

Health Impact Assessment

OCTOBER 2024

JAMESTOWN ROAD



Jamestown Road

Full Health Impact Assessment

October 2024

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1. Executive summary

1.1 This Health Impact Assessment (HIA) has been prepared by Volterra Partners LLP ('Volterra') on behalf of 4C – Jamestown Road Ltd (the 'Applicant') for the redevelopment of 33-35 Jamestown Road and 211 Arlington Road ('the Proposed Development') in the London Borough of Camden ('LBC').

1.2 For the purposes of this assessment, a detailed HIA is undertaken in line with Camden Planning Guidance (CPG) 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 would provide 187 purpose-built student accommodation units and 27 affordable homes, and 326 sqm (GIA) of flexible commercial space. For the avoidance of doubt, full planning permission is sought for:-

"Demolition of existing buildings and structures to facilitate redevelopment comprising a Purpose Built Student Accommodation (Sui Generis) block over the basement, ground, plus six storeys and seventh-floor plant room with flexible commercial (Class E) on the ground floor and a residential (Class C3) block over the ground plus five storeys, each block has two private courtyards with hard and soft landscaping, cycle parking, and associated works."

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. The Proposed Development would provide 187 student beds and 27 affordable homes, which will be built of a high quality with generous external amenity space. The Proposed Development would provide 1.2 years of LBC's Local Plan target of 160 new student bedspaces per year or 0.9 years of LBC's Draft New Local Plan target of 200 new student bedspaces per year.
	Younger people (0-24)	The Proposed Development has the potential to deliver 8% of the borough's annual affordable housing delivery target of 353 new affordable homes per annum.
	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, outdoor social areas 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. Students are likely to access healthcare services near their university, as the health centre attached to their university is recommended by the NHS, limiting the impact on healthcare provision in the Local Area.
	People with long-term illness or disability	Higher education attainment can encourage better health outcomes. The Proposed Development would support 187 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 would be neutral because there will be a limited impact on healthcare services.

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
Access to open space and nature	<p>Younger people (0-24)</p> <p>People of low income or unemployed residents</p> <p>People with long-term illness or disability</p>	<p>Providing secure, convenient, and attractive open space can lead to more physical activity and reduce long-term health problems.</p> <p>The Proposed Development would incorporate a residential garden and student courtyard to provide well-designed open space, including play space for younger children for residents and students to enjoy as well as provide enhanced greenery at the Site.</p> <p>The health impact in the operational phase relating to access to open space and nature would be positive due to the provision of publicly accessible open space and public realm.</p>
Air quality, noise, and neighbourhood amenity	<p>Younger people (0-24)</p> <p>Older people (65+)</p> <p>People with long-term illness or disability</p> <p>People of low income or unemployed residents</p>	<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 Demolition and Construction Management Plan as a pre-commencement obligation, which will also include details on how noise and dust pollution would be minimised during construction.</p> <p>According to the Air Quality Assessment, there would be a low risk on human health generated by dust generation and emissions in the construction phase, and concludes that there would not be any significant impacts in the operational phase.</p> <p>According to the Acoustics Report, some areas of higher noise levels would not meet acoustic requirements for windows to be open to mitigate against overheating, however if after further assessment these issues still persist, appropriate mitigation would be put in place.</p> <p>The health impact in the construction phase would be neutral as a result of mitigation measures outlined in the draft Construction Management Plan submitted at planning application stage.</p>
Accessibility and active travel	<p>People with long-term illness or disability</p>	<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>

Determinant of health	Vulnerable groups ¹	Health impact
	<p>Older people (65+)</p> <p>People of low income or unemployed residents</p>	<p>The Demolition and Construction Management Plan seeks to encourage construction workers to travel by public transport or active travel measures given the public transport accessibility to the Site. For this reason, no parking spaces will be provided for staff during the construction period.</p> <p>During the operational phase there would be a variety of pedestrian entry points provided across the different uses of the Proposed Development. The Proposed Development has been designed to meet all building regulations to enable the building to be inclusive for all.</p> <p>The Proposed Development would be 'car-free'. The proposals also include bike stores provided. Cycle parking is provided in several locations across the site or residents and students. This would thereby encourage more active travel methods (such as walking and cycling) to get to the Site.</p> <p>In the construction phase, health impacts generated by the Proposed Development in relation to accessibility and active travel will be neutral.</p> <p>In the operational phase, health impacts generated by the Proposed Development in relation to accessibility and active travel would 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>Younger people (0-24)</p> <p>Older people (65+)</p> <p>Ethnic minority groups</p> <p>Homeless people</p>	<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. The main contractor and its subcontractors would be responsible and required to adhere to several contractual agreements, in line with TfL's CMP Guidance for Developers to ensure the safety of the Site to the community and workers.</p> <p>The presence of construction workers on-site would result in increased informal surveillance relative to the existing Site which is vacant.</p> <p>Informal surveillance around the Site would increase in the operational phase of the Proposed Development. The mixture of a working, student and residential population generated by the Proposed Development would ensure that people are on-site 24 hours a day which is beneficial for informal surveillance.</p> <p>The design of the Proposed Development has considered crime and community safety from an early stage, including consultation with the Crime Prevention Officer understand the key issues (drug use and 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> <p>In the construction phase, the Proposed Development would have a neutral health impact in relation to crime reduction and community safety.</p>

Determinant of health	Vulnerable groups ¹	Health impact
		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 and various designing out crime measures.
Access to work and training	<p>People of low income or unemployed residents</p> <p>Ethnic minority groups</p> <p>People with long-term illness or disability</p>	<p>Employment and income are key determinants of health and wellbeing.</p> <p>As outlined in the Economic Regeneration Statement and Employment and Training Strategy, over the three year construction period, the Proposed Development is expected to support approximately 135 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 or another nominated agency by LBC to seek to recruit from LBC's resident population.</p> <p>In the construction phase, the Proposed Development will have a positive impact on health outcomes in relation to access to work and training.</p>
Social cohesion and inclusive design	<p>Younger people (0-24)</p> <p>Older people (65+)</p> <p>People of low income or unemployed residents</p>	<p>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.</p> <p>The Proposed Development would deliver indoor and outdoor social spaces for students, residents and visitors, encouraging social cohesion among users at the Proposed Development.</p> <p>The Proposed Development has sought to incorporate the principles of inclusive design wherever possible and in line with guidance.</p> <p>Further to this, pastoral care will be considered at the Proposed Development with particular care taken towards first year students who may be living away from home for the first time.</p> <p>In the operational phase, the Proposed Development will have a positive impact on health outcomes related to social cohesion and inclusive design.</p>

Determinant of health	Vulnerable groups ¹	Health impact
	<div>Ethnic minority groups</div> <div>People with long-term illness or disability</div>	

2. Introduction

- 2.1 This Health Impact Assessment (HIA) has been prepared by Volterra Partners LLP ('Volterra') on behalf of 4C – Jamestown Road Ltd (the 'Applicant') for the redevelopment of 33-35 Jamestown Road and 211 Arlington Road ('the Proposed Development') in the London Borough of Camden ('LBC').
- 2.2 The Site is located on 33-35 Jamestown Road and also fronts Arlington Road to the east. The Site wraps around the existing corner building on 31 Jamestown Road, a late 19th century public house which is not part of the Site. The Site was last used by LBC's Cleaning Services team as a mix of offices and waste depot, however currently the Site is vacant.
- 2.3 The Site is located within the Camden Town ward, which represents the chosen Local Area for the Site as defined in **Table 2** with the remainder of the assessment geographies.

