme, secondary education is currently in a period of change, so existing provision must be considered alongside BSF planned reforms. The Council has produced a Strategic Business Case to support the completion of BSF delivery and this outlines current provision as well as the timetable for future development, as shown in Table 2.9 below.

Table 2.9

School	2007 Capacity	2012 Capacity	2017 + Capacity
Forest Hill	1,450	1,450	1,450
Crofton	900	1,200	1,200
Sedgehill	1,750	1,750	1,750
Catford	900	925	925
Northbrook	480	600	600
New School – Lewisham Bridge	0	600	600
Deptford Green	1,170	1,300	1,300
Prendergast	640	950	950
Sydenham	1,465	1,465	1,465
Addey & Stanhope	600	600	600
Haberdashers Aske – Hatcham College	1,040	1,040	1,040
Haberdashers Aske – Knights Academy	1,040	1,040	1,040
Bonus Pastor	750	750	750
TOTAL	12,185	13,670	13,670

Forecast Requirements

- 2.39 Using the new child volume established by the SIF model, the proportion of pupils educated by LEA's is applied to create the volume of new children requiring secondary school places. See Table 2.10

Table 2.10

Facility	Measure	Source	Standard
Secondary Schools	Proportion of Pupils not educated by LEA	LTGSIF Research	5%
	Total pupils based on an admission number of 30 (1 form entry)	DfES	150

Analysis

- 2.40 Table 2.11 below compares existing secondary school facilities with the forecast requirements and provides a reading of the difference.

Table 2.11

Year	Secondary Places			Forms of Entry		
	Existing / Planned	Required	Difference	Existing / Planned	Required	Difference
2007	11,905	13,348	-1,443	n/a	89.0	n/a
2012	13,670	12,233	+1,437	n/a	81.6	n/a

- 2.41 The SIF Model sets the 2007 requirement at 13,348 secondary places, leaving the borough in a deficit of 9% - more than 1,400 places short. By 2012 however, the SIF Model predicts that the situation would have dramatically changed with a surplus of over 10%.
- 2.42 It should be noted, however, that the BSF programme is based on different and more accurate assumptions which need to be incorporated into the SIF as it develops.
- 2.43 The BSF programme will have increased provision by 1,385 places by 2012. This includes a new school in Lewisham Town Centre and extended capacity at several schools throughout the borough.
- 2.44 The projection for 2012 shows a decrease in the place requirement, despite significant housing development and population increase. As described in previous sections, the new housing will not generate a great volume of children as the housing unit size is largely 1 and 2 bedroom. This means the dominant factors on the number of children will continue to be births, deaths and migration, which the ONS estimates suggest will decrease up to 2012.
- 2.45 Despite the current lack of provision in the borough, all resident children do have a secondary school place. Cross boundary movement is commonplace, a considerable number of Lewisham secondary age residents attend a school in Greenwich and Bromley, whilst a large proportion of Southwark resident children attend Lewisham schools.
- 2.46 As schools are radically transformed through BSF, Lewisham expects to retain an increasing proportion of Lewisham resident children in its secondary schools. The Council is continuing its active role in the pan-London work with the London Challenge that has explored the flow of pupils between boroughs.
- 2.47 In common with most councils, LB Lewisham would prefer any new provision to have admission numbers in multiples of 30. This is the same standard as used in the SIF Model.

