



100 Chalk Farm Road

Health Impact Assessment

Prepared by Volterra

Submitted on behalf of Regal Chalk Farm Ltd

January 2024

100 Chalk Farm Road

Full Health Impact Assessment

January 2024

Contents

| | | |
|-----------|---|-----------|
| 1. | Executive summary | 3 |
| | Health impacts of the Proposed Development | 3 |
| | Recommendations and mitigations | 8 |
| 2. | Introduction | 10 |
| | Introduction to the Site | 10 |
| | Introduction to the Proposed Development | 11 |
| | Health Impact Assessment (HIA) | 12 |
| | Key policy documents | 13 |
| 3. | Methodology | 15 |
| | Existing guidance | 15 |
| | HIA scope | 15 |
| | Impacts on vulnerable and sensitive groups | 19 |
| 4. | Baseline health profile | 21 |
| | Public Health England health profile | 21 |
| | LBC Joint Health and Wellbeing Strategy | 21 |
| | Demographic profile | 22 |
| | Vulnerable groups | 22 |
| 5. | Impacts of the Proposed Development | 24 |
| | Housing design and accessibility | 24 |
| | Access to healthcare services and social infrastructure | 27 |
| | Access to open space and nature | 30 |
| | Air quality, noise, and neighbourhood amenity | 33 |
| | Accessibility and active travel | 36 |
| | Crime reduction and community safety | 38 |
| | Access to work and training | 41 |
| | Social cohesion and inclusive design | 45 |
| 6. | Recommendations and mitigations | 48 |

1. Executive summary

- 1.1 This Health Impact Assessment (HIA) has been prepared by Volterra Partners LLP on behalf of Regal Chalk Farm Limited ('the Applicant') for the redevelopment of 100 Chalk Farm Road ('the Proposed Development').
- 1.2 For the purposes of this assessment, a detailed HIA is undertaken in line with Camden Planning Guidance Planning for Health and Wellbeing (January 2021), which states that:

"For larger developments of 100 net dwellings or more, or 10,000sqm + of additional commercial or visitor floorspace, the Council will expect a more comprehensive Health Impact Assessment that analyses all potential health and wellbeing impacts."

- 1.3 The Proposed Development will provide 265 student accommodation units and 24 affordable homes alongside 824 sqm (GIA) of commercial space and public realm improvements, new areas of landscaping, amenity and play space, and improved accessibility to the Site.

Health impacts of the Proposed Development

- 1.4 **Table 1** provides a summary of the health impacts of the Proposed Development for each relevant determinant of health.

Table 1 – Summary of health impacts of the Proposed Development

| Determinant of health | Vulnerable groups ¹ | Health impact |
|---|--|---|
| Housing design and affordability | Older people (65+) | Access to decent and adequate housing is critically important for the health and wellbeing of students and residents. |
| | Younger people (0-24) | The Proposed Development will provide 265 student beds (including 42 affordable student bedspaces) and 24 affordable homes, which will be built of a high quality with generous external amenity space. This represents 166% of LBC's current target for student housing of 160 new student bedspaces per year and 7% of LBC's affordable housing delivery target of 353 new affordable homes per annum. The Proposed Development will deliver 133% of LBC's Draft Local Plan target for student housing of 200 new student bedspaces per year. |
| | People of low income or unemployed residents | Design measures incorporated into the Proposed Development seek to maximise the health and wellbeing of all future residents, including a gym and rooftop amenity space, as well as generous cycle storage, to encourage an active lifestyle. The health impact in the operational phase in relation to housing design and affordability will be positive due to the provision of new high-quality student rooms and affordable housing, meeting an identified need. |
| Access to healthcare services and social infrastructure | Older people (65+) | Strong, vibrant, sustainable and cohesive communities require good quality, accessible public services and infrastructure. Access to good quality health and social care, education (primary, secondary and post-19) and community facilities has a direct positive effect on human health. |
| | People with long-term illness or disability | . Students are expected to access healthcare services near their university rather than their accommodation, as the health centre attached to their university is recommended by the NHS, limiting impact in the local area. Higher education attainment can encourage better health outcomes. The Proposed Development will support 265 students in a location of LBC that is well-connected to a range of higher education institutions across London as well as those in LBC. The health impact in the operational phase of the Proposed Development on access to healthcare services and social infrastructure will be positive because there will be a limited impact on healthcare services. |
| Access to open space and nature | Younger people (0-24) | Providing secure, convenient, and attractive open space can lead to more physical activity and reduce long-term health problems. |
| | People of low income or unemployed residents | The Proposed Development will incorporate internal green pockets and public open spaces. In total, the Proposed Development will provide 343 sqm of well-designed, inclusive public realm. An active and transparent ground floor has been incorporated into the design of the Proposed Development to foster the connection with surrounding open spaces and the natural environment. |

¹ These vulnerable groups have been identified by the literature as having the risk of experiencing differential health effects in relation to the respective determinant.

| Determinant of health | Vulnerable groups ¹ | Health impact |
|---|--|---|
| | People with long-term illness or disability | <p>The Proposed Development will include improvements to the public realm, with new trees and green spaces created for use by the local community, with social interaction and accessibility a key focus throughout the design of the public realm.</p> <p>The health impact in the operational phase relating to access to open space and nature will be positive due to the provision of publicly accessible open space and public realm.</p> |
| Air quality, noise, and neighbourhood amenity | Younger people (0-24) | <p>The quality of the local environment can have a significant impact on physical and mental health.</p> <p>The Applicant has submitted a draft and will submit a detailed Construction Management Plan and pro forma as a pre-commencement condition, which will also include details on how noise and dust pollution would be minimised during construction.</p> |
| | Older people (65+) | <p>According to the Noise and Vibration Planning Report, Operational noise limits will control noise transfer to both the proposed dwellings and nearby noise sensitive premises.</p> |
| | People with long-term illness or disability | <p>According to the Air Quality Assessment, there will be a medium risk generated by dust generation and emissions in the construction phase. There will not be any significant impacts on air pollution in the construction phase.</p> |
| | People of low income or unemployed residents | <p>The Air Quality Assessment concludes that there will not be any significant impacts in the operational phase.</p> <p>The health impact in the construction phase will be neutral as a result of mitigation measures outlined in the draft Construction Management Plan.</p> <p>The health impact in the operational phase in relation to air quality, noise, and neighbourhood amenity will be neutral as a result of noise control measures that will be implemented.</p> |
| Accessibility and active travel | People with long-term illness or disability | <p>Cycling and walking can help fight weight problems and reduce physical inactivity, which reportedly cause one million deaths per year in the European region, while also helping to reduce air pollution.</p> <p>The Construction Management Plan seeks to encourage construction workers to travel via cycle, and avoid the generation of traffic in the construction phase.</p> |
| | Older people (65+) | <p>There will be a variety of pedestrian entry points provided across the different uses of the Proposed Development. Chalk Farm Road will benefit from a widened footway. The Proposed Development has been designed to meet all building regulations to enable the building to be inclusive for all.</p> |
| | People of low income or unemployed residents | <p>The Proposed Development will have no car parking on Site. The proposals also include bike stores provided. Cycle parking is provided in several locations across the site. This would thereby encourage more active travel methods (such as walking and cycling) to get to the Site.</p> |

| Determinant of health | Vulnerable groups ¹ | Health impact |
|--------------------------------------|--------------------------------|--|
| | | <p>In the construction phase, health impacts generated by the Proposed Development in relation to accessibility and active travel will be neutral as construction workers will be encouraged to use active travel options, and disruption to local travel networks will be managed.</p> <p>In the operational phase, health impacts generated by the Proposed Development in relation to accessibility and active travel will be positive due to the substantial provision of cycle parking, several pedestrian entry points, no provision of car parking, and the inclusive design principles that have been adhered to.</p> |
| Crime reduction and community safety | | <p>Thoughtful planning and urban design that promotes natural surveillance and social interaction can help to reduce crime and the 'fear of crime', both of which impacts on the mental wellbeing of residents.</p> <p>The Construction Management Plan outlines the measures to ensure Site security. Entrance into the Site and the welfare area will be security controlled by secure access points. There will be a number of measures to deter intruders.</p> <p>The presence of construction workers on-site will result in increased informal surveillance relative to the existing Stie which is vacant.</p> |
| | Younger people (0-24) | <p>The informal surveillance of the Local Area will increase in the operational phase of the Proposed Development. This mixture of a working, student and residential population generated by the Proposed Development will ensure that people are on-site 24 hours a day which is beneficial for informal surveillance.</p> |
| | Older people (65+) | <p>The design of the Proposed Development has considered crime and community safety from an early stage, with robust consultation with residents and local community groups to understand the key issues (street drinking, rough sleeping, anti-social behaviour) in the area and how the Proposed Development can look to address them. The Design and Access statement outlines that the Proposed Development will follow best practice measures to design out crime.</p> |
| | Ethnic minority groups | |
| | Homeless people | <p>The Statement of Community Involvement outlines that local residents identified street lighting and feeling safe at night as key priorities. The redevelopment of the site will bring it back into constant, permanent use with active footfall and more lighting.</p> <p>In the construction phase, the Proposed Development will have a positive health impact in relation to crime reduction and community safety.</p> <p>In the operational phase, the Proposed Development will have a positive health impact in relation to crime and community safety due to the 24-hour informal surveillance generated on-site by workers, students, and residents.</p> |

| Determinant of health | Vulnerable groups ¹ | Health impact |
|--------------------------------------|--|--|
| Access to work and training | People of low income or unemployed residents | Employment and income are key determinants of health and wellbeing. As outlined in the Economic Regeneration Statement and Employment and Training Strategy , over the 2 year 9 month construction period, the Proposed Development is expected to support approximately 210 construction jobs. The Applicant will deliver several employment and skills commitments in the construction phase of the Proposed Development. The Applicant will work in partnership with the King's Cross Construction Skills Centre to seek to recruit from LBC's resident population. |
| | Ethnic minority groups | |
| | People with long-term illness or disability | In the construction phase, the Proposed Development will have a positive impact on health outcomes in relation to access to work and training. |
| Social cohesion and inclusive design | Younger people (0-24) | Friendship and supportive networks in a community can help to reduce depression and levels of chronic illness as well as speed recovery after illness and improve wellbeing. |
| | Older people (65+) | The Proposed Development will deliver social spaces for residents and visitors, encouraging social cohesion, as well as a café which can be used by residents, workers, and visitors. |
| | People of low income or unemployed residents | The Proposed Development has sought to incorporate the principles of inclusive design wherever possible, with level access to all parts of the proposed buildings being achieved via a DDA compliant lift. Further, all doors and corridors will be designed for easy movement by wheelchair users and the podiums and external amenity terraces areas are to be accessed via level thresholds. |
| | Ethnic minority groups | To date, the Applicant has undertaken two public consultation events and stakeholder consultation meetings to inform the design and use of the Proposed Development. In the operational phase, the Proposed Development will have a positive impact on health outcomes related to social cohesion and inclusive design. |
| | People with long-term illness or disability | Further to this, pastoral care will be considered at the Proposed Development with care taken to first year students who may be living away from home for the first time. |

Recommendations and mitigations

1.5

To enhance the health impact of the Proposed Development a series of recommendations and mitigation measures have been developed. **Table 2** presents the measures relevant for each determinant and the method for delivery.

Table 2 – Recommendations and mitigation measures

| Determinant of health | Recommendation and mitigation measures |
|---|--|
| Housing design and accessibility | <ul style="list-style-type: none"> Ensure the provision of affordable student units, contributing to Local Plan targets. |
| Access to healthcare services and social infrastructure | <ul style="list-style-type: none"> The Applicant will make a financial contribution to offset any adverse impacts on social infrastructure such as primary healthcare provision through its community infrastructure levy commitments. |
| Access to open space and nature | <ul style="list-style-type: none"> Develop a maintenance plan for the upkeep of publicly accessible open spaces and nature on-site. |
| Air quality, noise, and neighbourhood amenity | <ul style="list-style-type: none"> Implement measures outlined in the draft Construction Management Plan throughout the construction phase. Require the lead contractor for construction works to deliver the highest standard of the Considerate Constructors accreditation. Monitor environmental impacts during construction in line with the Considerate Constructors accreditation, recording safety issues and feedback from local communities on environmental impacts that may affect health, such as the generation of dust. It is recommended that the Applicant commits to the implementation of the best practice mitigation measures identified in the Air Quality Assessment during the construction phase of the development. It is anticipated that the generation of dust and harmful pollutants emissions from construction site activities will be reduced with the correct implementation of these measures. The Applicant should consider the acoustic mitigation measures outlined in the Noise and Vibration Planning Report to ensure minimal disruption to local residents and workers. |
| Accessibility and active travel | <ul style="list-style-type: none"> In the construction phase, the Applicant should ensure a detailed Construction Management Plan is secured in planning and a co-ordinator is appointed to undertake the day-to-day management of the Construction Logistics Plan. In the operational phase, it is recommended that all end use tenants encourage active travel measures for all employees. It is recommended that the Applicant ensures the delivery of a lift, stair, ramp, fire, wayfinding, and sanitary strategy during the operational phase. |
| Crime reduction and community safety | <ul style="list-style-type: none"> The Applicant has undertaken consultation with local community groups and the Secure By Design Officer - agreeing and detailing the crime prevention measures that have been incorporated into the design of the Proposed Development. This will ensure the confidence of local residents. |
| Access to work and training | <ul style="list-style-type: none"> Ensure the delivery of all S106 commitments throughout the construction phase of the Proposed Development. |
| Social cohesion and inclusive design | <ul style="list-style-type: none"> Explore opportunities for locating community events at the public open spaces provided by the Proposed Development. |

| Determinant of health | Recommendation and mitigation measures |
|-----------------------|--|
| | <ul style="list-style-type: none">• Where commercially feasible, the Applicant should encourage community groups to use the commercial units delivered by the Proposed Development outside of operational hours.• The Applicant should explore opportunities to encourage students residing in the Proposed Development to take part in local volunteering opportunities. |