Table 2 - Study areas

Assessment area	Geography
Local Area	Camden Town ward
Borough	LBC
Region	London
National	England and Wales

Figure 1 – Site context map



The Proposed Development

2.4

The Proposed Development would provide 187 purpose-built student accommodation units, 27 affordable homes, and 326 sqm (GIA) of flexible commercial space and new public realm features. Specifically, the description of the Proposed Development is as follows:

“Demolition of existing buildings and structures to facilitate redevelopment comprising a Purpose Built Student Accommodation (Sui Generis) block over the basement, ground, plus six storeys and seventh-floor plant room with flexible commercial (Class E) on the ground floor and a residential (Class C3) block over the ground plus five storeys, each block has two private courtyards with hard and soft landscaping, cycle parking, and associated works.”

Health Impact Assessment (HIA)

- 2.5 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.
- 2.6 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.
- 2.7 For the purposes of this assessment, a detailed HIA is undertaken in line with Camden Planning Guidance (CPG) Planning for Health and Wellbeing (January 2021), which states that:²

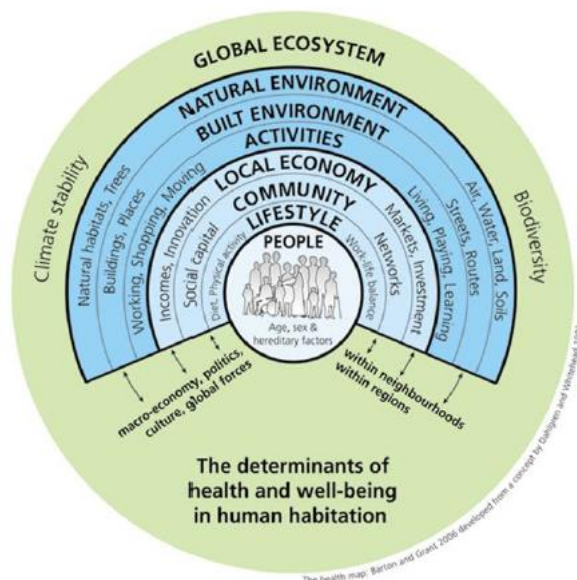
“For larger developments of 100 net dwellings or more, or 10,000sqm + of additional commercial or visitor floorspace, the Council will expect a more comprehensive Health Impact Assessment that analyses all potential health and wellbeing impacts.”

- 2.8 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.
- 2.9 This Full HIA is based on the wider determinants of health model, as suggested by the Planning for Health and Wellbeing CPG 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*.

HIAs in LBC

- 2.10 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,⁴ which is currently going through consultation and due to replace the Camden Local Plan (2017).
- 2.11 LBC Local Plan 2017 Policy C1 and Policy SC1 in the Draft New Local Plan requires:^{5,6}
- Development to positively contribute to creating high quality, active, safe and accessible places; and
 - Proposals for major development schemes include a HIA.
- 2.12 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.⁷

⁴ LBC, 2023. Draft New Camden Local Plan – Regulation 18 Consultation Version

⁵ LBC, 2017. Camden Local Plan 2017

⁶ LBC, 2023. Draft New Camden Local Plan – Regulation 18 Consultation Version; NB: We set out below the relevant policies from Camden's emerging Draft New Local Plan. We have referred to the policy text as proposed in the Regulation 18 Consultation Version (January 2024), published for consultation which concluded in March 2024, at this stage, in advance of independent Examination in Public, the policies in the draft New Local Plan carry very limited weight. The Applicant has made site specific representations to the Plan, particularly in respect of the site allocation. Please refer to the Planning Statement, prepared by DP9 for an assessment of weight that can be attached to the draft policies.

⁷ Health and Wellbeing Board, 2020. LBC Health and Wellbeing Strategy 2022-2030

2.13

Whilst there is no official LBC guidance for HIAs, LBC has produced a Planning for Health and Wellbeing CPG (January 2021), which:⁸

- 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.

⁸ LBC, 2021. Camden Planning Guidance Planning for Health and Wellbeing

3. Methodology

Existing guidance

- 3.1 There is no one definitive methodology for an 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)⁹** – This is a helpful tool for understanding the impact of developments on health through its impact on identified determinants of health. Whilst this guidance is stated for Rapid HIAs, it is still deemed relevant in terms of identifying appropriate determinants of health to inform the assessment.
 - **Public Health England (PHE) Health Impact Assessment in Spatial Planning (2020)¹⁰** – 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)¹¹** – 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.
 - **Mental Well-being Impact Assessment: a Toolkit (National MWIA Collaborative (2011)¹²** – This guidance provide a framework for considering the mental well-being in decision-making and promoting equitable impacts.

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 for Health and Wellbeing, the assessment utilises the determinants of health as listed in the HUDU HIA guidance. **Table 3** outlines these health determinants and summarises whether the respective health effect is scoped in or out of the assessment during both the construction and operational phases.

Table 3 – HIA scoping exercise

HUDU health determinant	Construction	Operation	Justification
Housing design and affordability	Scoped out	✓	The existing site is vacant and was previously used to act as a base for Camden's Cleaning Services considered as commercial space. Therefore, there will be no impact on housing provision, design or

⁹ NHS London Healthy Urban Development Unit, 2017. Rapid Health Impact Assessment Tool.

¹⁰ Public Health England, 2020. Health Impact Assessment in spatial planning.

¹¹ Wales Health Impact Assessment Support Unit, 2015. Health Impact Assessment: A practical guide.

¹² National MWIA Collaborative (England), 2011. Mental Well-Being Impact Assessment.

HUDU health determinant	Construction	Operation	Justification
			<p>affordability during construction and so this determinant is scoped out for the construction phase.</p> <p>The Proposed Development includes the provision of 187 purpose-built student units and 27 affordable homes. Therefore, this determinant is scoped in for the operational phase.</p>
Access to healthcare services and social infrastructure	Scoped out	✓	<p>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 year,¹³ 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 would provide 27 new affordable homes, resulting in an estimated child yield of approximately 41 children (approximately 17 early years, 14 primary, seven secondary and four 16-17 year olds) 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 – access to early years, primary and secondary education is scoped out of this assessment. Access to higher education is scoped into the assessment.</p>
Access to open space and nature	Scoped out	✓	<p>The existing site is entirely hard landscaped and flush with the footway on Jamestown Road. Therefore, construction activity would not impact any access to open space in the Local Area and this determinant is scoped out of the assessment.</p> <p>The Proposed Development would provide new public realm, with a residential garden for relaxation,</p>

¹³ HSE, 2023. Work-related illness – Industry.