Spatial Distribution

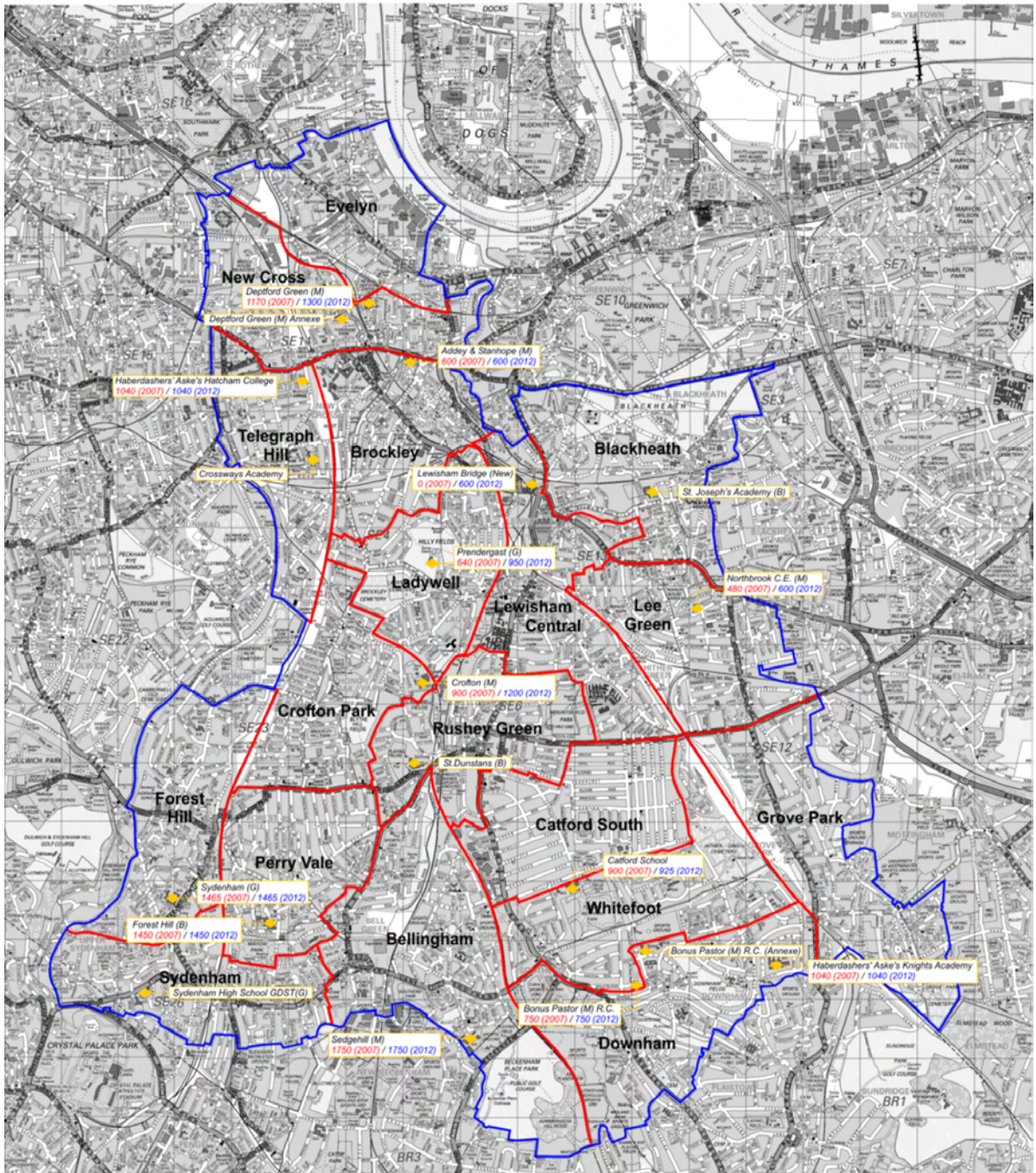
- 2.48 Map 2.3 shows the spatial distribution of Secondary Schools in the borough.

Conclusions

- 2.49 Provision Summary: The gap is closing between demand and supply of secondary places. This needs to be monitored further for changes in demand as the BSF programme (and thus the increasing supply of places) draws to a close.
- 2.50 It is also important to monitor the Councils desire to attract more Lewisham resident children to Lewisham secondary schools. Further analysis on school accessibility by distance, capacity and the quality of facilities and grades should be considered at a borough-wide and sub-regional level.
- 2.51 The planning and education departments have committed to monitoring secondary place requirements on a regular basis to monitor housing developments, from proposal through approval to completion and ensure they are considered and evaluated.