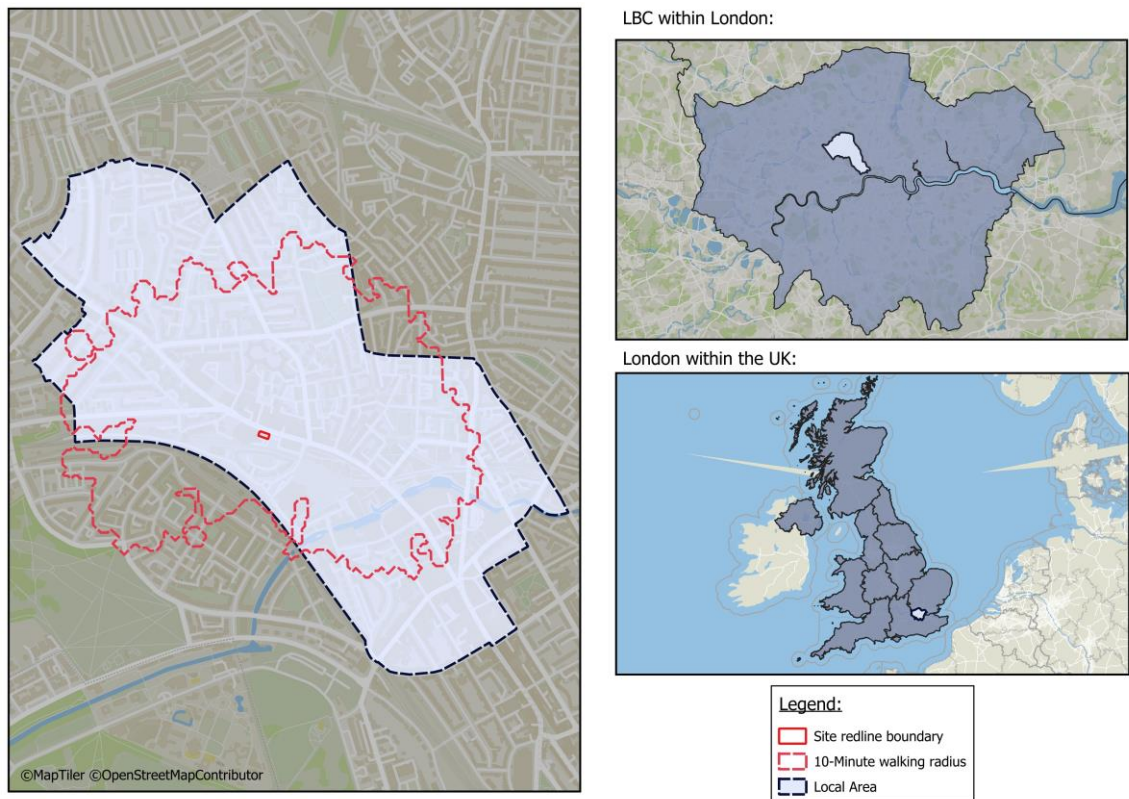
2. Introduction

- 2.1 This Health Impact Assessment (HIA) has been prepared by Volterra Partners LLP on behalf of Regal Chalk Farm Limited ('the Applicant') for the redevelopment of 100 Chalk Farm Road ('the Proposed Development') at NW1 8EH ('the Site'), which falls in the London Borough of Camden (LBC).
- 2.2 The Site is located on the south-western side of Chalk Farm Road and borders the mainline railway into Euston, with the Juniper Crescent Housing Estate to the south. It lies within the Regents Canal Conservation Area. To the west, the site is adjacent to the Grade II* listed Roundhouse theatre and live music venue. Beyond that, to the north-west is Chalk Farm Underground Station. To the east is the Petrol Filling Station site, which forms part of the LBC Goods Yard development and is currently in use as a temporary supermarket.
- 2.3 The Site is located on the border of Haverstock and Camden Town wards. Considering that collectively these wards broadly represent a 10-minute walking radius of the Site, they represent the Local Area for this assessment. The assessment geographies are laid out in **Table 3**.

Table 3 – Study areas

| Assessment area | Geography |
|-----------------|----------------------------------|
| Local Area | Camden Town and Haverstock Wards |
| Borough | LBC |
| Region | London |
| National | England and Wales |

Figure 1 – Site context



Introduction to the Proposed Development

- 2.4 The Proposed Development will provide 265 student accommodation units and 24 affordable homes alongside 783 sqm (GIA) of commercial space and public realm improvements, new areas of landscaping, amenity and play space, and improved accessibility to the site.
- 2.5 The description of the Proposed Development is as follows:

“Demolition of existing buildings and redevelopment of the site to provide two buildings containing purpose-built student accommodation with associated amenity and ancillary space (Sui Generis), affordable residential homes (Class C3), ground floor commercial space (Class E) together with public realm, access, servicing, and other associated works.”

Health Impact Assessment (HIA)

- 2.6 Health is influenced by a combination of biological and environmental factors. Biological factors are largely inherent. However, environmental factors can be influenced through design and management of buildings and spaces which may be able to impact on health outcomes. This is particularly important when it comes to health inequalities – people who are economically, environmentally, and socially disadvantaged experience poorer health outcomes. Planning can influence these factors and is therefore an important consideration in health.
- 2.7 The HIA is a tool that aims to understand the impact of development and infrastructure on human health. It considers both the positive and negative impacts on the different affected subgroups of the population that may result from an intervention.
- 2.8 For the purposes of this assessment, a detailed HIA is undertaken in line with Camden Planning Guidance Planning for Health and Wellbeing (January 2021), which states that:²

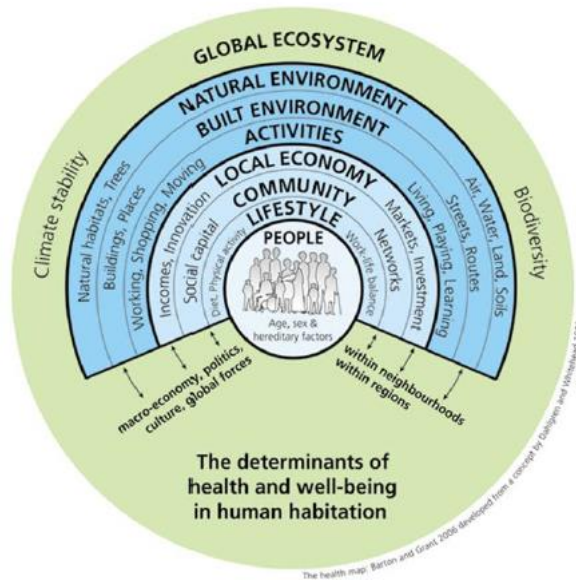
“For larger developments of 100 net dwellings or more, or 10,000sqm + of additional commercial or visitor floorspace, the Council will expect a more comprehensive Health Impact Assessment that analyses all potential health and wellbeing impacts.”

- 2.9 Therefore, a ‘Full’ or ‘Detailed’ HIA has been selected as appropriate for the Proposed Development. This Full HIA considers how the Proposed Development could impact on the factors that can influence human health. It suggests ways that potential positive health impacts can be enhanced and potential negative health impacts mitigated.
- 2.10 This Full HIA is based on the wider determinants of health model, as suggested by the Camden Planning Guidance Planning for Health and Wellbeing document, which recognises that the economic, physical and social environment has a significant impact on our health.³ Factors that have the most significant influence on the health of the population are called ‘determinants of health’. Across a broad scale, these include, at the lowest level, an individual’s genetics, and their lifestyle, broadening out to include the surrounding environment, as well as policy, cultural and societal issues. The wider determinants of health are shown in **Figure 2**.

² LBC, 2021. Camden Planning Guidance Planning for Health and Wellbeing

³ Dahlgren G, Whitehead M. 1991. Policies and Strategies to Promote Social Equity in Health, as referenced in Public Health England, 2022. Health Profile for England 2021

Figure 2 – The wider determinants of health



Source: Dahlgren G, Whitehead M. 1991. *Policies and Strategies to Promote Social Equity in Health*, as referenced in *Public Health England, 2022. Health Profile for England 2021*

2.11 The aims and objectives of this Full HIA are to:

- Understand the mechanisms through which the Proposed Development could directly or indirectly impact health determinants;
- Identify vulnerable groups within the population that are most likely to have health outcomes differentially affected by the Proposed Development, and
- Identify measures to enhance the beneficial health effects and mitigate the adverse effects on public health arising from the Proposed Development.

Key policy documents

2.12 The National Planning Policy Framework (NPPF) outlines the national planning policy used to inform regional and local plans.⁴ Chapter eight of the NPPF (2023 “promoting healthy and safe communities” details the role of planning policy in ensuring the health of communities. The NPPF also outlines key principles in ensuring that local planning authorities consider these outcomes including:

- Policies aiming to support and enable healthy lifestyles;
- Improving the social and cultural well-being of all sections of the community;
- Ensuring that places are well-designed; and
- Conserving and enhancing the natural and local environment.

⁴ MHCLG, 2023. National Planning Policy Framework

- 2.13 The London Plan, developed by the Greater London Authority (GLA), sets out planning policy for London, which is used to inform individual London local authorities' local plans.⁵ The local plan advises on "Policy GC3, Creating a Healthy City", that:

Those involved in planning and development must ... assess the potential impacts of development proposals ... on the mental and physical health and wellbeing of communities, in order to mitigate any potential negative impacts, maximise potential positive impacts, and help reduce health inequalities, for example through the use of Health Impact Assessments".

HIAs in LBC

- 2.14 LBC has taken an integrated approach to health and wellbeing. Policy C1 of the Camden Local Plan 2017 highlights the health inequalities that exist in LBC and the need for measures to help achieve the health and wellbeing aims of the Local Plan 2017. This is also reiterated in the Draft New Camden Local Plan,⁶ which is currently going through consultation and due to replace the Camden Local Plan (2017).
- 2.15 LBC Local Plan 2017 Policy C1 and Policy SC1 in the Draft New Local Plan requires:^{7,8}
- Development to positively contribute to creating high quality, active, safe and accessible places; and
 - Proposals for major development schemes include a HIA.
- 2.16 The LBC Health and Wellbeing Board works with local people to identify health and social care needs of the LBC community. The LBC Health and Wellbeing Board has produced a Joint Health and Wellbeing Strategy 2020, which outlines the key wider determinants.⁹
- 2.17 Whilst there is no official LBC guidance for HIAs, LBC has produced a Planning Guidance Planning for Health and Wellbeing (January 2021) document, which:¹⁰
- Identifies when HIA should be prepared and what they might contain; and
 - Provides signposting to wider health strategies and data prepared by LBC and partners that can contribute to the production of HIAs and assessment of planning applications.

⁵ GLA, 2021. The London Plan

⁶ LBC, 2023. Draft New Camden Local Plan – Regulation 18 Consultation Version

⁷ LBC, 2017. Camden Local Plan 2017

⁸ LBC, 2023. Draft New Camden Local Plan – Regulation 18 Consultation Version

⁹ Health and Wellbeing Board, 2020. LBC Health and Wellbeing Strategy 2022-2030

¹⁰ LBC, 2021. Camden Planning Guidance Planning for Health and Wellbeing

3. Methodology

Existing guidance

- 3.1 There is no one definitive methodology for HIA. The preparation of this Full HIA has been informed by several documents, including:
- **The London Healthy Urban Development Unit for Health Rapid Health Impact Assessment (HUDU Rapid HIA) Tool and Checklist (2017)** – This is a helpful tool for understanding the impact of developments on health.
 - **Public Health England (PHE) Health Impact Assessment in Spatial Planning (2020)** – This report provides a process through which health and wellbeing impacts of any plan or development project can be identified and assessed.
 - **Wales Health Impact Assessment Support Unit's HIA A Practice Guide (2015)** – This guidance provides further evidence on the links between development and health, and in particular the impact of development on vulnerable population groups and the process for addressing this through HIA.

HIA scope

- 3.2 This report assesses the potential health effects resulting from changes in determinants of health that are most relevant to the Proposed Development. It is clear, without appraisal, that some determinants of health will not be affected by the Proposed Development. Such health effects are scoped out of the assessment.
- 3.3 As suggested by the LBC Planning Guidance Planning for Health and Wellbeing, the assessment utilises the determinants of health as listed in the HUDU HIA guidance. **Table 4** outlines these health determinants and summarises whether the respective health effect is scoped in or out of the assessment and differentiates between construction and operational phases.