HUDU health determinant	Construction	Operation	Justification
			socialising and play. The new student courtyard would also provide green space for gathering and there would be new planting along Jamestown and Arlington Road. For this reason, access to open space and nature is scoped in for operation.
Air quality, noise, and neighbourhood amenity	✓	✓	<p>This determinant is scoped in for both the construction and operational phases. Air quality, noise and neighbourhood amenity would be impacted by the redevelopment of the Site from construction activity.</p> <p>Additionally, new residents onsite are likely to be impacted by air quality, noise and neighbourhood amenity and so this must be considered in this assessment.</p>
Accessibility and active travel	✓	✓	<p>Health impacts related to accessibility and active travel are scoped into the construction and operational phases for this assessment. For example, accessibility near the Site could be affected by construction activity related traffic.</p> <p>During its operation, the Site will be car-free, however blue-badge provision would be met if required.</p>
Crime reduction and community safety	✓	✓	This determinant is scoped in for both phases. During both phases, additional workers and residents onsite would lead to an increase in natural surveillance which could serve to reduce crime and improve community safety.
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 including the provision of some commercial space. Currently, the use of the commercial spaces is not known however could include a café or other workspace. For the purposes of this HIA, this</p>

HUDU health determinant	Construction	Operation	Justification
			determinant is scoped out during the operational phase as even if a café is provided onsite, it is unlikely to materially change the local offer, given the plethora of food options available in the immediate and Local Area.
Access to work and training	✓	Scoped out	<p>There would be temporary employment generated in the construction phase of the Proposed Development. Furthermore, the Applicant is committed to supporting a number of employment and skills initiatives to benefit local residents during the construction phase. For this reason, access to work and training is scoped in for the construction phase.</p> <p>In the operational phase, the Proposed Development is estimated to support 25-30 jobs. This is a minor impact in the context of the 415,000 jobs in LBC in 2022. For this reason, access to work and training is scoped out in the operational phase.</p>
Social cohesion and inclusive design	Scoped out	✓	<p>The existing site is vacant and only contains hard landscaping, therefore the construction of the Proposed Development would have insignificant impacts on levels of social interaction and is scoped out of this assessment.</p> <p>Once operational, the Proposed Development would include outdoor spaces, created for socialising to support residents and students as well as student amenity space. 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 of the construction phase as adverse effects relating to construction are assessed in the air quality and noise sections of this HIA.</p> <p>During the operational phase, the Proposed Development would encourage recycling and sustainable design. Therefore, this determinant is scoped out of the health impact assessment during the operational phase.</p>

HUDU health determinant	Construction	Operation	Justification
Climate change	Scoped out		It is unlikely that workers or residents during the construction and operational phase of the Proposed Development would have their health affected by extreme weather specifically caused by the carbon impact of either phase of the Proposed Development. As such this determinant is scoped out of this assessment.

Impacts on vulnerable and sensitive groups

- 3.4 As identified in the Planning for Health and Wellbeing CPG (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 (2015) guidance.¹⁴
- 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 4 – Vulnerable groups considered in the HIA

Receptor group	Receptor populations
General population	Residents
	Workers
Vulnerable groups	Ethnic minority groups
	Older people
	Younger people
	People on low income and unemployment residents

¹⁴ Welsh Health Impact Assessment Support Unit, 2011. Health Impact Assessment: A Practical Guide

Receptor group	Receptor populations
	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 the 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 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.¹⁵

- **Higher life expectancy** – the life expectancy for women is 85.6 years compared to 80.0 for men. This is higher than regional average of 84.4 years for men and 80.3 years for women. However, the inequality in life expectancy¹⁶ is 9.6 years for females in LBC and 13.5 years for men, significantly greater than 5.4 years and 7.5 years for women and men across London, respectively.
- **High levels of admissions levels for episodes related to alcohol-specific conditions for those aged under 18 years old** – a rate of 40.7 per 100,000 residents compared to 14.9 in London and 26.0 in England per 100,000 residents
- **Low levels of adults who are overweight or obese** – 52.8% of adults are overweight or obese in LBC, compared to 57.2% in London and 64.0% across England.
- **Lower levels of children in low-income households** – 19.0% of LBC children live in low-income families, higher than the London average of 15.5% however lower than the national average of 19.8%.

LBC Joint Health and Wellbeing Strategy

- 4.3 The LBC Health and Wellbeing Board has produced a Joint Health and Wellbeing Strategy (2021-30), which outlines the key wider determinants of health that affect the LBC population, these include:¹⁷

- **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.
- **Violent crime** – In 2018/19 the rate of violent offences in Camden was higher than London, but lower than England overall.
- **Poor health in working-age adults** – LBC has the third highest proportion of working age population claiming sickness or disability benefits in London (5%), with more than half claiming this due to mental and behavioural disorders.

¹⁵ Public Health England, 2020. Local Authority Health Profile 2019

¹⁶ Inequality in life expectancy is the range in years of life expectancy based on deprivation.

¹⁷ LBC Health and Wellbeing Board, 2020. LBC Health and Wellbeing Strategy 2021-2030

Vulnerable groups

- 4.4
- Table 5** identifies the proportion of residents falling within respective vulnerable groups categories across geographies.
- 4.5
- Generally, the Local Area and LBC fall in line with regional averages in terms of the presence of vulnerable groups. There is a higher presence of those from ethnic minority groups in the Local Area than LBC and national averages as well as a higher proportion of those with disabilities in the Local Area compared to geographic comparators. Furthermore, it is clear there is a disproportionately higher number of homeless residents in LBC compared to London, which is almost five times the regional average. Similarly, LBC have a much higher proportion of households assessed for statutory homelessness and with a relief duty owed, suggesting homelessness is a prevalent issue in LBC.¹⁸ Data on the proportion of single parents and presence of traveller groups is not presented due to data unavailability.

Table 5 - Proportion of residents in study areas within vulnerable groups

Area	Younger people (0-24)	Older people (65+)	Median earnings	Unemployed residents	Ethnic minority groups	Disability	Homelessness (number of rough sleepers per hectare)	
							Number of rough sleepers per hectare	Households assessed for statutory homelessness and relief duty owed
Local Area	31%	11%	-	8%	43%	17%	-	-
LBC	32%	12%	£45,000	7%	40%	15%	0.41	67%
London	31%	12%	£42,000	6%	46%	13%	0.08	53%
England and Wales	29%	19%	£35,000	5%	18%	17%	-	51% (England only)

Source: ONS, 2024. Population estimates – local authority based by single year of age; population estimates – small area (2021 based) by single year of age. ONS, 2023. Census 2021.

¹⁸ MHCLG, 2024. Statutory homelessness live table – January to March 2024; NB: Relief duties are owed to households that are already homeless and require help to secure settled accommodation.

5. Impact 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.¹⁹
- 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.²⁰ 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.²¹ Research has found that many older people live in deteriorating and cold housing conditions.²²
- 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.²³
- 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.²⁴
- 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.

¹⁹ NHS London HUDU, 2017. Rapid Health Impact Assessment Tool

²⁰ Age UK Love later life, 2014. Housing in later life

²¹ Department of Communities and Local Government, 2009. English House Conditions Survey 2007

²² Age UK Love later life, 2014. Housing in later life

²³ Scottish Government, 2011: Childhood Asthma Evidence Assessment. Edinburgh: Good places better health for Scotland's children.

²⁴ 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 As of 2021, there are approximately 2,800 households in the Local Area, of which 12% are considered to be overcrowded, that is they have an occupancy rating of -1 or less.²⁵ This is marginally higher than overcrowding levels across LBC (10%), London (11%), all of which are significantly higher than the England level (4%).