Map 2.3

Secondary Schools in Lewisham 2007/2012

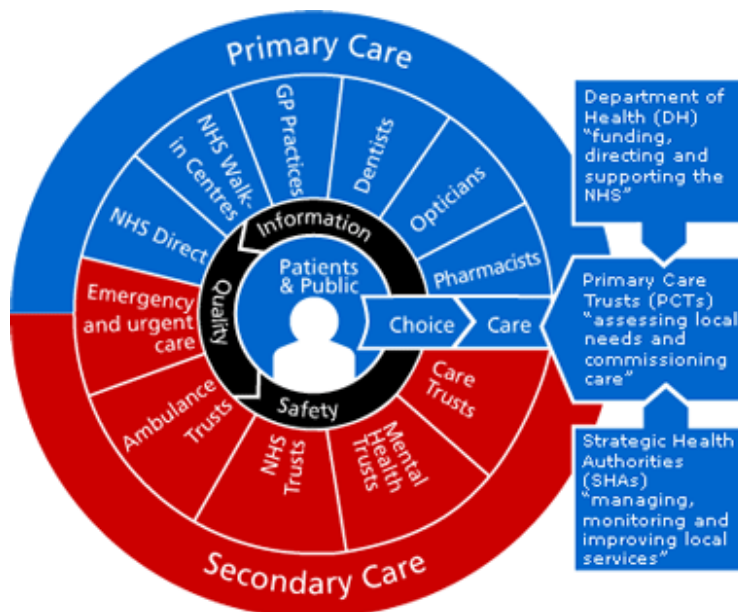


◆ SECONDARY SCHOOLS
 TOTAL CAPACITY:
 2007: 12,185
 2012: 13,670

3 Health & Social Care

Introduction

- 3.1 Central Government, through the Department of Health, control and fund using taxes, health and social care in the country. From this central base, resources are distributed via a local system of Primary and Secondary Care Trusts.
- 3.2 Primary care is generally regarded as a “frontline” service. It is the first point of contact for most people and is delivered by a wide range of independent contractors such as GPs, dentists, pharmacists and optometrists.
- 3.3 Secondary care is known as acute health care and can be either elective care or emergency care. Elective care means planned specialist medical care or surgery, usually after a referral from primary or community health professionals such as GP’s.
- 3.4 The diagram below demonstrates the division of services between primary and secondary care:



From NHS online www.nhs.uk/aboutnhs/HowtheNHSworks/Pages/NHSstructure.aspx

- 3.5 As Primary Care Trusts (PCTs) are local organisations, they are best positioned to understand the needs of their community, so they can make sure that the organisations providing health and social care services are working effectively. The PCTs oversee 29,000 GPs and 18,000 NHS dentists.
- 3.6 There are 290 NHS Hospital Trusts which oversee 1,600 NHS hospitals and specialist care centres. Foundation trusts are a new type of NHS hospital of which there are currently 67 available across England. These Trusts work alongside the PCTs to provide acute health care.

- 3.7 NHS Mental Health Services Trusts provide mental health care in England and they are also overseen by the PCTs.
- 3.8 4 key areas of health provision will be studied in this framework; General Practitioners, Primary Healthcare Facilities, Dentists and Healthcare Beds.

General Practitioners

Existing Capacity

- 3.9 Table 3.1 below outlines the existing level of capacity in the borough in 2007, shown both as the total number of GP's and the Working Time Equivalents.

Table 3.1

	Volume
Total GP's	162
Whole Time Equivalent (WTE) GP's	148
GP Practices	49

- 3.10 For comparison purposes the WTE figure will be used.

Forecast Requirements

- 3.11 The NHS and Department of Health provide the standard for the number of people required to necessitate a GP. This is used in the SIF model to calculate the number of GP's required to serve the population of the borough.

Table 3.2

Facility	Measure	Standard
GP's	Persons per GP	1,800

Analysis

- 3.12 Table 3.3 compares existing and planned facilities with forecast provision and highlights the difference.

Table 3.3

Year	GP's		
	Existing / Planned	Required	Difference
2007	148	136	+12
2012	148	139	+9

- 3.13 The data suggests that Lewisham has a surplus of GP's of 8.8% in 2007, decreasing to 6.5% by 2012.

- 3.14 In reality, catchment areas for GP practices can spread over more than one borough and thus the cumulative patient numbers for Lewisham based GP's will not necessarily equal Lewisham's population. The ONS estimate used in the SIF model records 2007 population as 244,879 whereas people registered with active Lewisham GP Practices was 287,061 as at 31/3/2007.
- 3.15 Dividing the GP registered population figure by the WTE GP's provides an average number of registered people per GP - $287,061 / 148 = 1,940$. This demonstrates that the average GP in Lewisham is over-subscribed by 140 people, when compared to the SIF model standard of 1,800 people per GP. This equates to 19,544 people for all GP's. To meet the true need, an additional 11 GP's are required.
- 3.16 There is a belief that a section of the registered population have moved out of the borough, but have not removed themselves from the GP register. This is difficult to track, but could explain why the numbers appear to represent a deficit, which GP feedback does not support.