Table 4 – Health determinants scoped-in and out of the HIA

| HUDU health determinant | Construction | Operation | Justification |
|---|--------------|-----------|---|
| Housing design and affordability | Scoped out | ✓ | The existing site consists of three vacant commercial buildings and hence there will be no impact on housing provision during construction and so this determinant is scoped out for the construction phase. The Proposed Development involves the provision of 265 student rooms and 24 affordable homes – as such, the housing design and affordability determinant on health is scoped into the assessment for the scheme once operational. |
| Access to healthcare services and social infrastructure | Scoped out | ✓ | The construction workers would be temporary and as such are not expected to have a significant impact on health provision of either GPs or the local A&E service. Approximately 3% of construction workers are typically injured at work in any one |

| HUDU health determinant | Construction | Operation | Justification |
|---------------------------------|--------------|-----------|---|
| | | | <p>year,¹¹ which is unlikely to be significant in the context of attendances to the nearest A&E (University College Hospital). Similarly, whilst workers could register with local GPs, few are expected to in practice given the workers are temporary. Therefore, this determinant is scoped out of the assessment during construction.</p> <p>New students and residents at the Proposed Development are likely to place additional demand on local GP and A&E services. On this basis, this determinant of health is scoped in for the operational phase. The Proposed Development will provide 24 new affordable homes, resulting in an estimated child yield of approximately 18 children (eight early years, six primary and four children of secondary school age) based on the GLA Population Yield Calculator, which is unlikely to have a significant impact at each education level. Given the majority of the Proposed Development is related to student accommodation operated in partnership with a nearby university – access to education is not considered in this assessment.</p> <p>Given the nature of the Proposed Development, providing student accommodation – access to higher education is scoped into this assessment.</p> |
| Access to open space and nature | Scoped out | ✓ | <p>The existing site contains three vacant commercial buildings and does not contain any accessible open space – therefore, the construction activity would not directly impact access to any open space in the Local Area. During construction some people may be deterred from walking near the Site due to the creation of noise and / or severance, though this would only occur during specific periods and in isolated areas. As a result, changes in access to open space, nature and amenity space are not expected to have a significant impact on health throughout the construction period and the determinant is scoped out.</p> <p>The Proposed Development would provide new external amenity space through high-quality public realm and roof terraces to serve the new residents. For this reason, access to open space and nature is scoped in for operation.</p> |
| Air quality, noise, and | ✓ | ✓ | This determinant is scoped in for both the construction and operational phases. Air quality, |

¹¹ HSE, 2023. Work-related illness – Industry.

| HUDU health determinant | Construction | Operation | Justification |
|--------------------------------------|--------------|-----------|---|
| neighbourhood amenity | | | <p>noise, and neighbourhood amenity would be impacted by the refurbishment of the Site, through increased travel and construction activity.</p> <p>Additionally, for any new development, it is important that these impacts are considered. The increase in the number of residents in the area is likely to lead to increased activity around the Site and the surrounding neighbourhood amenities.</p> |
| Accessibility and active travel | ✓ | ✓ | <p>Health impacts related to this determinant are scoped in for both the construction and operational phases. Accessibility near the Site could be affected by construction activity related traffic acting as a severance.</p> <p>The Proposed Development would be a car free Site and would encourage the workers to use active travel methods to get to the Site. This is likely to have a positive health impact and as such has been scoped in for the operational phase.</p> |
| Crime reduction and community safety | ✓ | ✓ | <p>This determinant is scoped in for both phases. LBC has a crime rate higher than London with 144.4 offences per 1,000 residents compared to 105.7 offences per 1,000 residents across London. LBC have the 3rd highest crime incidence rate per 1,000 residents in all of London. The Local Area is made up of Haverstock and Camden Town Wards. Whilst the crime rate in the Haverstock Ward is low (76.6 offences per 1,000 residents), the crime rate in the Camden Town Ward is high (354.7 offences per 1,000 residents).</p> <p>During the construction and operational phase, it is expected that there would be an increase in natural surveillance from new residents and students, which can serve to reduce crime and improve community safety.</p> |
| Access to healthy food | Scoped out | | <p>The Site is located near a number of food establishments providing a broad range of food options (both healthy and unhealthy) for construction workers. The construction process is a temporary phase and is unlikely to have a permanent health impact on these workers. Therefore, for this assessment this determinant is scoped out for the construction phase.</p> <p>The Proposed Development is primarily a residential building including the provision of two flexible commercial units. Currently, the use of the commercial spaces is not known however could include a café or other commercial uses. For the</p> |

| HUDU health determinant | Construction | Operation | Justification |
|---|--------------|------------|--|
| | | | purposes of this HIA, this determinant is scoped out during the operational phase as even if a café is provided on-site, it is unlikely to materially change the local offer, with the Proposed Development's location with a plethora of food options available in the immediate and Local Area. |
| Access to work and training | ✓ | Scoped out | <p>There would be employment generated in both the construction phase of the Proposed Development. Furthermore, the Applicant is committed to signing up to a number of employment and skills initiatives to benefit local residents. For this reason, access to work and training is scoped in the construction phase.</p> <p>In the operational phase, the Proposed Development will support 55-80 jobs. This is a minimal impact in the context of the 415,000 jobs in LBC as of 2022.¹² For this reason, access to work and training is scoped out of the operational phase.</p> |
| Social cohesion and inclusive design | Scoped out | ✓ | <p>The existing Site consists of three vacant office buildings. Therefore, the construction of the Proposed Development would have an insignificant impact on levels of social interaction. As such, this determinant has been scoped out of the assessment in the construction phase.</p> <p>Once operational, the Proposed Development's provision of roof terraces and public realm would encourage social interaction. Furthermore, inclusive design would be incorporated throughout the Proposed Development. Therefore, this determinant has been scoped in for the operational phase of the Proposed Development.</p> |
| Minimising the use of natural resources | Scoped out | | <p>This determinant focuses on making the most of existing land, encouraging recycling, and sustainable design and construction techniques. This determinant is scoped out during the construction phase because negative effects relating to construction techniques are assessed in the air quality and noise sections, and the Proposed Development is considered to be an effective use of land.</p> <p>During the operational phase, the Proposed Development would encourage recycling, and sustainable design and construction techniques. These general issues are not considered to have any significant effect upon human health in this</p> |

¹² ONS. 2023. Business Register Employment Survey 2022.

| HUDU health determinant | Construction | Operation | Justification |
|-------------------------|--------------|-----------|---|
| | | | context. Therefore, this determinant is scoped out during the operational phase. |
| Climate change | Scoped out | | It is unlikely that the workers or residents of the Proposed Development would have their health affected by extreme weather specifically caused by the carbon impact of either the construction or operation of the Proposed Development. As such, this determinant is scoped out of this rapid HIA for both phases. |

Impacts on vulnerable and sensitive groups

- 3.4 As identified in the Camden Planning Guidance Planning for Health and Wellbeing (January 2021), certain population groups are more vulnerable and sensitive to the health impacts resulting from development. This may happen because of specific characteristics that make them more vulnerable to changes (for example, children being more vulnerable to changes in air quality due to their lungs still developing), or as a result of existing health or socio-economic inequalities (for example ethnic minority groups face inequalities in employment outcomes).
- 3.5 For the purposes of the HIA, the following vulnerable population groups are considered to be potentially differentially impacted by the Proposed Development. These vulnerable population groups align with groups presented within the Welsh HIA Support Group (2011) guidance.¹³
- Ethnic minority groups
 - Older people
 - Younger people
 - People of low income and unemployed residents
 - Traveller groups
 - People with health problems or disabilities
 - Single parents
 - Homeless people
- 3.6 This HIA makes the distinction between the impacts of the Proposed Development on the general population and the impact specifically on vulnerable groups.

Table 5 – Receptor populations

| Receptor group | Receptor populations |
|--------------------|------------------------|
| General population | Residents |
| | Workers |
| Vulnerable groups | Ethnic minority groups |
| | Older people |
| | Younger people |

¹³ Welsh Health Impact Assessment Support Unit, 2011. Health Impact Assessment: A Practical Guide

| Receptor group | Receptor populations |
|----------------|---|
| | People on low income and unemployment residents |
| | Traveller groups |
| | People with health problems or disabilities |
| | Single parents |
| | Homeless people |

3.7

The HIA presents the health impacts of the Proposed Development under wider determinants of health in the 'Impacts of the Proposed Development' section. For each determinant of health, this assessment presents the below information:

- **The pathways through which the Proposed Development would impact health** – this is informed thorough consideration of existing literature and guidance.
- **Baseline conditions** – this section assesses baseline conditions in the Local Area to determine how sensitive local residents are to changes in each determinant of health.
- **The distribution of impacts and effects on vulnerable population groups** – this is informed by a combination of existing literature, guidance and baseline conditions, and the identifying scale and impact of the Proposed Development on determinants of health.

4. Baseline health profile

- 4.1 This section provides a summary of the baseline health and population characteristics relevant for consideration of health impacts generated by the Proposed Development. Data is presented down to the Local Area level wherever possible.

Public Health England health profile

- 4.2 Public Health England (PHE) provide a summary Fingertip Health Profiles for local authorities across England. The profiles present key population and health statistics. PHE summarises the health profile of LBC as follows:

The health of people in Camden is varied compared with the England average. About 27.3% (8,165) of children live in low income families. Life expectancy for both men and women is higher than the England average.¹⁴

- 4.3 From a high level review of PHE metrics, there are a number of significant public health issues in LBC where the local authority performs significantly worse than the England average. These public health issues are outlined in **Table 6**.

Table 6 – LBC performs worse than regional and national comparators on several health indicators

Health metrics included in the LBC PHE Fingertips Health Profile

| Indicator | Local (LBC) | Regional (London) | National |
|---|-------------|-------------------|----------|
| Killed or seriously injured on England's roads (per 100,000 population) | 50.9 | 39.5 | 42.6 |
| Estimated diabetes diagnosis rates | 56.3 | 71.4 | 78.0 |
| Percentage of children in low income families | 27.3 | 18.8 | 17.0 |
| Percentage of people in employment | 70.7 | 74.2 | 75.6 |

4.4

LBC Joint Health and Wellbeing Strategy

- 4.5 The LBC Health and Wellbeing Board has produced a Joint Health and Wellbeing Strategy 2020, which outlines the key wider determinants of health that affect the LBC population, these include:¹⁵

- **Housing** – LBC has a lower rate of households in temporary accommodation than London (2017/18), but an estimated 10% of households in LBC are considered to be overcrowded.

¹⁴ Public Health England, 2020. Local Authority Health Profile 2019

¹⁵ LBC Health and Wellbeing Board, 2020. LBC Health and Wellbeing Strategy 2022-2030

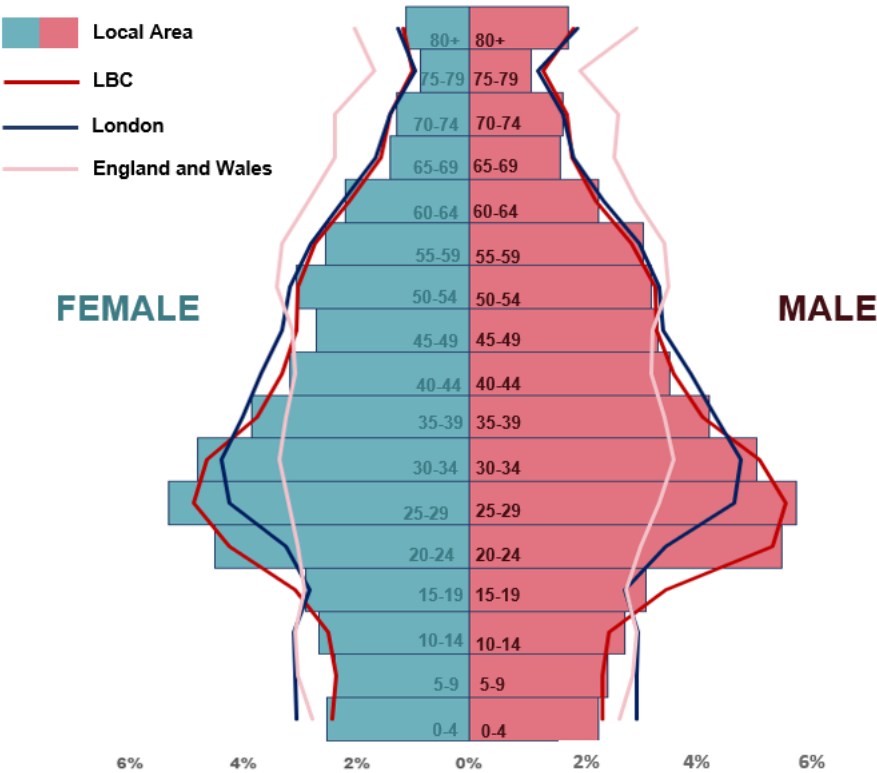
- **Violent crime** – In 2018/19 the rate of violent offences in Camden was higher than London, but lower than England overall.

Demographic profile

4.6 **Figure 3** illustrates the demographic profile of the Local Area of the Proposed Development in comparison to comparator geographies. The Local Area of the Proposed Development has a significantly higher proportion of those aged 20 to 29 relative to geographic comparators. The Local Area of the Proposed Development and LBC have a slightly lower proportion of younger people aged 0-14 than what is recorded across London, and England and Wales.

Figure 3 – The Local Area of the Proposed Development has a high proportion of 20 to 29 year olds relative to geographical comparators

The proportion of the residential population within age bands (% of total population)



ONS. 2023. Estimates of the population for the UK, England and Wales, Scotland, and Northern Ireland

Vulnerable groups

4.7 **Table 7** identifies the proportion of residents falling within respective vulnerable groups categories across geographies. There is a significantly higher proportion of people of low income, unemployed residents, and ethnic minority groups in the Local Area compared to geographic comparators. Across LBC, there is a

disproportionately high proportion of homeless people relative to what is recorded across London. As a result of the lack of data availability, the proportion of single parents is not presented in the table.