Table 6 – Overcrowded households (Census 2021)

	Local Area	LBC	London	England
Proportion of overcrowded households	12%	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:²⁶
- It meets the current statutory minimum standard for housing;
 - It is 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.²⁷
- 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 2023, in LBC the HPE is 17 – that is, average house prices are 17 times higher than average earnings. This is significantly higher than both the London average of 13 and over twice as high than the England and Wales average of eight.²⁸ Out of all 317 local authorities, LBC ranks as the 3rd most unaffordable local authority 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.²⁹ The IMD uses the seven indicators to build up the relative deprivation measures for small

²⁵ ONS, 2022. *Census 2021: RM099 – Occupancy rating (bedrooms) by tenure.*

²⁶ Department for Communities and Local Government, 2006. *A Decent Home: Definition and Guidance for Implementation.*

²⁷ Department for Levelling Up, Housing and Communities, 2021. *Local authority housing statistics data returns for 2021 to 2022*

²⁸ ONS, 2024. *House price to residence-based earnings ratio.*

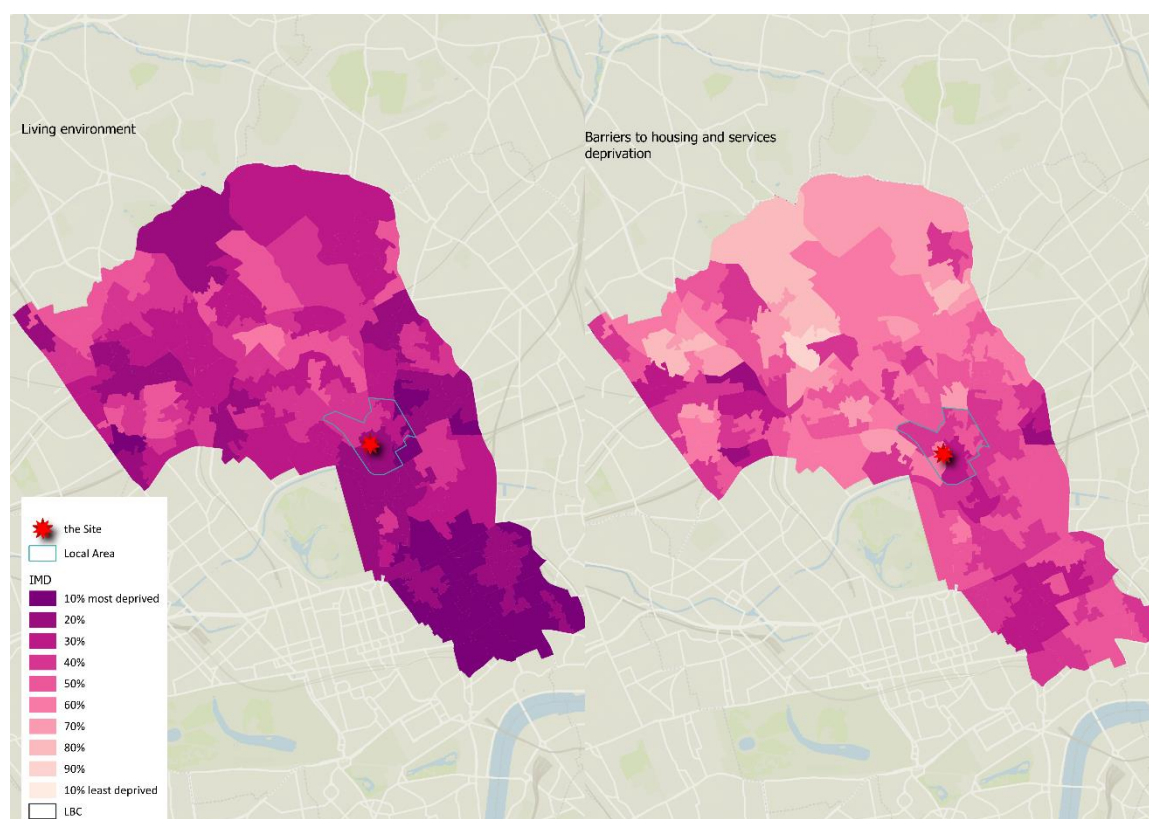
²⁹ DHLUC, 2019. *Index of Multiple Deprivation .*

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).³⁰

- 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 3** illustrates that relative to the north 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 3 – 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)



³⁰ 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 187 purpose-built student accommodation units and 27 affordable homes. As outlined in the **Economic Regeneration Statement and Employment and Training Strategy**, this represents 1.2 years of LBC's target for student housing of 160 new student bedspaces per year and 8% of LBC's affordable housing delivery target of 353 new affordable new homes per annum. This contribution will also provide 0.9 years of LBC's Draft New Local Plan target of 200 new student bedspaces per year.
- 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 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 including private outdoor amenity space and storage space. 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. Onsite 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.³¹

³¹ 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.³²
- 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.³³
- 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 133,900 patients, supported by approximately 54 fully-qualified GP FTEs (full-time equivalents), equating to a ratio of 2,493 patients per GP FTE.³⁴
- 5.25 The NHS recommend a benchmark provision of 1,800 patients per full-time equivalent (FTE) GP.³⁵ This benchmark is a broad measure which is becoming less relevant as practices employ varying methods to deliver primary healthcare such as training other staff on some aspects of GP healthcare, telephone consultations etc. However, it is one of the only quantitative standards which exists, so is calculated here to provide a broad idea of the level of provision
- 5.26 Therefore, GPs accessible to the Site are operating at 39% higher than the HUDU recommended benchmark of 1,800 patients per GP FTE,³⁶ indicating constrained provision. This is slightly less 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 2,501, indicating there is a similar level constraint across the ICB.
- 5.27 The Camden Health and Wellbeing Strategy (2022-30)³⁷ 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

- 5.28 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

³² National Academic Press, 2008. Retooling for an aging America: building the health care workforce

³³ WHO, 2017. Physical activity. Available at: <http://www.who.int/mediacentre/factsheets/fs385/en/>

³⁴ NHS, 2023. General Practice Workforce – October 2023.

³⁵ NHS HUDU, 2009, NHS HUDU Planning Contribution Model.

³⁶ NHS, 2009. HUDU Planning Contribution Model.

³⁷ LBC Health and Wellbeing Board, 2020. LBC Health and Wellbeing Strategy 2022-2030.

innovation has fostered an environment that resonates with the interests and aspirations of young individuals pursuing higher education.³⁸

- 5.29 LBC contains eight main higher education institutions, including University College London (UCL) which ranks as the second largest university in the UK and also within one of the world's top ten universities.
- 5.30 The growth in the number of students studying at HE institutions within LBC has been rising (32%), however slightly slower than the London rate of 36%. As noted in **the Economic Regeneration Statement and Employment and Training Strategy**, students enrolled at HE institutions in LBC are expected to increase by 23% to 2029/30.