Spatial Distribution (Practice Spread)

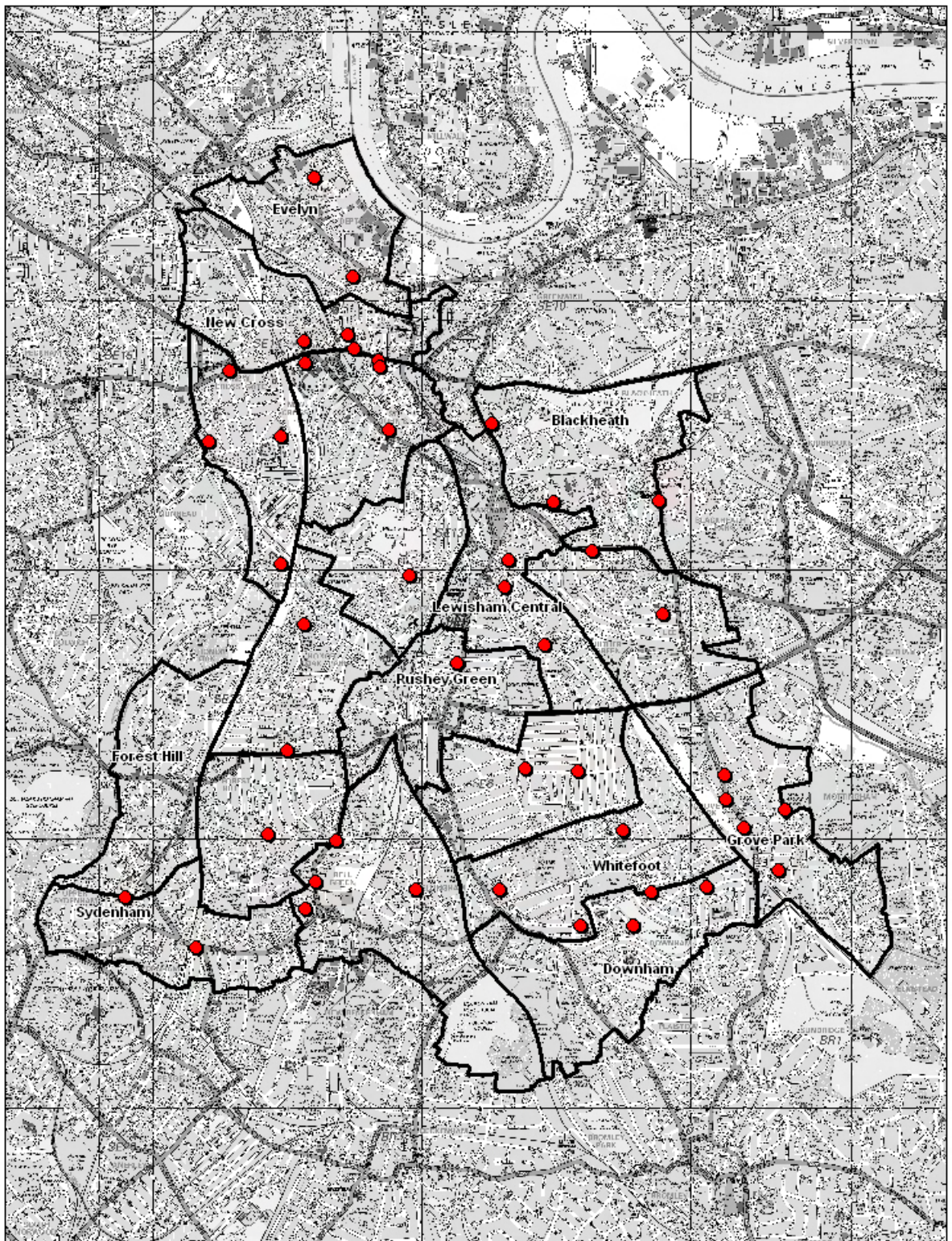
- 3.17 Map 3.1 shows the spatial distribution of GP surgeries in Lewisham, although this does not indicate numbers of GPs within each practice, or practice boundaries there are 49 practices supporting the current 148 WTE GPs. Points to note are the lack of provision in Forest Hill and the grouping of surgeries in New Cross along the A2 arterial road.