Table 7 – Proportion of residents in study areas within vulnerable groups

| Area | Younger people (0-24) | Older people (65+) | People of low income | Unemployed residents | Ethnic minority groups | Disability | Homelessness |
|-------------------|-----------------------|--------------------|----------------------|----------------------|------------------------|------------|--------------|
| Local Area | 31% | 11% | 22% | 8% | 43% | 17% | - |
| LBC | 31% | 12% | 16% | 7% | 40% | 15% | 31% |
| London | 30% | 12% | 14% | 6% | 46% | 13% | 6% |
| England and Wales | 29% | 19% | 12% | 5% | 18% | 17% | - |

Source: ONS, 2024. Census 2021; ONS. 2023. Estimates if the population for the UK, England and Wales, Scotland, and Northern Ireland; MHCLG. 2019. English indices of deprivation 2019. NB: low-income figure taken as sum off all income deprivation indicator denominators and compared to total population of relevant geography.

5. Impacts of the Proposed Development

Housing design and accessibility

Pathway for health impact

- 5.1 Access to decent and adequate housing is critically important for health and wellbeing, especially for the very young and very old. Environmental factors, overcrowding and sanitation in buildings as well as unhealthy urban spaces have been widely recognised as causing illness since urban planning was formally introduced. Post-construction management also has impact on community welfare, cohesion and mental wellbeing.¹⁶
- 5.2 Private accommodation can be poor quality with fragmented ownership. For students, the alternative to the Private Rented Sector (PRS) is Purpose-Built Student Accommodation (PBSA), which has the potential to reduce student pressure on the PRS, through provision of high quality, safe, managed accommodation. As well as meeting student demand, PBSA provision can also help relieve pressure on the conventional housing market.
- 5.3 Poor and inaccessible housing design is a barrier to independent living.¹⁷ Good accessible design is a way of helping older people live comfortably. Approximately 3% of homes currently include the four recommended features for someone with mobility problems, this includes level access, flush threshold, WC at entry level and circulation space.¹⁸ Research has found that many older people live in deteriorating and cold housing conditions.¹⁹
- 5.4 The risk of asthma and other respiratory conditions have been shown to increase among children living in damp house whilst the accessibility of buildings has become an increasingly important consideration for older adults.²⁰
- 5.5 Low-income groups are more likely to live in overcrowded conditions, which can heighten the risk of the spread of infectious diseases and developing mental health issues. Overcrowding and poor housing conditions also present sources of stress for children with knock-on effects on emotional and physical health and longer-term outcomes.²¹
- 5.6 Changes caused by the Proposed Development regarding housing design and accessibility have the potential to differentially effect the following vulnerable population groups:
 - **Older people (65+):** Older people are susceptible to housing design and accessibility due to reduced mobility and greater reliance on accessible housing design.

¹⁶ NHS London HUDU, 2017. Rapid Health Impact Assessment Tool

¹⁷ Age UK Love later life, 2014. Housing in later life

¹⁸ Department of Communities and Local Government, 2009. English House Conditions Survey 2007

¹⁹ Age UK Love later life, 2014. Housing in later life

²⁰ Scottish Government, 2011: Childhood Asthma Evidence Assessment. Edinburgh: Good places better health for Scotland's children.

²¹ National Children's Bureau, 2016. Housing and the Health of Young Children.

- **Younger people (0-24):** Younger people are vulnerable to changes in housing design and accessibility due to their increased risk to illnesses such as asthma.
- **People of low income or unemployed residents:** This group are more likely to live in overcrowded and poor housing conditions.

Baseline conditions

- 5.7 The total housing stock in the Local Area is approximately 7,900 dwellings, of which 13% of households are overcrowded, compared to 10% across LBC.²² This is higher than any other geographical comparator – specifically over three times the national average of 4%.

Table 8 – Overcrowded households (Census 2021)

| | Local Area | LBC | London | England |
|--------------------------------------|------------|-----|--------|---------|
| Proportion of overcrowded households | 13% | 10% | 11% | 4% |

ONS, 2022. Census 2021: TS052 – Occupancy ratings for bedrooms.

- 5.8 A number of criteria are used to defined when a home is 'decent'. However the following four guiding principles provide an overview of the definition:²³
- It meets the current statutory minimum standard for housing;
 - It is in a reasonable state of repair;
 - It has reasonably modern facilities and services; and
 - It provides a reasonable degree of thermal comfort.
- 5.9 In LBC, 16% of local authority owned dwellings are considered non-decent, which is considerably above both the London (9%) and England (6%) averages.²⁴
- 5.10 In terms of housing affordability, the cost of buying a house in LBC is far above comparators. House price to earnings (HPE) can be used as a proxy for the affordability of housing for an area. It measures how much greater house prices are compared to relative annual earnings.
- 5.11 **As of 2022, in LBC the HPE is 18.0 – that is, average house prices are 18.0 times higher than average earnings.** This is significantly higher than both the London average of 12.5 and over twice as high than the England and Wales average of 8.2.²⁵ Out of all 317 local authorities, LBC ranks as the 10th most unaffordable in the country concerning HPE.
- 5.12 The English Indices of Multiple Deprivation (IMD) ranks deprivation based on seven domains: Income; Employment; Health; Education, Skills and Training; Barriers to Housing and Services; Crime; and Living Environment.²⁶ The IMD uses the seven indicators to build up the relative deprivation measures for small

²² ONS, 2022. Census 2021: TS052 – Occupancy ratings for bedrooms.

²³ Department for Communities and Local Government, 2006. A Decent Home: Definition and Guidance for Implementation.

²⁴ Department for Levelling Up, Housing and Communities, 2021. Local authority housing statistics data returns for 2021 to 2022

²⁵ ONS, 2023. House price to residence-based earnings ratio.

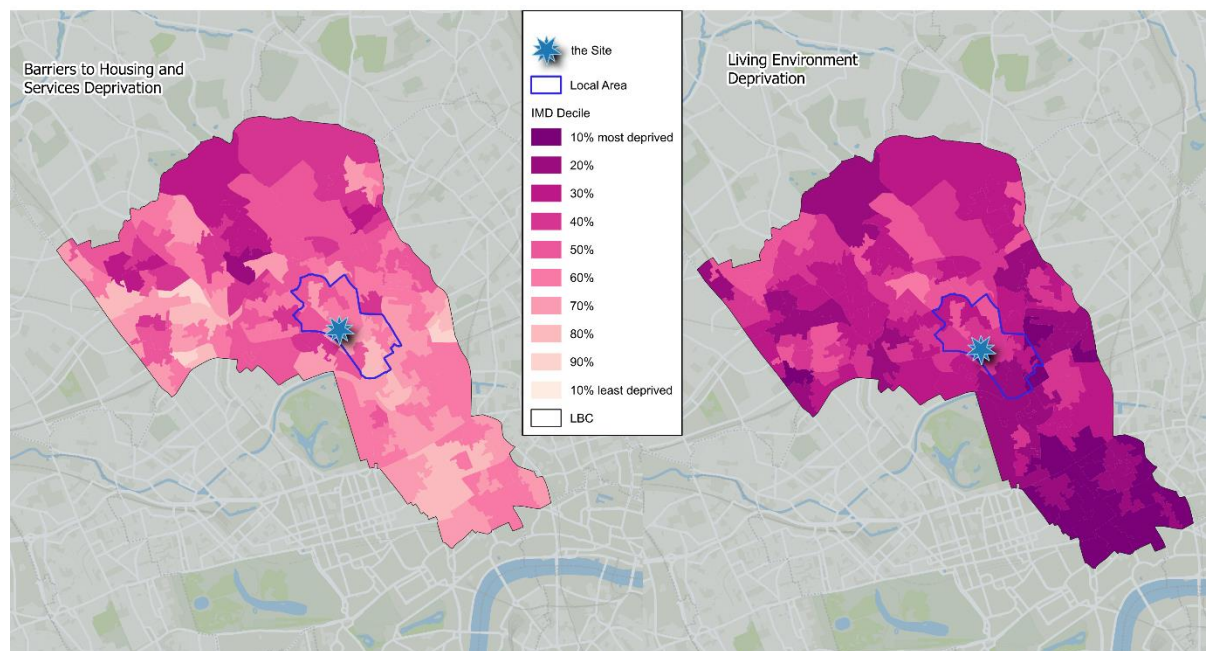
²⁶ DHLUC, 2019. Index of Multiple Deprivation .

geographical areas in England. Relative ranks of deprivation are provided for local authority districts and small areas known as Lower Layer Super Output Areas (LSOA).²⁷

- 5.13 Barriers to Housing and Services and Living Environment are the most relevant sub-domains of deprivation for the Proposed Development.
- 5.14 **Figure 4** illustrates that relative to the south of the borough, the Local Area of the Proposed Development is more deprived in the Barriers to Housing and Services domain. This domain specifically measures the physical and financial accessibility of housing and local services. Some of the LSOAs within the Local Area of the Proposed Development are in the top 50% most deprived of all LSOAs in this domain nationally.
- 5.15 In addition, in terms of the Living Environment Domain of the IMD, the Local Area performs poorly, as does the whole of LBC. Within the Local Area of the Proposed Development, some LSOAs are in the top 20% most deprived nationally.

Figure 4 — The Local Area of the Proposed Development scores poorly on housing related deprivation measures

Barriers to Housing and Services and Living Environment domains of the IMD by Lower Level Super Output Area (LSOA) (2019)



Source: MHCLG, 2019. English indices of deprivation 2019

²⁷ LSOAs are small areas designed to be of a similar population size, with an average of approximately 1,500 residents or 650 households

Assessment of impact

Operational phase

- 5.16 The Proposed Development will provide 265 student beds and 24 affordable homes. As outlined in the **Economic Regeneration Statement and Employment and Training Strategy**, this represents 166% of LBC's target for student housing of 160 new student bedspaces per year and 7% of LBC's affordable housing delivery target of 353 new affordable new homes per annum. This contribution will also provide 133% of LBC's Draft New Local Plan target of 200 new student bedspaces per year. Further to this, 42 of the student rooms will be affordable, approximately 16% of the total student beds provided.
- 5.17 The student rooms at the Proposed Development have been designed with communal kitchens, living, and dining spaces to accommodate the needs of students. Shared student facilities are arranged around providing communal space for social, active and focussed needs of students. There is also a designated dining room and workspaces set around a courtyard garden. In addition to this, a gym, rooftop space, and cycle storage is provided. The Proposed Development has been purposefully designed to provide ample space for students and their needs.
- 5.18 The affordable homes at the Proposed Development have been designed to meet the guidance the London Housing Design Standards LPG, including the minimum apartment sizes set out in the Nationally Described Space Standards. The efficient layout of the buildings result in well-considered dwelling layout arrangements. All homes are dual aspect and there are no single aspect north facing homes. The minimum of 2.5 metre floor to ceiling would be achieved in accordance with the London Plan and individual room sizes reflect the Mayor's Housing Design Standards.

Summary of impact

- 5.19 The operational phase of the Proposed Development will deliver students, residents, and workers on-site. The health impact in the operational phase in relation to housing design and affordability will be **positive** due to the provision of new high-quality student rooms and affordable housing, meeting an identified need. On-site users of the Proposed Development, within the young people, older people and low-income population would face relatively larger impacts on health outcomes as a result of the Proposed Development.

Access to healthcare services and social infrastructure

Pathway for health impact

- 5.20 Strong, vibrant, sustainable and cohesive communities require good quality, accessible public services and infrastructure. Encouraging the use of local services is influenced by accessibility, in terms of transport and access into a building, and the range and quality of services offered. Access to good quality health and social care, education (primary, secondary and post-19) and community facilities has a direct positive effect on human health. Opportunities for the community to participate in the planning of these services has the potential to impact positively on mental health and wellbeing and can lead to greater community cohesion.²⁸

²⁸ NHS London HUDU, 2017. Rapid Health Impact Assessment Tool

- 5.21 Older people currently face barriers to accessing healthcare due to a lack of mobility or knowledge in accessing the correct services. As people get older, they typically develop more long-term health conditions and require more health care.²⁹
- 5.22 Individuals with disabilities and chronic conditions have a greater reliance on and use of healthcare services. In general, the barriers that those with disabilities face are exacerbated by poor communication and poor continuity of care from healthcare services.³⁰
- 5.23 Changes caused by the Proposed Development regarding access to healthcare services and social infrastructure has the potential to differentially effect the following vulnerable population groups:
- **Older people (65+):** Older people tend to have a lack of mobility and find it more difficult to access healthcare services that are not located nearby their place of residence.
 - **Long-term illness or disability:** Those that have long-term illness or disabilities are more susceptible to changes to the provision of healthcare services.

Baseline conditions

Healthcare

- 5.24 The Site lies within the catchment of 14 GP practices. These practices serve a total of 135,500 patients, supported by 56 fully-qualified GP FTEs (full-time equivalents), equating to a ratio of 2,434 patients per GP FTE.³¹ This is 35% higher than the HUDU recommended benchmark of 1,800 patients per GP FTE,³² indicating constrained provision. This is also more constrained than provision in the North Central Integrated Care board (ICB) – which is the ICB that the Site operates within. The North Central London ICB has a patient to GP FTE ratio of 1,941, which is closer to the NHS HUDU benchmark of 1,800.
- 5.25 The Camden Health and Wellbeing Strategy (2022-30)³³ note whilst demand for healthcare has returned to pre-pandemic levels, there is a significant challenge to clear the backlog of activity leading to longer waiting times.