Assessment of impact

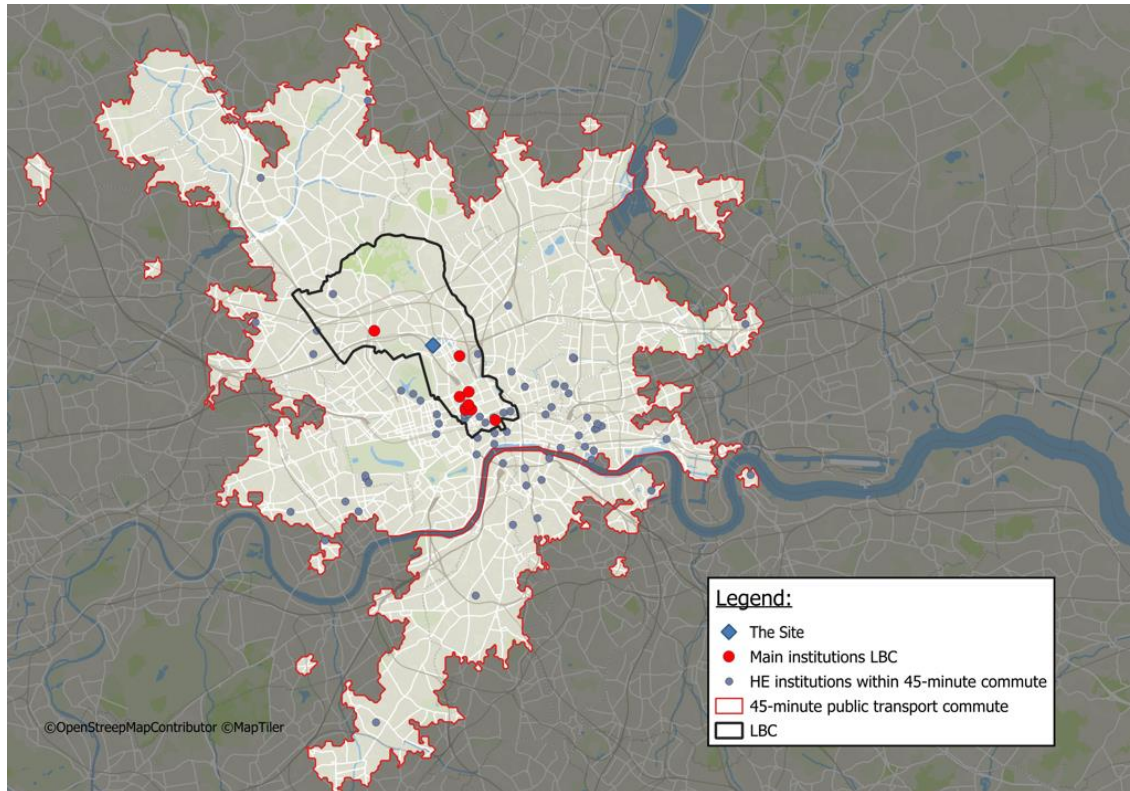
Operational phase

- 5.31 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.³⁹ Alongside this, many universities offer their own mental health services for students, which is a common healthcare need of students. The estimated 277 residents at the Proposed Development would only equate to demand for 0.15 of a GP, which is very small in the context of the local area.
- 5.32 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 marginally rise to 2,498 from 2,493. In the context of the already constrained GP provision in the Local Area, this is considered a minimal increase in demand for GP services of 0.2%.
- 5.33 The Proposed Development would support 187 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 2.9km from UCL's main campus in Bloomsbury – allowing students at the Proposed Development to reach UCL in an approximately 30-min walk or 15-min commute on public transport.
- 5.34 In fact, the Proposed Development is within 45 minutes of 75 of London's higher education institutions as illustrated below, therefore improving accessibility to higher education for potential students.

³⁸ LBC, 2018. Camden 2025

³⁹ NHS, no date. Getting medical care as a student.

Figure 4 – HE institutions within a 45-minute commute of the Site



Summary of impact

5.35

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 **neutral** 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

5.36

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.⁴⁰

- 5.37 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.
- 5.38 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.⁴¹ 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.⁴²
- 5.39 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.
 - **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

- 5.40 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.⁴³

Table 7 - 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

⁴⁰ NHS London HUDU, 2017. Rapid Health Impact Assessment Tool

⁴¹ Natural England, 2009. An estimate of the economic and health value and cost effectiveness of the expanded WHI scheme 2009

⁴² 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

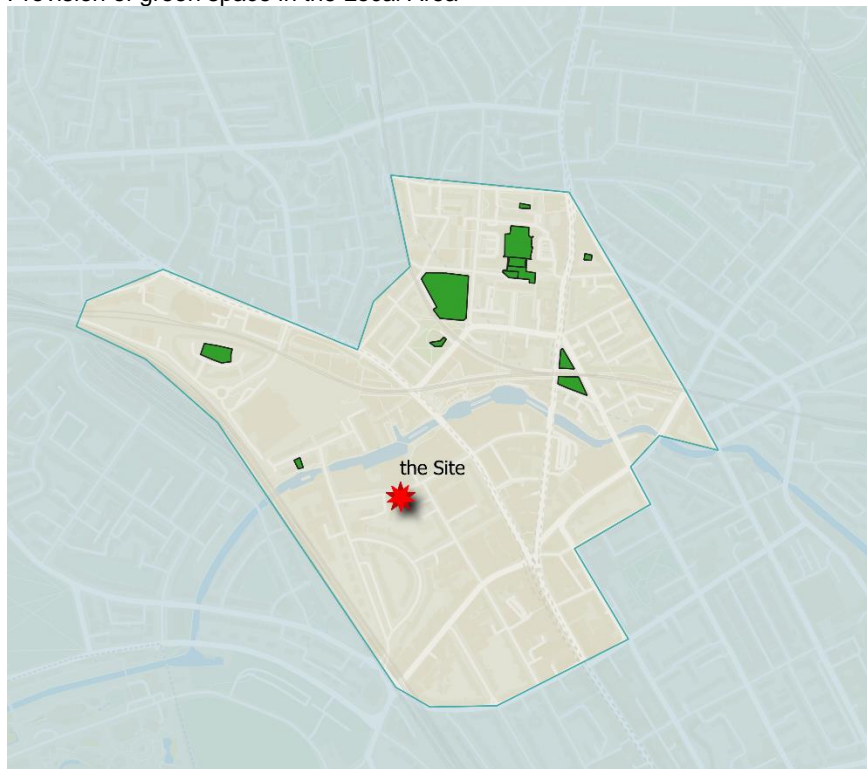
⁴³ LBC, 2017. Camden Local Plan 2017

5.41

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 15,360 sqm. Once the population of the Local Area is considered, this equates to a current provision of approximately 2.3 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. Camden Gardens is the nearest public park to the Site, which contains an array of trees and well-maintained planting. Regents Park is also located nearby the Site, an 11-minute walk away. Regents Park represents a significant provision of high-quality nearby open space, just outside the Local Area.

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

Provision of green space in the Local Area



Source: Ordnance Survey Data, Crown Copyright 2024.

Assessment of impact

Operational phase

5.42

The Proposed Development has been designed to improve public realm at the Site, and provide open space for residents and students at the Proposed Development for gathering, relaxing and enjoyment. The residential garden is a richly verdant south-facing space for relaxation, socialising and play. It balances a number of amenity uses while enhancing environmental benefits and biodiversity, providing visual amenity and privacy.

5.43

The student courtyard would have 'woodland' feel, providing small gathering spaces for students as well as those using the commercial space. It links to a biodiverse green buffer space at the southern boundary.