Conclusions

- 3.18 Provision Summary: This is generally good by volume, but some spatial analysis would be of benefit. Urban Design and transport good practice suggests that residents should be within 800m of a GP. GIS analysis would provide an indication of how many residents fall within this threshold.
- 3.19 Care should be taken to ensure that local accessibility remains a key focus. While National NHS Policy is encouraging the grouping of GP's in to multi-practice buildings, this should not be to the detriment of local community provision. Further work between planning and the PCT will be required if national policy requires the more frequent use of poly-clinics in 2008 / 2009.
- 3.20 Promisingly, the PCT's Commissioning & Choice Strategy 2004 – 2009 states that it will "Invest more in community and primary care services so that patients can receive care closer to home – a preferred choice of most people".

Map 3.1

GP Surgeries in Lewisham - 2007



Collins Bartholomew Ltd (2005)

Primary Healthcare Facilities

3.21 Primary Healthcare Facilities are classified in three groups for the SIF model, as defined in the Newham SSDP 2006 – 2016:

- Basic
- Primary Care Centre
- One Stop Primary Care Centre

Existing Capacity

3.22 Table 3.4 below outlines the existing availability of space by facility type in the borough. This data is approximate and is based upon estimation of the average size of facilities.

Table 3.4

Primary Healthcare Facility	Sq m
Basic	14,000
Primary Care Centre	9,000
One Stop Primary Care Centre	8,000
Total	31,000

3.23 It should be noted that the existing data excludes non-clinical/joint health accommodation and administrative premises.

Forecast Requirements

3.24 The Newham SSDP 2006 – 2016 defined the space required for each of the 3 types of primary healthcare facilities. See Table 3.5 below. It should be noted that the Lewisham PCT consider NHS design guidance, which suggests that size calculations should be performed based upon GP numbers as opposed to population. This guidance suggests 150m² per GP.

Table 3.5

Primary Healthcare Facility	Measure	Standard
Basic	Sq m per 1,000 population	55.6
Primary Care Centre	Sq m per 1,000 population	66.7
One Stop Primary Care Centre	Sq m per 1,000 population	83.3

Analysis

3.25 Table 3.6 compares existing and planned facilities with forecast provision and highlights the difference.

Table 3.6

Year	Basic Sq m			Primary Care Sq m			One Stop Primary Care Sq m		
	Existing / Planned	Required	Difference	Existing / Planned	Required	Difference	Existing / Planned	Required	Difference
2007	14,000	13,604	+396	9,000	16,325	-7,325	8,000	20,407	-12,407
2012	14,000	13,918	+82	9,000	16,702	-7,702	8,000	20,877	-12,877

- 3.26 The data equates to 41 Basic Primary Healthcare Facilities, 6 Primary Care Centres and 2 One Stop Primary Care Centres.
- 3.27 The data indicates that Lewisham has sufficient basic primary healthcare facilities both now and in the next 5 years. However, Lewisham PCT, as the service provider, does not accept this position. These provisions are largely GP's and thus the data presents a comparable picture with the previous section on GPs and surgeries.
- 3.28 Primary and one stop primary care centres are well below the required provision in the borough, with this increasing by 2012.
- 3.29 Although the figures show a shortage of provision against national standards, this is likely to be exacerbated in the case of the borough. Lewisham PCT has a deprived population and consequently has a greater need for healthcare than the average PCT across the country. Additionally, the borough has problems associated to cancer, hypertensive diseases, coronary heart disease, sexual health, alcohol, smoking and women's health problems, creating a vulnerable population.
- 3.30 In the past 2 years, the opening of the new LIFT funded health centre, the Waldron in the north of the Borough and the new Downham Lifestyles Centre in the south of the Borough has supported the PCT's current strategy of providing modern and good quality accommodation for services and staff. This has increased the floor space of one stop primary care centres in the borough from 0 to 8,000 Sq m.
- 3.31 A Strategic Service Delivery Plan is under development for the PCT to plan premises development linked to the PCT's other provider strategies over the next few years. This said, it is difficult to plan strategically, particularly for the longer term, in an environment of continuous change imposed by central government and NHS London.
- 3.32 The PCT Operating Plan for 2007 / 2008 highlights 10 key challenges. Vital to infrastructure development is the challenge of "Developing effective Practice Based Commissioning", while awareness of the importance of spatial planning is considered in "Developing strategies for primary care and long-term conditions and continuing the drive for delivering care closer to home".