Higher education

- 5.26 LBC has long been an appealing choice for university students seeking an exciting and culturally rich place to live. According to the LBC 2025 Vision, the borough's commitment to nurturing creativity, diversity, and innovation has fostered an environment that resonates with the interests and aspirations of young individuals pursuing higher education.³⁴
- 5.27 LBC contains eight main higher education institutions, including mostly University College London (UCL) which ranks as the second largest university in the UK. Collectively, the institutions have experienced a growth of 26% in students since 2014/15.

²⁹ National Academic Press, 2008. Retooling for an aging America: building the health care workforce

³⁰ WHO, 2017. Physical activity. Available at: <http://www.who.int/mediacentre/factsheets/fs385/en/>

³¹ NHS, 2023. General Practice Workforce – October 2023.

³² NHS, 2009. HUDU Planning Contribution Model.

³³ LBC Health and Wellbeing Board, 2020. LBC Health and Wellbeing Strategy 2022-2030.

³⁴ LBC, 2018. Camden 2025

Table 9 - Within LBC higher education institutions specifically, there has been a substantial growth in enrolment.

5.28

Student population growth at LBC higher education institutions since 2014/15

| Institution | Student number 2014/15 | Student number 2021/22 | Percentage change |
|---|---------------------------|---------------------------|----------------------|
| UCL | 29,945 | 46,830 | 56% |
| University of Arts London | 17,775 | 22,455 | 26% |
| The Royal Veterinary College | 2,145 | 2,590 | 21% |
| The Royal Central School of Speech and Drama | 995 | 1,085 | 9% |
| The School of African and Oriental Studies (SOAS) | 5,910 | 6,295 | 7% |
| London School of Hygiene and Tropical medicine | 1,245 | 1,125 | -10% |
| The Conservatoire for Dance and Drama | 1,260 | 1,105 | -12% |
| Birbeck College | 13,935 | 10,660 | -24% |
| Total | 73, 210 | 92,145 | 26% |

Source: HESA, 2022. Higher Education Student Data 2021/22. NB: we understand the Central School of Speech and Drama and Institute for Advanced Legal Studies are also located in LBC, however due to data unavailability they are not included in this list.

Assessment of impact

Operational phase

5.29

Students may choose to register with any local GP to their term-time address or place of study. The health centre attached to their university is recommended by the NHS as the most convenient and the doctors will be more experienced in the health needs of students. Therefore, students at the Proposed Development are more likely expected to access GP services near to their university rather than near their place of residence – i.e. the Site.

5.30

However, assuming all new residents and students at the Proposed Development choose to register at a GP practice that shares a catchment with the Site, local GP provision would see patient list sizes rise further above recommendations with the patient to GP ratio rising to 2,440 from 2,434. In the context of the already constrained GP provision in the Local Area, this is considered a minimal increase in demand for GP services.

5.31

The Proposed Development will support 265 students in a location of LBC that is well-connected to a range of higher education institutions across London as well as to those in LBC. Specifically, the Proposed Development is located approximately 2.5km from UCL's main campus in Bloomsbury – allowing students at the Proposed Development to reach UCL in an approximately 35-min walk or 15-min commute on public transport.

- 5.32 In fact, the Proposed Development is within 5km of 46 of London's higher education institutions, therefore improving accessibility to higher education for potential students.

Summary of impact

- 5.33 The operational phase of the Proposed Development will deliver students, residents, and workers on-site. The health impact in the operational phase would place additional demand on local healthcare facilities, however this is unlikely to be significant given the nature of the Proposed Development predominantly as a student scheme. The Proposed Development will also support students as it is well-connected to higher education institutions. Therefore, the Proposed Development will have a **positive** impact on health outcomes. On-site users of the Proposed Development, within the older people and long-term illness and disability groups would face relatively larger impacts on health outcomes as a result of the Proposed Development.

Access to open space and nature

Pathway for health impact

- 5.34 Providing secure, convenient, and attractive open space can lead to more physical activity and reduce levels of heart disease, strokes and other ill-health problems that are associated with both sedentary occupations and stressful lifestyles. There is growing evidence that access to parks and open spaces and nature can help to maintain or improve mental health.³⁵
- 5.35 The patterns of physical activity established in childhood are perceived to be a key determinant of adult behaviour; a growing number of children and young people are missing out on regular exercise, and an increasing number of children and young people are being diagnosed as obese. Access to play spaces, community, or sport facilities such as sport pitches can encourage physical activity. There is a strong correlation between the quality of open space and the frequency of use for physical activity, social interaction, or relaxation.
- 5.36 The literature on access to open space and nature highlights that it is an important driver of health for certain vulnerable population groups. For example, for those with long term illness or disabilities, access to open space has been found to help increase activity and reduce obesity.³⁶ Additionally, people of lower socio-economic status reap greater benefit from urban green space than more privileged groups, especially in terms of reducing stress and improving mental health.³⁷
- 5.37 Changes caused by the Proposed Development regarding access to open space and nature has the potential to differentially effect the following vulnerable population groups:
- **Younger people (0-24):** to be able to grow and develop properly, children need open space to play, learn, exercise, recreation, which is very important for children's development and cognitive skills development.
 - **People of low income and unemployed residents:** this group are less likely to have access to private open or greenspace. Therefore, a change in access to green or open space has the potential to have large health impacts for this group.

³⁵ NHS London HUDU, 2017. Rapid Health Impact Assessment Tool

³⁶ Natural England, 2009. An estimate of the economic and health value and cost effectiveness of the expanded WHI scheme 2009

³⁷ Ward, Aspinall, Roe, Robertson, and Miller, 2016. Mitigating Stress and Supporting Health in Deprived Urban Communities: The Importance of Green Space and the Social Environment

- **Long-term illness or disability:** this group are more sensitive to the health impacts associated with green or open space. Therefore, a change in access to green or open space will have large health impacts for this group.

Baseline conditions

5.38 Policy A2 of the LBC Local Plan states that the council will apply the following standards per occupant for residential, commercial and student accommodation developments.³⁸

Table 10 - Amount of open space to be provided by land use of proposed developments

| Development type | Open space provider |
|-----------------------|-----------------------|
| Residential | 9 sqm per occupier |
| Commercial | 0.74sqm per worker |
| Student accommodation | 9 sqm per single room |

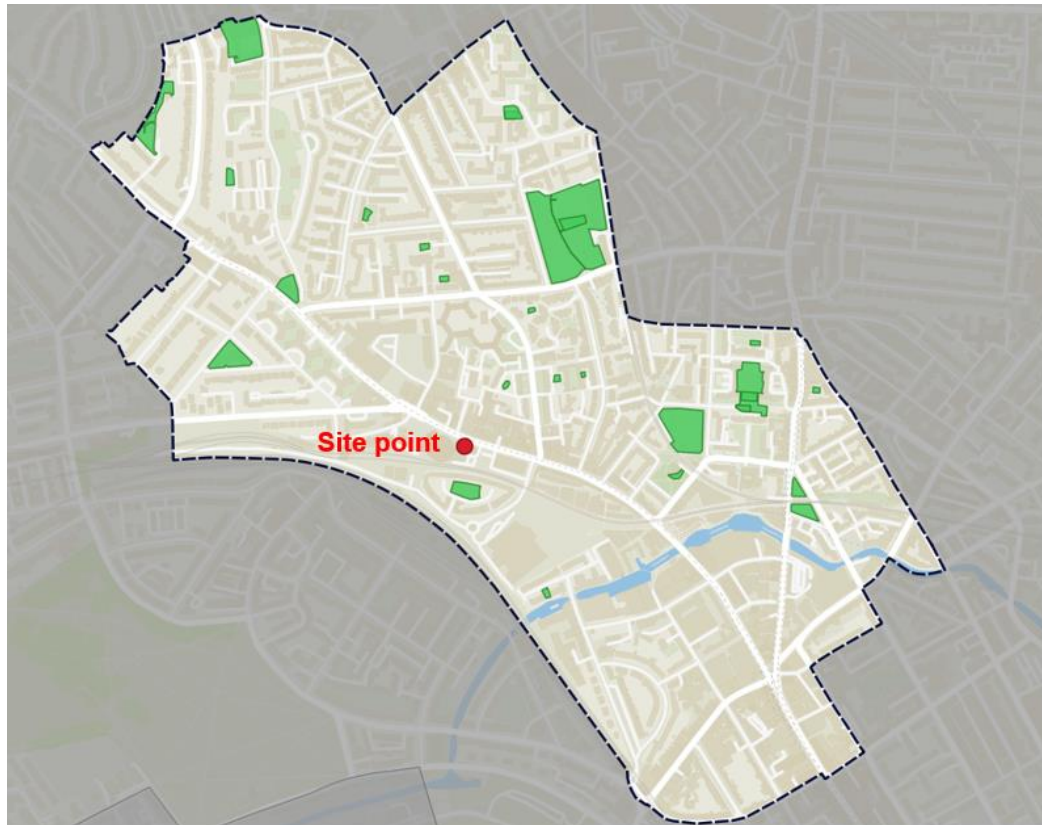
Source: LBC, 2021. Camden Planning Guidance Public open space

5.39 **Figure 5** illustrates the current green space provision in the Local Area of the Proposed Development. Green space in the Local Area of the Proposed Development totals approximately 53,000 sqm per person. Once the population of the Local Area is considered, this equates to a current provision of approximately 2.9 sqm per resident of the Local Area. Therefore, the Local Area of the Proposed Development performs poorly relative to targets set out in LBC planning guidance.

³⁸ LBC, 2017. Camden Local Plan 2017

Figure 5 – Green space per resident is limited in the Local Area of the Proposed Development

Provision of types of green space across the Local Area of the Proposed Development



Source: Ordnance Survey Data, Crown Copyright 2023.

Assessment of impact

Operational phase

- 5.40 Throughout the design process, accessibility and social interaction has been a key consideration throughout the Site's public realm strategy. The Proposed Development will incorporate internal green pockets throughout the building for residents through roof terraces and soft landscaping in raised planters. In total, the Proposed Development will provide 343 sqm of well-designed, inclusive public realm as well as 455 sqm external amenity space within the podium and 82 sqm as part of roof terraces.
- 5.41 An active and transparent ground floor has been incorporated into the design of the Proposed Development to foster the connection with surrounding open spaces and the natural environment. A key benefit of the scheme is providing accessible public open spaces off Chalk Farm Road for the benefit of residents, workers and visitors to this part of the town centre
- 5.42 The **Statement of Community Involvement** detailed that local residents identified a lack of public realm that can be enjoyed by the local community in the area around the existing Site. The Proposed Development will include significant improvements to the public realm by removing a large part of the

existing wall which allows for the site to be opened up and more accessible to the public. The Applicant has appointed award winning landscape architects, BBUK to design a fit for purpose landscaping plan that will see new trees and green spaces created for use by the local community.

Summary of impact

- 5.43 The operational phase of the Proposed Development will deliver students, residents, and workers on-site, which will increase the demand for open space. The health impact in the operational phase will be **positive** due to the provision of open spaces and green infrastructure for public use, which is an identified community need. On-site users and visitors to the facilities within the low-income population and individuals with long-term illness or disability would face relatively larger impacts on health outcomes as a result of the Proposed Development.

Air quality, noise, and neighbourhood amenity

Pathway for health impact

- 5.44 The quality of the local environment can have a significant impact on physical and mental health. Pollution caused by construction, traffic and commercial activity can result in poor air quality, noise nuisance, and vibration. Poor air quality is linked to incidence of chronic lung disease (chronic bronchitis and emphysema) and heart conditions and asthma levels among children and young people. Noise pollution can have a detrimental impact on health resulting in sleep disturbance, cardiovascular and psycho-physiological effects. Good design and the separation of land uses can lessen the impact of noise on health.³⁹
- 5.45 Literature on air quality, noise, and neighbourhood amenity provides insight as to which vulnerable groups are significantly impacted in this regard. Children are particularly vulnerable to the negative effects of air pollution and noise. Exposure to air pollution has been linked to reduced lung function, asthma, and cognitive impairment, while exposure to noise can cause sleep disturbances and affect their learning and development. The elderly are more susceptible to the negative health effects of air pollution, such as heart and lung diseases, and can also be more sensitive to noise, which can disrupt sleep and exacerbate existing health conditions. People with pre-existing respiratory and cardiovascular diseases are at higher risk of experiencing health problems related to air pollution, such as exacerbation of asthma and heart attacks. Exposure to noise can also increase their risk of heart disease. Low-income communities and people living in urban areas are more likely to be exposed to high levels of air pollution and noise due to factors such as proximity to highways and industrial facilities.
- 5.46 Changes to air quality, noise, and neighbourhood amenity have the potential to differentially impact the following vulnerable groups:
- **Younger people (0-24):** children and younger people are more vulnerable to respiratory health conditions such as asthma or bronchitis as their lungs are developing.
 - **Older people (65+):** older people are more likely to have pre-existing respiratory issues, which can exacerbate with a deterioration to air quality. Additionally, older people are more likely to experience loneliness and therefore rely on neighbourhood amenity.
 - **Long-term illness or disability:** this population group are more likely to have pre-existing respiratory issues, which can exacerbate with a deterioration to air quality.
 - **People of low income and unemployed residents:** This population group are more likely to live in areas affected by noise and air pollution.