Jamestown Road and Arlington Road are both enlivened with activity and greenery. On Arlington Road there are planted defensible spaces for each of the three maisonettes. On Jamestown Road new views-through to the planted courtyards are provided alongside residential, student and commercial entrances.

- 5.44 As noted in the **Planning Statement**, the Proposed Development includes provision for on-site play space at a rate of 10 sqm per child in accordance with the GLA Child Yield Calculator. This is located in a communal courtyard for the housing block and play provision for older children will be met off-site in line with policy as there is provision within 800m of the Site. No public open space is provided on Site as part of the Proposed Development in order to give priority to high quality private amenity areas. However the Applicant would make a contribution for the provision of off-site public open space provision or enhancement.

Summary of impact

- 5.45 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. Onsite 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

- 5.46 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.⁴⁴
- 5.47 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.
- 5.48 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

⁴⁴ NHS London HUDU, 2017. Rapid Health Impact Assessment Tool

- 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.

Baseline conditions

- 5.49 The **Air Quality Assessment** notes that the Site is located within an Air Quality Management Area (AQMA) declared for exceedances of the annual mean nitrogen dioxide (NO₂) and 24-hour mean particulate matter (PM₁₀). It is also located adjacent to one of the GLA's air quality Focus Areas, which are locations with high level so human exposure where the annual mean limit value for NO₂ is exceeded.
- 5.50 LBC operates five automatic monitoring stations within the borough, the closest which lies 120-metres to the east of the Proposed Development. From 2020 to 2023, there have been no exceedances of NO₂ concentrations at any of the monitoring sites and PM₁₀ and PM₂₅ concentrations were either below or met relevant objectives between 2019 and 2023.
- 5.51 The **Acoustic Report** states that the noise climate at the Site is dominated by road-traffic movements along Jamestown Road and Arlington Road. There is also some noise from patrons and activities associated with the licensed premises on the corner of Jamestown and Arlington Road.

Assessment of impact

Construction phase

- 5.52 During the construction phase there would be seven Heavy Goods Vehicles (HGVs) in the peak year of construction works, which is below guidance as stated in the **Air Quality Assessment**. For this reason it is not considered necessary to assess the impacts of the traffic emissions during the construction phase and the Proposed Development would not have a significant impact on air quality related to construction traffic emissions.
- 5.53 The **Air Quality Assessment** states there is no risk of significant effects resulting from onsite machinery emissions. In terms of dust emissions, the **Air Quality Assessment** states there is a low risk on human health during the demolition, construction and track out stage and negligible risk during earthworks from dust emissions resulting from construction activities.
- 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 onsite generators, changes in exposure to air quality, noise and odour, and through the overshadowing of nearby receptors.
- 5.56 The Proposed Development would be 'car-free' and so would only generate trips through associated servicing and deliveries, however the number of movements will be significantly reduced compared to existing traffic generated by the Site. For this reason, the **Air Quality Assessment** states there is no requirement for a detailed assessment of road traffic at existing receptors and the Proposed Development would not have a significant impact on local air quality and future residents at the Proposed Development would experience acceptable air quality.

- 5.57 The Proposed Development would also comply with the London Plan's requirement that all development proposals should be 'air quality neutral'.
- 5.58 The **Acoustics Report** states due to higher noise levels presents, windows on facades facing Jamestown and Arlington Roads (associated with the residential block) would not meet acoustic requirements for windows open to mitigate against overheating. Windows on facades at the rear of the Proposed Development can open windows to meet overheating requirements apart from the flats located near the first-floor area of the licensed premises. The assessment notes, mitigation would be required for those windows unable to be opened due to noise levels.
- 5.59 The **Acoustics Report** states that new plant installations generating external plant noise emissions will be at rooftop level, however the specific location, number and model of the units are currently being developed. Following the selection of final plant proposals, external plant noise emissions should be assessed and appropriate mitigation (if required) will be specified.

Summary of impact

- 5.60 Construction activity causing changes to noise and air quality is not expected to pose a significant risk to human health. Monitoring of dust emissions would be ongoing during the construction phase and mitigation measures are considered in the **Dust Management Plan (DMP)**. Similarly, the **Construction Management Plan** would monitor air quality and noise impacts from construction and propose appropriate mitigation. The health impact in the construction phase would be **neutral** as a result of mitigation measures outlined in the draft **Construction Management Plan**.
- 5.61 Once operational, the Proposed Development is deemed to have a **neutral** impact on health associated with air quality. Whilst background noise levels are expected to be high for some of the residential units at the Proposed Development the **Acoustics Report** notes that with appropriate mitigation applied to the plant servicing at the licensed premises next to the Site, the results should change. The **Acoustics Report** also outlines next steps (dynamic thermal modelling and acoustic calculations) to further assess the acoustic levels at the Proposed Development in mitigating against overheating. If requirements are still not, alternative options would be considered to allow windows to be fully opened.
- 5.62 Overall, there would be **neutral** impact on health in relation to air quality, noise and neighbourhood amenity during the construction and operational phases, when considering appropriate mitigation measures.

Accessibility and active travel

Pathway for health impact

- 5.63 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.⁴⁵
- 5.64 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

⁴⁵ WHO, 2022. WHO European Regional Obesity Report

providing opportunities for walking and cycling can increase physical activity and help prevent chronic diseases, reduce risk of premature death, and improve mental health.⁴⁶

- 5.65 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.⁴⁷ 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.
- 5.66 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

- 5.67 The Site boasts an accessible location with a PTAL of 6a (excellent).⁴⁸ This is the second highest accessibility rating that can be awarded to a specific location within London. The Site is located approximately a five-minute walk from Camden Town underground station and just over a ten-minute walk from Chalk Farm underground station. Camden Road London Overground also provides access to the Overground Line and is located just under a 10-minute walk from the Site. These options provide frequent access to a range of destinations across London as well as the opportunity for onwards travel.
- 5.68 There are also several bus stops within close proximity to the Site, operating seven days a week. The nearest TfL cycleway is Cycleway 6, which can be accessed from Royal College Street via Jamestown Road, Camden High Street, Hawley Road and Jeffreys Street, which provides access to the wider cycle network.
- 5.69 There also a wide range of amenities within accessible distance of the Site which can be reached by walking including a number of local shops, restaurants, gym, local supermarkets and pharmacies.
- 5.70 **Figure 6** shows the methods used to travel to work across geographical comparators. Most residents in the Local Area use the underground, metro, light rail or tram to get to work (22%), which is over seven times higher than the national average (3%), and also higher than the London wide average (17%). 24% of residents in the Local Area and LBC also walk to work which is over double the regional and national average (both 11%).⁴⁹