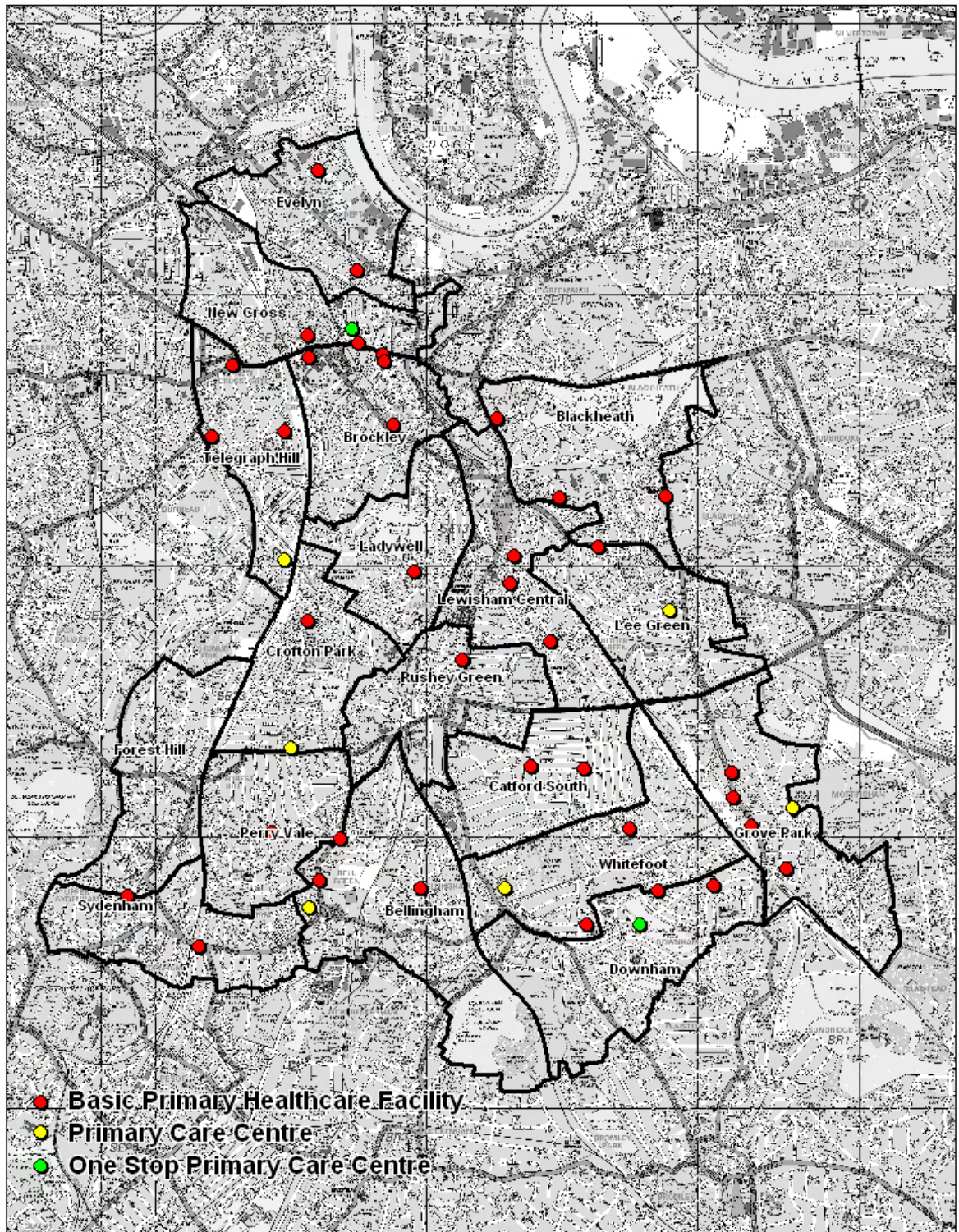
Spatial Distribution

- 3.33 Map 3.2 below shows the location of the 41 Basic Centres, 6 Primary Care Centres and 2 One Stop Primary Care Centres in the borough.

Conclusions

- 3.34 Provision Summary: The SIF model suggests that generally provision is good as with GP's although there are fewer Primary Care Centres than desired. However, Lewisham PCT, as service provider, does not accept the conclusion with regards to GP provision and further work is needed on addressing this topic.
- 3.35 As with the conclusions in the previous section regarding GPs, a careful balance must be drawn between the provision of multi-practice buildings and the retention of easily accessible services.
- 3.36 It is important to take regard of new provision, in particular where considerable redevelopment is planned. Regular links with the PCT regarding S106 contributions already exist, but further collaborative work to locate the best solutions in potential development areas and to address cumulative impacts from a number of 'minor' applications is required.