³⁹ NHS London HUDU, 2017. Rapid Health Impact Assessment Tool

Baseline conditions

- 5.47 The Indices of Multiple Deprivations (IMD) is a measure of deprivation based on several 'domains' of deprivation. The living environment domain of the IMD measures the extent of air pollution, noise levels and road traffic accidents at the neighbourhood level. The Local Area of the Proposed Development ranks in the fourth most deprived decile nationally (top 40%). The Local Area performs better than the LBC average, which ranks in the third most deprived decile nationally (top 30%).
- 5.48 In 2001, LBC designated the whole of the borough as an Air Quality Management Area due to exceedances in NO₂ and particulate matter (PM₁₀).⁴⁰
- 5.49 Air quality is monitored at four automatic monitoring sites in the borough. The automatic monitoring site which lies closest to the Site of the Proposed Development is Euston Road. The annual mean limit for NO₂ is 40 micrograms per metre cubed (µg/m³). **Table 11** illustrates that all 4 monitoring sites were over this annual mean limit, however Euston Road was the furthest above this limit with emissions more than three times the outlined guidelines.

Table 11 – NO₂ emissions were worst in the monitoring site nearest the Site of the Proposed Development

Location of NO₂ pollutants across LBC

| Location | Annual mean NO ₂ concentration (µg/m ³) (2011) |
|--------------------|---|
| London Bloomsbury | 50 |
| Swiss Cottage | 72 |
| Shaftesbury Avenue | 76 |
| Euston Road | 122 |

Source: GLA, 2012. Air quality in Camden

Assessment of impact

Construction phase

- 5.50 Throughout the construction phase, the Proposed Development could result in the generation of additional noise and air pollution through construction activities including the operation of plant and the movement of bulk material. This would have the potential to adversely affect residents, and particularly those sensitive to the changes, including the vulnerable population groups of older people and those with long term illness or disability.
- 5.51 The Proposed Development is located on Chalk Farm Road, a major road and source of air and noise pollution. The Proposed Development is also located close to a railway, which will generate noise pollution. Despite being located on a major commercial road, the Site is surrounded by several residential roads.
- 5.52 The **Air Quality Assessment** provides an assessment of the impact of the construction phase of the Proposed Development on dust generation and emissions. The results of the dust impacts caused by the Proposed Development consider both the potential magnitude and the sensitivity of the area. The **Air**

⁴⁰ GLA, 2012. Air quality in Camden

Quality Assessment states that during the demolition and construction phase, there is a medium risk to human health caused from all potential sources of air pollution through each of the demolition, earthworks, construction, and trackout stages.

5.53 The **Air Quality Assessment** also considers the impact of the changes in air pollution as a result of construction traffic associated with the Proposed Development. The assessment concludes that based on the anticipated scale of construction activities, any changes in traffic would not be significant.

5.54 The Applicant will submit a detailed **Construction Management Plan** as a pre-commencement condition, which will also include details on how noise and dust pollution would be minimised during construction.

Operational phase

5.55 Once operational, the Proposed Development could result in changes in air pollution, noise, and neighbourhood amenity through alterations to traffic generation, the use of on-site generators, changes in exposure to air quality, noise and odour, and through the overshadowing of nearby receptors.

5.56 The main pollutants assessed in the **Air Quality Assessment** are NO₂, PM₁₀ and PM_{2.5}. Overall, the **Air Quality Assessment** concludes that air quality effects without mitigation are judged to be 'not significant'.

5.57 Additionally, when looking at traffic emissions during the operational phase, the **Air Quality Assessment** concludes that in accordance with the London Plan Definition, Transport Emissions Benchmark (TEB), for a 'car-free' development (of which the Proposed Development is), that, the assessment does not need to further assess the impact of emissions as it therefore meets Air Quality Neutral requirements.

5.58 According to the **Noise and Vibration Planning Report**, Operational noise limits within the commercial units and student amenity areas will be set as the design progresses to control noise transfer to both the proposed dwellings and nearby noise sensitive premises.

5.59 There is the potential for new residents and students to be impacted by the noise generated at the Roundhouse when music events are held. However, the Roundhouse is obliged to adhere to Agents of Change principles whereby the onus will be on the venue to put in place noise mitigating measures.

Summary of impact

5.60 Construction activity at the Proposed Development would generate air pollution and noise through demolition activity, the use of construction plant, and goods vehicle movements. These impacts would be mitigated through construction practices and would not significantly alter local environmental conditions but would nonetheless contribute to additional air pollution and reduced neighbourhood amenity during periods of significant construction works. Measures outlined in the **Construction Management Plan** would monitor health and air quality impacts during the construction phase. The health impact generated in the construction phase will be **neutral** in relation to air quality, noise, and neighbourhood amenity.

5.61 Once operational, the Proposed Development is deemed to have a neutral impact on health associated with changes in noise, air quality and daylight/sunlight. Mitigation measures have been incorporated into the design of the Proposed Development to ensure that any effects of ambient noise, odour air pollution on users of the Proposed Development are minimised. The use of more sustainable plant and potential reduction in vehicle trips may result in improvements to health compared to the existing Site. The Proposed Development also has the long-term potential to positively impact air quality due to the substantial provision of cycling storage facilities. Overall, this **neutral** health impact will therefore not differentially affect any of the identified vulnerable groups.

Accessibility and active travel

Pathway for health impact

- 5.62 The World Health Organisation 2020 report finds that cycling and walking can help fight weight problems and reduce physical inactivity, which reportedly cause one million deaths per year in the European region, while also helping to reduce air pollution, which reportedly cause more than half a million deaths per year. The report finds that significant shifts toward walking and cycling can address problems resulting from current transport patterns, such as emissions of air pollutants, greenhouse gasses and noise, traffic injuries, and limited opportunities for physical activity and use of public space.⁴¹
- 5.63 Convenient access to a range of services and facilities minimises the need to travel and provides greater opportunities for social interaction. Buildings and spaces that are easily accessible and safe also encourage all groups, including older people and people with a disability, to use them. Discouraging car use and providing opportunities for walking and cycling can increase physical activity and help prevent chronic diseases, reduce risk of premature death, and improve mental health.⁴²
- 5.64 Existing literature on accessibility and active travel highlights its particular importance for certain equality groups. This is because these groups are more reliant on accessible active travel routes.⁴³ For example, there is a requirement to enable children to safely walk or cycle to school. Additionally, adequate pedestrian infrastructure is key to enabling the mobility in independence of older people. It is also important to promote accessibility in order to empower those with long-term health issues or disabilities to engage in active travel.
- 5.65 Changes in accessibility and active travel have the potential to differentially the following vulnerable population groups:
- **Long-term illness or disability:** this population group are more likely to have reduced mobility and therefore rely on accessibility provision.
 - **Older people (65+):** this population group are likely to have reduced mobility and therefore rely on accessibility provision.
 - **People of low income and unemployed residents:** this population group are less likely to have access to vehicles and therefore rely on active travel alternatives.

Baseline conditions

- 5.66 The Site is well-connected to local underground stations and bus stops. The Site is located approximately 200 metres from Chalk Farm underground station, which equates to approximately a 2-minute walk. Additionally, the Site is approximately 700 metres away from Camden Town underground station, this represents an approximate 10 minute walk. There are also eight bus stops offering services going to different locations within a 3-minute walk of the Site.
- 5.67 As a result of this accessibility, the Site is in an area with a 6a PTAL rating (excellent).⁴⁴ This is the second highest accessibility rating that can be awarded to a specific location within London.

⁴¹ WHO, 2022. WHO European Regional Obesity Report

⁴² NHS London HUDU, 2017. Rapid Health Impact Assessment Tool

⁴³ Public Health England, 2016. Working Together to Promote Active Travel

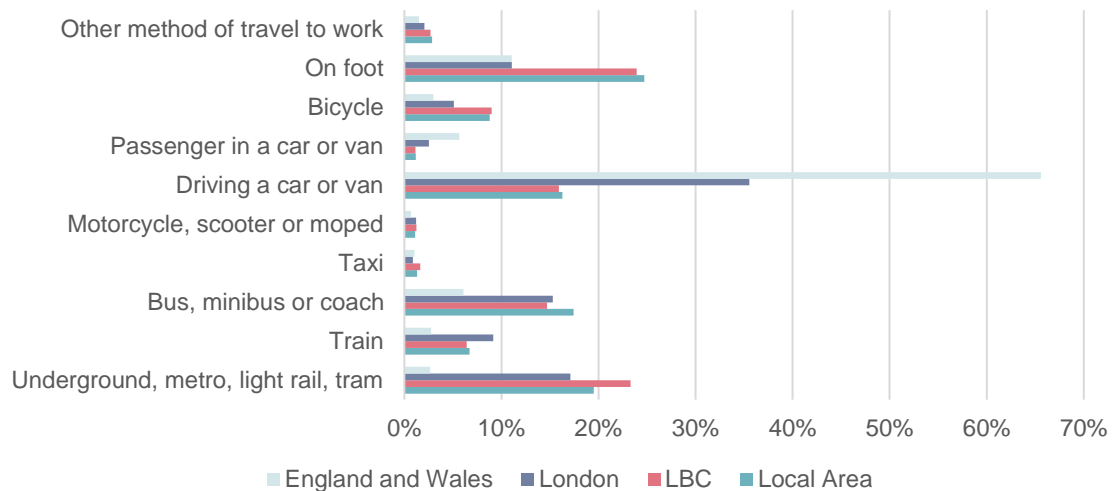
⁴⁴ TfL, 2024. WebCat planning tool

5.68

Figure 6 displays the method used to travel to work across relevant geographies. it is noteworthy that residents in the Local Area have a high proportion of on foot (25%) and bicycle (9%) commuting patterns relative to geographical comparators.

Figure 6 – Residents in the Local Area of the Proposed Development cycle and walk more than residents of geographic comparators

Method used to travel to work (2021)



Source: ONS, 2022. Census 2021 TS061 - Method used to travel to work

5.69

A cycle lane is present on Chalk Farm Road running along the front of the Site. This route in particular runs between the junctions of Castlehaven Road and Prince of Wales Road, but connects into a wider provision of cycle lanes across the borough. This route is also due to be further improved by LBC.

Assessment of impact

Construction phase

5.70

During the construction phase, the Proposed Development has the potential to result in impacts through the generation of additional vehicle movements to and from the Site.

5.71

The **Construction Management Plan** outlines the transport strategy for the construction period. It seeks to encourage construction workers to travel via cycle, promote smarter operations that reduced the need for travel during peak periods, encourage use of greener vehicles, and avoid queuing and disrupting traffic in local highway networks. This is likely to have a positive impact on workers of the Site.

Operational phase

5.72

As detailed in the **Transport Assessment**, there will be a variety of pedestrian entry points provided across the different uses of the Proposed Development. Chalk Farm Road will benefit from a widened footway with the Proposed Developments building lines set back compared to the existing Site.

- 5.73 The ground floor amenity spaces at the Proposed Development will be experienced as animation to the street, providing an active frontage with commercial space that will provide much more active use than the current Site.
- 5.74 The proposals at the Proposed Development also include bike stores provided at the base of both the affordable housing block and the student accommodation block. Cycle parking is also provided in several locations across the site. This will have the effect of encouraging active travel to and from the Site.
- 5.75 The current site arrangements include parking for private vehicles. The Proposed Development will also reduce the number of vehicle trips, by having no car parking on Site. This would thereby encourage more active travel methods (such as walking) to get to the Site.
- 5.76 The Proposed Development has been designed to meet all building regulations to enable the building to be inclusive for all. Provision of lifts, stairs, ramp, fire safety, wayfinding and sanitary provision will be implemented to meet guidance but will be developed at a later stage of the development. These provisions will be implemented in order to ensure the building is inclusive.

Summary of impact

- 5.77 Construction activity at the Proposed Development would affect health outcomes through the generation of additional goods vehicle trips. Additional traffic generation by construction activity related to the Proposed Development would be mitigated by measures included in the **Construction Environmental Management Plan**. Measures have been identified to minimise the generation of vehicle trips, and their subsequent impact on health. In conjunction with construction workers being encouraged to utilise active travel options, the Proposed Development is expected to have a **neutral** impact on health outcomes. In particular, this has the potential to affect individuals with reduced mobility, who may be deterred from using transport infrastructure adjacent to the Site during the construction phase.
- 5.78 Once operational, the Proposed Development would result in a reduction of the number of trips, largely generated by the car-free nature of the Site and great local public transport options available in close proximity to the Site. This would contribute **positively** towards health outcomes. Users of transport infrastructure and vulnerable groups including individuals with reduced mobility would benefit to a relatively greater extent from these measures.

Crime reduction and community safety

Pathway for health impact

- 5.79 Thoughtful planning and urban design that promotes natural surveillance and social interaction can help to reduce crime and the 'fear of crime', both of which impacts on the mental wellbeing of residents. As well as the immediate physical and psychological impact of being a victim of crime, people can also suffer indirect long-term health consequences including disability, victimisation and isolation because of fear.⁴⁵
- 5.80 Fear of crime has been linked as a contributing factor to various health concerns. For example, it has been identified that those with a fear of crime may be restricted from leaving their home which reduces the number of opportunities that person has to form social ties and participate in social activities.⁴⁶ recent study

⁴⁵ NHS London HUDU, 2017. Rapid Health Impact Assessment Tool.