⁴⁶ NHS London HUDU, 2017. Rapid Health Impact Assessment Tool

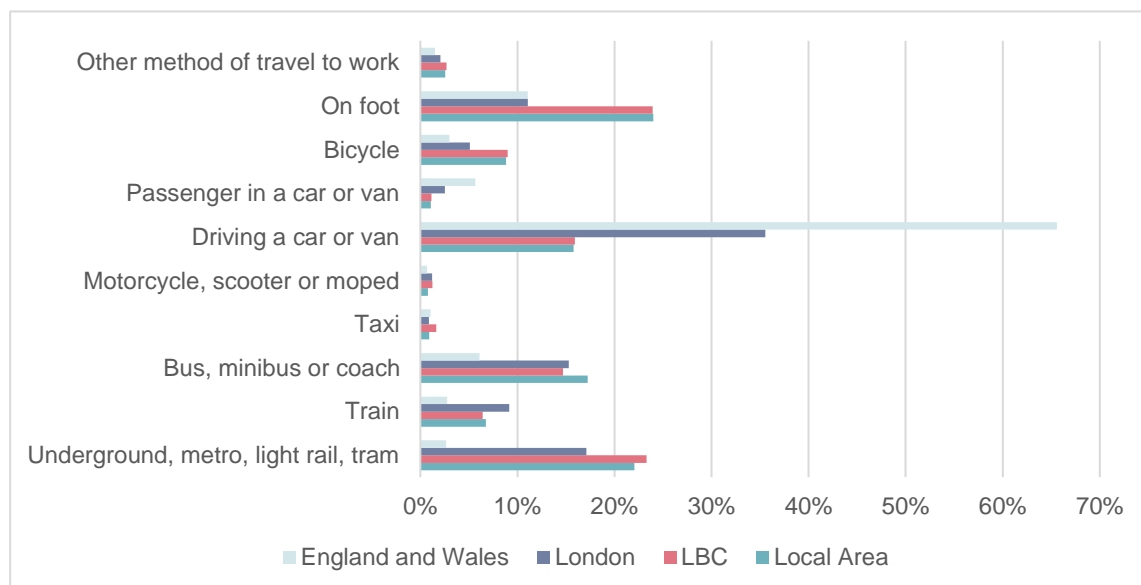
⁴⁷ Public Health England, 2016. Working Together to Promote Active Travel

⁴⁸ TfL, 2024. WebCat planning tool

⁴⁹ ONS, 2022. Census 2021 TS061 - Method used to travel to work

Figure 6 – Residents in the Local Area mostly use public transport methods or walk to get to work

Method used to travel to work (2021)



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

Assessment of impact

Construction phase

- 5.71 During the construction phase, the Proposed Development has the potential to result in an increase in the generation of additional vehicle movements to and from the Site.
- 5.72 The **Construction Management Plan** outlines the transport strategy for the construction period. As the Site is well-located for public transport it is proposed that no parking spaces would be provided for staff. All construction workers would be expected to commute to the Site using sustainable modes of transport such as through public transport or active travel measures. This is likely to have a positive impact on workers of the Site.
- 5.73 As detailed in the **Construction Management Plan**, the Site is currently accessible by vehicle through Arlington Road with a pedestrian access on Jamestown Road. The existing vehicle access would be used during demolition, piling, basement and ground works. The local roads serving the site are all Camden roads and will be checked to ensure that the expected size of construction vehicles can get to and from the site without impacting on other road users.

Operational phase

- 5.74 The Proposed Development has been designed to ensure it fully aligns with the core principles of Healthy Streets. Secure cycle parking would be split across different locations for the residential, student and flexible commercial uses with a dedicated cycle store provided at the ground floor for the residential block and a basement cycle store with lift access.

- 5.75 For example, there would be 195 and eight long-stay and short-stay cycle parking spaces to support and encourage students and residents to use cycling as a mode of transport and in line with London Plan Cycle Parking Standards. Similarly, the Proposed Development would be car-free to encourage residents and students to use either public transport or active travel methods.
- 5.76 In terms of accessibility, along Jamestown Road, a communal entrance would provide a well-defined access point to the Proposed Development which would include well-designed lighting to aid safety and security around the entrance to the Site. For the PBSA, an entrance would be provided to the managed reception during the day, whilst supporting safe out of hours use in the evening. A separate entrance would be provided to the cycle store, which would be in close proximity to the main entrance and the refuse store will have direct access from the stair core for ease of use, with exit only to Jamestown Road for residents for security purposes.
- 5.77 Further to this, the flexible commercial ground floor space would provide a dynamic and activated frontage for public use along Jamestown Road.

Summary of impact

- 5.78 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 Management Plan**. Measures have been identified to minimise the generation of vehicle trips and disruption to vehicle users and pedestrians and their subsequent impact on health.
- 5.79 Once operational, the Proposed Development would be car-free and would implement a number of measures to encourage active travel options and utilise the excellent public transport facilities near the Site. For this reason, in the operational phase, health impacts generated by the Proposed Development in relation to accessibility and active travel will be **positive**.

Crime reduction and community safety

Pathway for health impact

- 5.80 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.⁵⁰
- 5.81 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.⁵¹ A recent study 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.⁵²

⁵⁰ NHS London HUDU, 2017. Rapid Health Impact Assessment Tool.

⁵¹ Stafford et al., 2007. Association Between Fear of Crime and Mental Health and Physical Functioning, American Journal of Public Health

⁵² D. Weisburg et al., 2019. Hot Spots of Crime are Not Just Hot Spots of Crime: Examining Health Outcomes at Street Segments

- 5.82 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.⁵³
 - **Older people (65+):** older people are able to participate in higher levels of physical activity in safer neighbourhoods.⁵⁴
 - **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%.⁵⁵
 - **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.⁵⁶

Baseline conditions

- 5.83 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 a local level. The LSOA which the Site lies within is within the 20% most deprived LSOAs nationally for crime, suggesting relatively high levels of crime deprivation. Considering LBC, it is ranked as the 70th most deprived local authority nationally in terms of crime (of 317 local authorities in England and Wales).
- 5.84 Police UK provide crime data per 1,000 of the population for areas across England.⁵⁷ In the year to December 2023, LBC have the second highest crime rate per 1,000 of the population across the Metropolitan Police force area with 153 police recorded offences per 1,000 residents, behind only the City of Westminster. This compares to a police force average of 102 crimes per 1,000 residents across the Metropolitan Police force area.
- 5.85 In the year to August 2024, there were 3,738 crimes in the Local Area, which represents a 4% increase compared to the year to August 2023. Almost half of the offences were theft, followed by violent crimes. This equates to approximately 569 crimes per 1,000 residents in the Local Area.

Assessment of impact

Construction phase

- 5.86 The Construction Management Plan outlines the importance of a strong site management team with controlled supervision at all times. It confirms the Applicants commitment to safety and environmental standards and programmes to ensure safety during construction works at the Site. The main contractor and their subcontractors will be required to adhere to several contractual agreements, in line with TfL's CMP

⁵³ 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

⁵⁴ 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

⁵⁵ 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

⁵⁶ London: Crisis, 2016. "It's no life at all": Rough sleepers' experiences of violence and abuse on the streets of England and Wales

⁵⁷ Police.UK, 2024. Metropolitan Police Service.

Guidance for Developers. Furthermore, it is a requirement for all vehicles and driver management practices to comply with Construction Management and Community Safety (CLOCS).

Operational phase

- 5.87 The Applicant has reviewed the design of the Proposed Development with the local Crime Prevention Officer from the London Metropolitan Police. Concerns were raised around use of drugs in the immediate context and local hostels with recovering drug users, however the design of the Proposed Development has been considered to control access.
- 5.88 The Proposed Development would redevelop a vacant brownfield site, bringing it back into active use, with additional natural surveillance compared to the existing site, which could deter crime activity. Furthermore, the design of the Proposed Development has been developed to control access – the PBSA building would be managed with a reception for the majority of hours. The residential housing has a double secure line from Jamestown Road with two entrance gates.
- 5.89 The Applicant is also considering the use of fob keys and access control to reduce the risk around theft and trespassing.