Health Care Facilities in Lewisham - 2007



Collins Bartholomew Ltd (2005)

Dentists

Existing Capacity

3.37 Table 3.7 below outlines the existing level of capacity of provision in the borough in 2007.

Table 3.7

	Volume
Dentists	116
Practices	37

Forecast Requirements

3.38 A study by The School for Health at The University of Bath provides the standard for the number of people required to necessitate a dentist. This is used in the SIF model to calculate the number of dentists required to serve the population of the borough.

Table 3.8

Facility	Measure	Standard
Dentists	Persons per dentist	2,000

Analysis

3.39 Table 3.9 compares existing and planned facilities with forecast provision and highlights the difference.

Table 3.9

Year	Dentists		
	Existing / Planned	Required	Difference
2007	116	122	-6
2012	116	125	-9

3.40 The SIF model reports that we have a shortfall of 6 dentists in 2007, rising to 9 by 2012. As a percentage of total provision this is small, but equates to 12,000 residents in 2007 and 18,000 residents in 2012 without a dentist.

3.41 As with GP's, catchment areas for dental practices can spread over more than one borough and thus the cumulative patient numbers for Lewisham based dentists will not necessarily equal Lewisham's population.

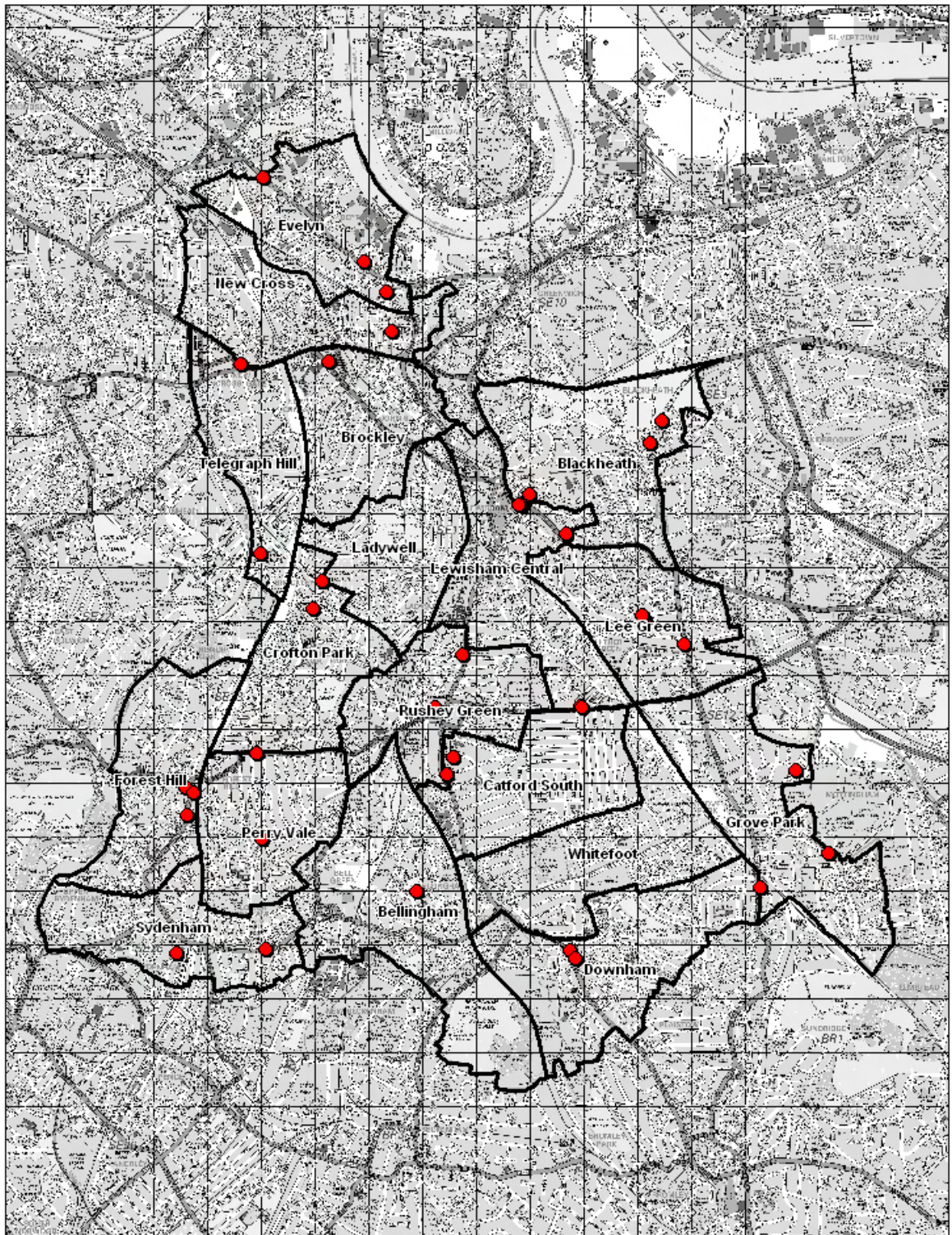
Spatial Distribution

3.42 Map 3.3 shows the spatial distribution of dental practices in the borough. There is a spread of provision across the borough, with grouping around town and local centres and key transport links.

Conclusions

- 3.43 Provision Summary: There is currently a slight deficit in place provision for Dentists in the borough.
- 3.44 Further analysis into vacancy rates at individual dentists would provide a more conclusive picture of availability and the possibility of a shortfall / surplus of provision.

Dentists in Lewisham - 2007



Collins Bartholomew Ltd (2005)

Healthcare Beds

- 3.45 For the purposes of this report healthcare beds are considered in two forms; Acute Healthcare Beds and Other Healthcare Beds (including Mental Health).

Existing Capacity

- 3.46 Table 3.10 below outlines the existing level of capacity in the borough in 2008.

Table 3.10

Facility	Beds
Acute Healthcare Beds	600
Other Healthcare Beds	110

Forecast Requirements

- 3.47 The Thames Valley Health Authority provides standards for the number of people required to necessitate a healthcare bed. Whilst Lewisham PCT is not familiar with these standards, they are applied in the SIF model to calculate the beds required to serve the borough's population. See Table 3.11 below.