⁴⁶ Stafford et al., 2007. Association Between Fear of Crime and Mental Health and Physical Functioning, American Journal of Public Health

found that both physical and mental health problems are more likely to be found on streets that are crime hot spots than streets with little crime.⁴⁷

5.81 Changes to factors influencing crime reduction and community safety have the potential to differentially the following vulnerable population groups:

- **Younger people (0-24):** children are likely to be less physically active when their environment is judged as not safe.⁴⁸
- **Older people (65+):** older people are able to participate in higher levels of physical activity in safer neighbourhoods.⁴⁹
- **Ethnic minority groups:** more likely to be victims of crime. In 2019/20, 13% of white people reported being the victim of crime at some point that year. The percentages for ethnic minority groups are higher as follows: Asian people – 15%, black people – 14%, mixed race people – 20%, and Arab people – 17%.⁵⁰
- **Homeless people:** rough sleepers are more likely to be victims of crime, and 17 times more likely to have been victims of violent crime in comparison to the general public.⁵¹

Baseline conditions

5.82 Crime is an important domain of deprivation within the IMD that has major effects on individuals and communities. The Crime Domain measures the risk of personal and material victimisation at local level. LBC ranks in the 4th decile (top 40%) for crime deprivation. However, the Local Area of the Proposed Development ranks in the 1st most deprived decile nationally (top 10%) for crime deprivation. This illustrates that there is as significant issue in the Local Area of the Proposed Development regarding the prevalence of crime.

5.83 The Metropolitan Police Service provide crime data regarding offences per 1,000 of the population.⁵² LBC performs poorly on this metric relative to the London crime rate. Across LBC, a crime rate of 144.4 offences per 1,000 of the population was recorded. This compares poorly to the rate recorded across London of 105.7 offences per 1,000 of the population. In fact, LBC ranked as the London borough with the third highest offence rate per 1,000 population. The Local Area of the Proposed Development is comprised on the Haverstock Ward and the Camden Town Ward. Whilst the Haverstock Ward has a low crime rate of 76.6 offences per 1,000 of the population, the Camden Town Ward has a particularly high crime rate of 354.7 offences per 1,000 of the population.

⁴⁷ D. Weisburg et al., 2019. Hot Spots of Crime are Not Just Hot Spots of Crime: Examining Health Outcomes at Street Segments

⁴⁸ An et al., 2017. Influence of Neighbourhood Safety on Childhood Obesity: A Systematic Review and Meta-analysis of Longitudinal Studies. *Obesity Reviews*. Nov;18(11):1289-1309

⁴⁹ J. Won et al., 2016. Neighbourhood safety factors associated with older adults' health-related outcomes: A systematic literature review. *Social Science and Medicine* 165: 177-186

⁵⁰ ONS, 2021. Victims of crime. Retrieved from <https://www.ethnicity-facts-figures.service.gov.uk/crime-justice-and-the-law/crime-and-reoffending/victims-of-crime/latest#by-ethnicity-over-time> accessed January 2024

⁵¹ London: Crisis, 2016. "It's no life at all": Rough sleepers' experiences of violence and abuse on the streets of England and Wales

⁵² Metropolitan Police Service, 2023. Overview of crimes

Assessment of impact

Construction phase

- 5.84 The **Construction Management Plan** outlines the measures to ensure Site security. Entrance into the Site and the welfare area will be security controlled by secure access points. There will be a number of measures to deter intruders including smooth print advertising hoarding to remove foot and hand holds. Anti-climbing paint will be applied to the top of the hoarding. CCTV on the hoarding line will improve the perceived and actual safety of the immediate perimeter of the Site. Workers will be expected to adhere to a **code of construction practice (COCP)** which promotes good standards of behaviour, where they may have their contract terminated if they behave in an antisocial way or break the law
- 5.85 The presence of construction workers on-site will result in increased informal surveillance relative to the existing Site which is vacant. The **Economic Regeneration Statement and Employment and Training Strategy** outlines that there is expected to be 210 construction workers on-site on average at any point throughout the construction phase.

Operational phase

- 5.86 The design has also considered and addressed the potential impacts of the proposals on crime and community safety from an early stage. Following consultation with the Secure by Design Officer, the design team has been looking carefully at the public realm in particular, noting the high street location and proximity to the Roundhouse which attracts large crowds. There are general concerns about street drinking and rough sleeping in the area and eliminating opportunities for anti-social behaviour
- 5.87 The informal surveillance of the Local Area will dramatically increase in the operational phase of the Proposed Development. This will be mainly driven by the direct uplift of 55 to 80 jobs on-site in the operational phase together with the 265 additional students and the residents that fill the 24 affordable homes. This mixture of a worker, student and residential population generated by the Proposed Development will ensure that people are on-site 24 hours a day which is beneficial for informal surveillance. Currently, the Site is vacant and therefore represents a location that was unsupervised 24/7 where instances of crime may take place.
- 5.88 The design has also considered and addressed the potential impacts of the proposals on crime and community safety from an early stage. The active frontage at ground floor level encourages flows of movement which produce vitality and natural surveillance and in doing so increase safety.
- 5.89 The Proposed Development will provide a new public space adjacent to the Roundhouse, which will now be consistently utilised by the public. There will be a primary area of public space and a secondary area of public space to ensure activity around the Site.
- 5.90 The **Design and Access statement** outlines that the Proposed Development will follow best practice measures to design out crime. This includes the provision of CCTV, street lighting, and active frontages. Following consultation with the Secure by Design Officer, the design team has been looking carefully at the public realm in particular, noting the high street location and proximity to the Roundhouse which attracts large crowds. There are general concerns about street drinking and rough sleeping in the area and eliminating opportunities for anti-social behaviour
- 5.91 The **Statement of Community Involvement** outlines that local residents identified street lighting and feeling safe at night as key priorities. The redevelopment of the site will bring it back into constant, permanent use with active footfall and more lighting, which will be of comfort to those who have previously

felt that part of the street feels imposing. The removal of part of the wall at the front of the site will open up more space and make the footpath feel wider.

Summary of impact

- 5.92 The Proposed Development will have a **positive** impact on crime reduction and community safety in both the construction and operational phase of the Proposed Development. The increased level of activity on and around the Site compared to the existing Site will result in an increased level of informal surveillance and a lower likelihood of instances of crime taking place. The Proposed Development will also follow best practice in regards to crime reduction measures to ensure a positive impact on crime reduction and community safety. This will have a more significant impact on the population groups that are particularly vulnerable to crime including younger people (0-24), older people (65+), ethnic minority groups, and homeless people.

Access to work and training

Pathway for health impact

- 5.93 Employment and income are key determinants of health and wellbeing. Unemployment can lead to poverty, illness, and a reduction in personal and social esteem. Work aids recovery from physical and mental health.⁵³ The Marmot Review, commissioned by the Department of Health, looks at the relationship between health inequalities and economic status for communities within England. ⁵⁴The review concludes that greater economic status is predictive of better health outcomes, and unemployment contributes to poor health outcomes. This conclusion is echoed by Public Health England (2014): “unemployed people have a greater risk of poor health than those in employment, contributing to health inequalities.”⁵⁵
- 5.94 Employment and skills effects are shown to be particularly relevant for some equality groups, including, people from ethnic minority communities, disabled people, and people from low-income groups. Unemployment can lead to poverty, illness, and a reduction in personal and social esteem. Work aids recovery from physical and mental illnesses and improves health outcomes. For many individuals, in particular those with long-term conditions such as mental health problems, musculoskeletal conditions and disabilities, health issues can be a barrier to gaining and retaining employment.
- 5.95 Changes in the availability of access to work and training has the potentially to differentially effect the following vulnerable groups:
- **People of low income and unemployed residents:** individuals benefit to a greater extent from securing employment opportunities, which would result in positive health impacts.
 - **Ethnic minority groups:** individuals face exclusion from labour markets and difficulties accessing employment and training opportunities. Changes in access to work and training addressing these constraints would result in larger health impacts for this group.
 - **Long term illness or disability:** individuals who suffer from long term illness or disability find it harder to gain access to work for several reasons such as employer bias. A change in the provision of accessible employment will have a large impact on health outcomes for this group.

⁵³ NHS London HUDU, 2017. Rapid Health Impact Assessment Tool

⁵⁴ DfH, 2010. Fair Society, Healthy Lives – The Marmot Review

⁵⁵ Public Health England, 2014. Local action on health inequalities: Increasing employment opportunities and improving workplace health

Baseline conditions

- 5.96 The Indices of Multiple Deprivations (IMD) is a measure of deprivation based on several ‘domains’ of deprivation. The education, skills, and training decile of the IMD measures the lack of attaining and skills in the local population. The indicators fall into two sub-domains. One of these indicators relates to children and young people and one relates to adult skills.⁵⁶ In this deprivation domain, the Site of the Proposed Development falls within the 6th most deprived decile nationally (top 60%), whereas LBC on average falls within the 7th most deprived decile nationally (top 70%). This suggests that deprivation regarding the education, skills, and training decile of the IMD is slightly more deprived relative to the Local Area relative to the remainder of LBC.
- 5.97 Additionally, the employment deprivation domain measures the proportion of the working age population in an area involuntarily excluded from the labour market. This includes people who would like to work but are unable to do so due to unemployment, sickness or disability, or caring responsibilities. The Local Area of the Proposed Development is in the 3rd most deprived decile nationally (top 30%) regarding employment deprivation. This performs negatively to the LBC average, which ranks in the 6th most deprived decile nationally (top 60%). This suggests acute employment related deprivation in the Local Area of the Proposed Development in comparison to the LBC average.
- 5.98 Despite having high levels of economic inactivity, the proportion of economically inactive LBC residents who are seeking work is greater than geographical comparators (**Figure 7**). This indicates a potential skills mismatch between unemployed residents and job vacancies. There are high levels of unemployment LBC, yet a large proportion of the economically inactive residents who are looking for jobs can’t access them.

Figure 7 – Across Camden, there is a greater proportion of residents seeking employment than other relevant geographies

Proportion of economically active population that are seeking employment across geographies (2021)



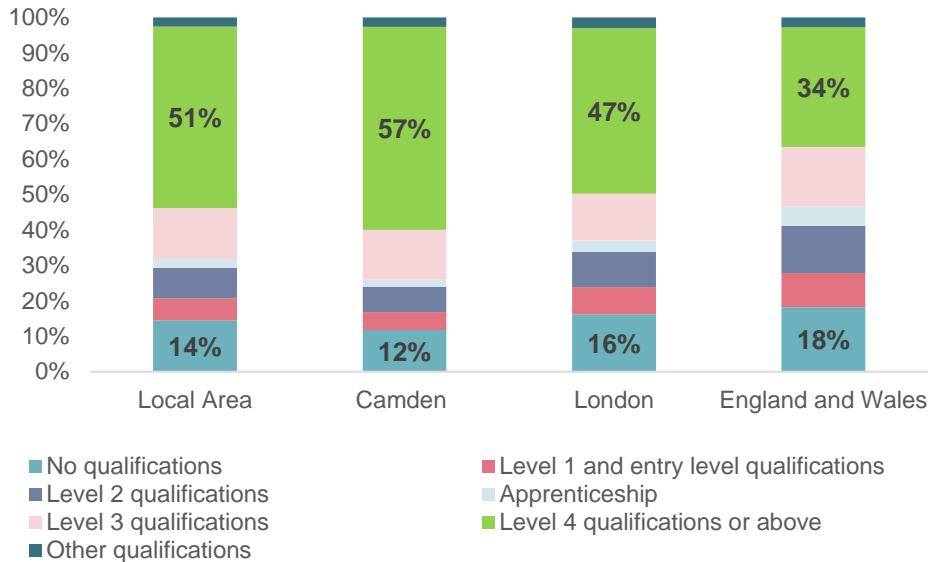
Source: ONS, 2022. Census 2021 - TS066 - Economic activity status

- 5.99 As illustrated in **Figure 8** despite high skill levels at the borough level, the Local Area to the Site does not have as strong outcomes, with only 51% of residents aged over 16 having degree-level qualifications – significantly below the LBC average (57%) however slightly above the London average.

⁵⁶ IMD, 2019. English Indices of multiple deprivations

Figure 8 – Educational achievement in the Local Area is worse than the LBC average

Educational outcomes across geographies (2021)



Source: ONS, 2021. Census 2021 - TS067 - Highest level of qualification

- 5.100 Much of LBC's employment is concentrated to the south of the borough in central London which contains a high density of high-skilled office-based jobs. Such jobs are often in sectors which have not traditionally had much scope for apprenticeship opportunities, in comparison to more vocational occupations. This is confirmed by data which shows that LBC has some of the lowest apprenticeship start rates in London. Per 1,000 jobs in the borough, LBC has an apprenticeship start rate of 1.9, compared to the London average of 7.1.⁵⁷
- 5.101 LBC outperforms London and England in rates of GCSE attainment. Across LBC 80.3% of young people achieve GCSEs in English and Maths by the age of 19. This compares to 78.1% across London, and 74.9% across England.⁵⁸
- 5.102 However there is a divergence in pass rates for GCSE English and maths within LBC between those that are eligible free school meals (FSMs) and those that are not.