Table 3.11

Facility	Measure	Standard
Acute Healthcare Beds	Persons per Bed	480
Other Healthcare Beds	Persons per Bed	1,430

Analysis

- 3.48 Table 3.12 compares existing and planned facilities with forecast provision and highlights the difference.

Table 3.12

Year	Acute Healthcare Beds			Other Healthcare Beds		
	Existing / Planned	Required	Difference	Existing / Planned	Required	Difference
2007	600	510	+90	110	171	-61
2012	600	522	+78	110	175	-65

- 3.49 The data shows that Lewisham has a surplus of acute healthcare beds of 18% in 2007, although this reduces to 15% by 2012. In contrast, for other healthcare beds the borough has a shortfall of 36% in 2007, rising to 37% by 2012.
- 3.50 Both services are not necessarily provided within the borough. London's hospitals specialise in particular forms of care and hence provision can be in a variety of boroughs dependant on the condition.

- 3.51 Lewisham PCT monitors patient numbers and (for non-emergency care) waiting times before admission. The number of beds is handled by 'providers' that are commissioned by the PCT on the basis of care given to admitted patients and remunerated by a process called "payment by results". Thus the allocation of beds both in the borough of Lewisham and the across the rest of London is regarded as the business of these providers.

Conclusions

- 3.52 Provision Summary: Further work needed.
- 3.53 Inner London situation is very different to other areas. Most provision of healthcare beds is in other boroughs.

Overall Health & Social Care Conclusions

- 3.54 In general the amount of provision appears sufficient at the current time and local accessibility and quality of service should remain the key focuses.
- 3.55 Further work between planning and the PCT will be required if national policy requires the more frequent use of poly-clinics in 2008 / 2009.
- 3.56 Wider health considerations should be investigated. Sources of prevention as well as cure, i.e. Use of walking and cycling facilities, environmental considerations, such as pollution, etc.
- 3.57 The PCT is currently re-writing its strategy. The Planning Policy team should involve itself in this process to influence the outcomes and to agree priorities.
- 3.58 Continued development of the working relationship between planning and the PCT is required, to ensure the upcoming period of regeneration achieves the desires of both departments. It is also important for both departments to discuss and agree priorities.