Figure 9 – There is a disparity in GCSE attainment within LBC between those that are eligible for FSM and those that are not

GCSE attainment across LBC by FSM eligibility

| Geography | GCSE English attainment | | GCSE maths attainment (LBC) | |
|-----------|-------------------------|-----------------------|-----------------------------|-----------------------|
| | Eligible for FSMs | Not eligible for FSMs | Eligible for FSMs | Not eligible for FSMs |
| LBC | 69.5% | 84.4% | 60.6% | 80.1% |

⁵⁷ ONS, 2023. BRES 2021; ONS, 2023, Apprenticeships and traineeships 2021/22

⁵⁸ GOV.UK, 2023. Key stage 4 performance

| Geography | GCSE English attainment | | GCSE maths attainment (LBC) | |
|--------------|--------------------------|------------------------------|-----------------------------|------------------------------|
| | <i>Eligible for FSMs</i> | <i>Not eligible for FSMs</i> | <i>Eligible for FSMs</i> | <i>Not eligible for FSMs</i> |
| Outer London | 67.0% | 84.7% | 58.5% | 80.3% |
| Inner London | 72.5% | 85.4% | 62.3% | 79.1% |
| England | 55.7% | 80.4% | 49.1% | 76.3% |

Source: ONS, 2023. Academic year 2022/23 Key stage 4 performance

Assessment of impact

Construction phase

- 5.103 Based on the known positive links between employment and health outcomes, the creation of local construction jobs in the construction phase of the Proposed Development would have a positive impact on health.
- 5.104 As outlined in the **Economic Regeneration Statement and Employment and Training Strategy**, over the 2 year 9 month construction period, the Proposed Development is expected to support approximately 210 construction jobs. This represents 2% of all current construction based employment in LBC. This amount of job opportunities will alleviate the issue of the high proportion of economically active residents in LBC seeking employment.⁵⁹
- 5.105 King's Cross Construction Skills Centre (KXCSC) is the Council's partner organisation for delivering construction-related employment and skills programmes. The Applicant will work in partnership with the KXCSC and use reasonable endeavours during the Construction Phase to ensure wherever possible employment opportunities in the construction phase are filled by LBC residents.
- 5.106 As outlined in the **Economic Regeneration Statement and Employment and Training Strategy**, LBC Local Plan sets out a number of targets for major developments to deliver employment and skills opportunities in the construction phase, which the Applicant is fully supportive of. These targets are benchmarked off the construction cost of the development. At present, the construction cost of the Proposed Development is £70m. This construction cost is utilised to quantify the following employment and skills commitments, which will be delivered throughout the construction phase:
- The Proposed Development is expected to provide approximately 23 apprenticeships in the construction phase.
 - For these 23 construction apprenticeships, the Applicant will pay a support fee of approximately £1,700 per apprentice to the council and pay London Living Wage to all apprentices.
 - 25 construction jobs will be advertised through living employment vehicles.
 - 14 work experience placements will be provided in the construction phase.
 - 10% of overall construction cost (equating to £7m) will be procured locally, supporting local businesses.

Summary of impact

- 5.107 The Proposed Development will have a **positive** impact on health outcomes related to access to work and training in the construction phase. The Proposed Development would support job opportunities in the

⁵⁹ ONS, 2021. Business Register and Employment Survey

construction phase. Consultation with local schools undertaken following the planning application would enhance the positive impact of these opportunities. This has the potential to have a substantial positive impact on people of low income and unemployed residents.

- 5.108 The provision of new employment opportunities has the potential to disproportionately benefit certain groups excluded from the labour market such as ethnic minority groups, where opportunities can be tailored to training and skills needs. Additional engagement, and employment and skills measures will need to be developed to maximise the positive health impacts of these opportunities for local residents during both the construction and operational phases. These will be further developed with local stakeholders following the planning application.

Social cohesion and inclusive design

Pathway for health impact

- 5.109 Friendship and supportive networks in a community can help to reduce depression and levels of chronic illness as well as speed recovery after illness and improve wellbeing. Fragmentation of social structures can lead to communities demarcated by socio-economic status, age and/or ethnicity, which can lead to isolation, insecurity, and a lack of cohesion.⁶⁰ Voluntary and community groups, properly supported, can help to build networks for people who are isolated and disconnected, and to provide meaningful interaction to improve mental wellbeing.
- 5.110 Inclusive design can make public spaces more accessible and welcoming for people with disabilities, improving their ability to participate in their communities and reducing social isolation.
- 5.111 Changes to social cohesion and inclusive design elements has the potential to differentially impact the following vulnerable population groups:
- **Younger people (0-24):** younger people must be considered regarding inclusive design. It is important that the needs of children are considered, such as providing welcoming play space.
 - **Older people (65+):** accessibility concerns for older people must be considered in the design of developments. There is a greater risk of injury for older people for example in the event of a fall. Additionally, the elderly population are more at risk of social isolation. Therefore, there is a large health impact for this vulnerable group.
 - **People of low income and unemployed residents:** this population group often experience social exclusion and marginalisation, as they cannot access things such as clubs or leisure centres. Therefore, social cohesion measures are crucial for this population group.
 - **Ethnic minority groups:** people from ethnic minority groups are more likely to feel excluded from the wider population. Therefore, health impacts resulting from social cohesion will be larger for this vulnerable group.
 - **Long term illness or disability:** inclusive design is critical for those with long term illness or disabilities. This vulnerable population group relies heavily on accessibility in design. Therefore, in this determinant can have large health impacts for this vulnerable group.

Baseline conditions

- 5.112 With no direct data on the strength of community cohesion available for the Local Area, LBC, or London, the Community Life Survey for London is utilised as a proxy.⁶¹ It indicates that only 67% of individuals from

⁶⁰ NHS London HUDU, 2017. Rapid Health Impact Assessment Tool

⁶¹ Department for Digital, Culture, Media, and Sport, 2021. Community Life Survey 2020/21

London meet up with friends or family at least once a week. This compares negatively to the national average of 71%. Additionally, when asked if they feel very strongly that they belong to their immediate local neighbourhood, only 56% of respondents in London agreed. This compares negatively to the national average of 63%. London was also the lowest scoring region in the UK regarding this metric, with the lowest proportion of respondents agreeing.

- 5.113 The Camden Joint Strategic Needs Assessment (2019) identifies mental health as a key issue in the borough.⁶² The document states that LBC has the seventh highest recorded prevalence of depression in London. The document also states that LBC has the third highest prevalence of serious mental illness in London. In this case serious mental illnesses include schizophrenia, bipolar disorder or other psychoses, or patients on lithium therapy. LBC is also in the top 10 London boroughs regarding the proportion of working age people claiming benefits due to mental health issues.

Assessment of impact

Operational phase

- 5.114 The Proposed Development would have a positive health impact as it would provide social spaces for residents and visitors to utilise for socialising - encouraging social cohesion and create a sense of belonging which would benefit the mental wellbeing of the local community.
- 5.115 The Proposed Development has sought to incorporate the principles of inclusive design wherever possible, with level access to all parts of the proposed buildings being achieved via a DDA compliant lift. Further, all doors and corridors will be designed for easy movement by wheelchair users and the podiums and external amenity terraces areas are to be accessed via level thresholds.
- 5.116 The Proposed Development has been designed to appear, as well as be, fully accessible as accessibility is also influenced by perceptions as well as physical factors. Inclusion will be maintained and managed daily.
- 5.117 The Proposed Development has been designed to ensure that there are no barriers to the spaces and encourage social interaction. Due to the inclusive design of the building, this will have a positive social health impact on residents and visitors of the Site.
- 5.118 The podium amenity space delivered by the Proposed Development will be shared between the residents and students. In addition, the café will be available to all, including residents, students, workers, visitors.
- 5.119 To date, the Applicant has undertaken two public consultation events and stakeholder consultation meetings to inform the design and use of the Proposed Development. These events encourage social cohesion by ensuring that community opinion is voiced and heard throughout the design process.
- 5.120 A full description of these consultation events can be found within the **Statement of Community Involvement**. **Table 12** identifies the key priorities and issues raised by local residents in these public consultation events that are relevant to this assessment and identifies how the Proposed Development responds to these concerns.

Table 12 - Key themes raised in the public consultation process, and the response of the Proposed Development

⁶² Camden and Islington PH Intelligence and Information Team, 2019. Camden JSNA executive summary

| Key theme raised in public consultation | Response of the Proposed Development |
|---|---|
| Improved safety | <p>A key issue identified in the public consultation process was that people wanted to feel safer when walking at night.</p> <p>The redevelopment of the existing Site will bring it back into constant, permanent use with active footfall and more lighting, which will be of comfort to those who have previously felt that part of the street feels imposing. The removal of part of the wall at the front of the site will open up more space and make the footpath feel wider.</p> |
| Public realm | <p>Respondent to the consultation events highlighted their design for a redevelopment to include an element of public realm that can be enjoyed by the entire community.</p> <p>These proposals will include significant improvements to the public realm by removing a large part of the existing wall which allows for the site to be opened up and more accessible to the public. The Applicant appointed award winning landscape architects, BBUK to design a fit for purpose landscaping plan that will see new trees and green spaces created.</p> |
| Site use and anti-social behaviour | <p>During the consultation events, the Applicant presented evidence of the shortage in PBSA in Camden to demonstrate the need for this type of accommodation. During the events it was widely accepted that student accommodation would be an appropriate use of the site. Some attendees sought reassurance that the site would be managed to ensure there wouldn't be an increase in anti-social behaviour.</p> <p>The Applicant was keen to provide affordable housing on-site and has engaged with LBC to ensure they maximise the numbers of affordable homes.</p> |
| Height, scale and density | <p>Residents were concerned about the height, scale and density of the Proposed Development.</p> <p>Generally, the height and scale of the proposed buildings does not significantly deviate from other approved developments in the immediate vicinity.</p> <p>The Applicant has engaged with LBC officers throughout the process and has responded to advice from officers on this. Following the first DRP meeting. The overall massing of the scheme was amended with the taller cylinder on Chalk Farm Road reduced in height to eight stories. The tallest cylinder is now located next to the Roundhouse, which reduces its prominence in close views.</p> |

Summary of impact

5.121

The Proposed Developments focus on inclusive design measures and community uses would contribute to **positive** health outcomes given the designs focus around social interaction and accessibility. These measures will disproportionately impact those who will frequently use the Proposed Development such as workers, students and residents. Several vulnerable population groups will also disproportionately benefit from the provision of inclusive design measures.

6. Recommendations and mitigations

6.1 In order to enhance the health impact of the Proposed Development, a series of recommendation and mitigation measure have been developed. **Table 13** outlines these potential measures for each relevant determinant of health.

Table 13 – Suggested recommendations and mitigation measures at the Proposed Development

| Determinant of health | Recommendation and mitigation measures |
|---|--|
| Housing design and accessibility | <ul style="list-style-type: none"> Ensure the provision of affordable student units, contributing to Local Plan targets. |
| Access to healthcare services and social infrastructure | <ul style="list-style-type: none"> The Applicant will make a financial contribution to offset any adverse impacts on social infrastructure such as primary healthcare provision through its community infrastructure levy commitments. |
| Access to open space and nature | <ul style="list-style-type: none"> Develop a maintenance plan for the upkeep of publicly accessible open spaces and nature on-site. |
| Air quality, noise, and neighbourhood amenity | <ul style="list-style-type: none"> Implement measures outlined in the Construction Management Plan throughout the construction phase. Require the lead contractor for construction works to deliver the highest standard of the Considerate Constructors accreditation. Monitor environmental impacts during construction in line with the Considerate Constructors accreditation, recording safety issues and feedback from local communities on environmental impacts that may affect health, such as the generation of dust. It is recommended that the Applicant commits to the implementation of the best practice mitigation measures identified in the Air Quality Assessment during the construction phase of the development. It is anticipated that the generation of dust and harmful pollutants emissions from construction site activities will be reduced with the correct implementation of these measures. The Applicant should consider the acoustic mitigation measures outlined in the Noise and Vibration Planning Report to ensure minimal disruption to local residents and workers. |
| Accessibility and active travel | <ul style="list-style-type: none"> In the construction phase, the Applicant should ensure a detailed Construction Management Plan is secured in planning and a co-ordinator is appointed to undertake the day-to-day management of the Construction Management Plan. In the operational phase, it is recommended that all end use tenants encourage active travel measures for all employees. It is recommended that the Applicant ensures the delivery of a lift, stair, ramp, fire, wayfinding, and sanitary strategy during the operational phase. |

| Determinant of health | Recommendation and mitigation measures |
|--------------------------------------|---|
| Crime reduction and community safety | <ul style="list-style-type: none"> The Applicant has held a consultation event with local community groups agreeing and detailing the crime prevention measures that have been incorporated into the design of the Proposed Development. This will ensure the confidence of local residents. |
| Access to work and training | <ul style="list-style-type: none"> Ensure the delivery of all S106 commitments throughout the construction phase of the Proposed Development. |
| Social cohesion and inclusive design | <ul style="list-style-type: none"> Explore opportunities for locating community events at the public open spaces provided by the Proposed Development. The Applicant should allow community groups to use the commercial units delivered by the Proposed Development outside of operational hours. The Applicant should explore opportunities to encourage students residing in the Proposed Development to take part in local volunteering opportunities. |

An aerial photograph of the London skyline, showing the River Thames, the Tower Bridge, and the Gherkin building in the foreground. The image is partially obscured by a white curved shape in the top right corner.

Contact Us

volterra.co.uk

info@volterra.co.uk

020 4529 1736

Chester House
1-3 Brixton Road
London
SW9 6DE

Disclaimer

COPYRIGHT: The concepts and information contained in this document are the property of Volterra Partners LLP. Use or copying of this document in whole or in part without the written permission of Volterra Partners LLP constitutes an infringement of copyright.

This work contains statistical data from ONS which is Crown Copyright. The use of the ONS statistical data in this work does not imply the endorsement of the ONS in relation to the interpretation or analysis of the statistical data. This work uses research datasets which may not exactly reproduce National Statistics aggregates.

LIMITATION: This report has been prepared on behalf of and for the exclusive use of Volterra Partners LLP's Client, and is subject to and issued in connection with the provisions of the agreement between Volterra Partners LLP and its Client.

Volterra Partners LLP accepts no liability or responsibility whatsoever for or in respect of any use of or reliance upon this report by any third party.