Summary of impact

- 5.90 In the construction phase, the Proposed Development would have a In the operational phase, **neutral** health impact in relation to crime and community safety due to the measures laid out in the **Construction Management Plan**. Given the additional activity and measures relative to the existing brownfield site, the Proposed Development would 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 and various designing out crime measures.

Access to work and training

Pathway for health impact

- 5.91 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.⁵⁸ The Marmot Review, commissioned by the Department of Health, looks at the relationship between health inequalities and economic status for communities within England.⁵⁹ The 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.”⁶⁰
- 5.92 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

⁵⁸ NHS London HUDU, 2017. Rapid Health Impact Assessment Tool

⁵⁹ DfH, 2010. Fair Society, Healthy Lives – The Marmot Review

⁶⁰ Public Health England, 2014. Local action on health inequalities: Increasing employment opportunities and improving workplace health

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.

5.93 Changes in the availability of access to work and training has the potential to differentially affect 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.

Baseline conditions

5.94 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.⁶¹ In this deprivation domain, the Site of the Proposed Development falls within the least deprived decile nationally. Similarly, of all 317 local authorities in England Wales, LBC ranks as the 43rd least deprived local authority in terms of deprivation in education, skills and training.

5.95 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. Similarly, the LSOA which contains the Site, is in the 2nd least deprived decile nationally for employment deprivation, whilst LBC ranks as the 151st most deprived in terms of employment of all local authorities in England and Wales.

5.96 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.

⁶¹ IMD, 2019. English Indices of multiple deprivations

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)



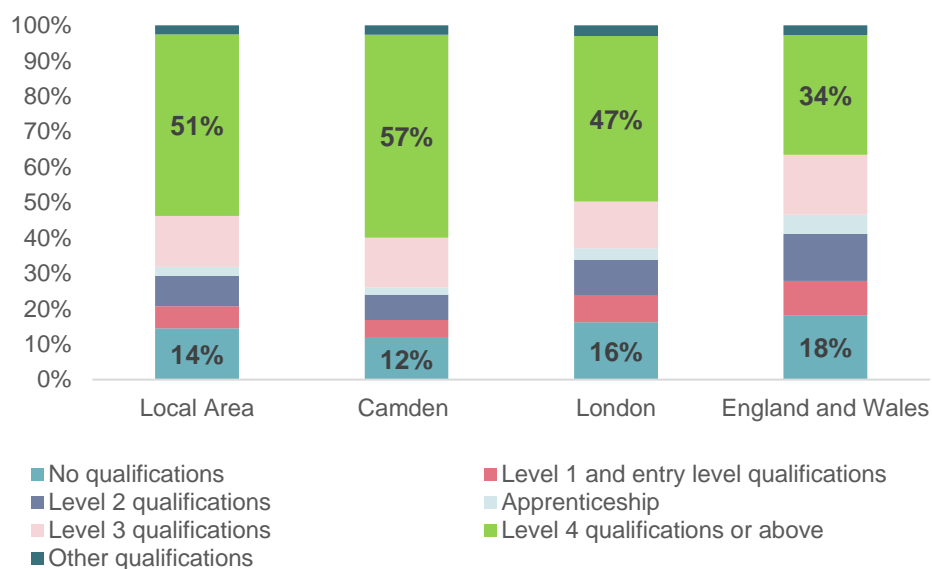
Source: ONS, 2022. Census 2021 - TS066 - Economic activity status

5.97

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 years old having degree-level qualifications – significantly below the LBC average (57%) however slightly above the London average.

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

5.98

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 3.4, compared to the London average of 5.0.⁶²
- 5.99 LBC performs well in rates of GCSE attainment. In 2022/23 Across LBC 67.9% of young people achieves GCSEs in English and maths by the age of 19. This compares to 71.2% across London, and 65.4% across England. Whilst attainment is below the London level, it is considerably higher than the national attainment rate.
- 5.100 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.

Table 8 - 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	
	Eligible for FSMs	Not eligible for FSMs	Eligible for FSMs	Not eligible for FSMs
LBC	69.6%	84.4%	61.2%	80.3%
Outer London	67.1%	84.8%	58.6%	80.4%
Inner London	72.7%	85.5%	62.5%	79.3%
England	55.9%	80.5%	49.3%	76.5%

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

Assessment of impact

Construction phase

- 5.101 As outlined in the **Economic Regeneration Statement and Employment and Training Strategy**, the Proposed Development would support approximately 135 construction jobs over the three-year construction period.
- 5.102 The 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.

⁶² ONS, 2024, Apprenticeships and traineeships 2023/24

5.103 As stated in the **Economic Regeneration Statement and Employment and Training Strategy**, the Applicant would also deliver a number of employment and training commitments to support local residents during the construction phase, in line with Camden Planning Guidance:⁶³

- **17 apprenticeships** during the construction phase (all of which would be paid the London Living Wage).
- **11 work experience placements**, lasting two-weeks each.
- **22 construction jobs** to be advertised through the Kings Cross Construction Skills Centre or another nominated agency.

Summary of impact

5.104 The Proposed Development would 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 construction phase as well as a number of employment and training commitments to specifically support local residents. This has the potential to have a positive impact on unemployed residents and those who are unemployed.

5.105 Opportunities at the Proposed Development has the potential to disproportionately benefit certain groups excluded from the labour market such as ethnic minority groups, residents who are unemployed and low-income groups. Additional engagement, and employment and skills measures would 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

5.106 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.⁶⁴ 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.

5.107 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.

5.108 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.

⁶³ LBC, 2021. Camden Planning Guidance – Employment Sites & Business Premises.

⁶⁴ NHS London HUDU, 2017. Rapid Health Impact Assessment Tool

- **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

- 5.109 With no direct data on the strength of community cohesion available for the Local Area, LBC, or London, a number of sources are considered as a proxy. For example, the Community Life Survey⁶⁵ indicates that only 67% of individuals from 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.
- 5.110 The Camden 2025 engagement programme was established to provide Cabinet members with extensive resident and partner insight to assist them in the development of a new plan for the borough.⁶⁶ The programme finds that LBC residents are positive about LBC's special identity and proud of its diversity and multicultural nature whilst also being tight-knit. Residents said they felt able to talk to other local residents in a way that was not possible in other parts of London, which they put down to a 'Camden spirit'. Many residents are also happy that they know their neighbours and that different Camden neighbourhoods manage to retain their own sense of identity. In terms of challenges, inequality is noted as a significant problem, with residents describing LBC as a 'borough of two halves'. Similarly, concerns have also been raised about ensuring what communities currently have in their local areas in terms of the diversity supportive communities and facilities.
- 5.111 The Camden Joint Strategic Needs Assessment (2019) identifies mental health as a key issue in the borough.⁶⁷ 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

- 5.112 The Proposed Development would have a positive health impact through social cohesion and inclusive design. Students at the Proposed Development would benefit from a number of indoor and outdoor shared social spaces, such as study rooms, a common room, games room, cinema and a gym. Further to this, the Proposed Development has been designed to accommodate 10% accessible or adaptable rooms for

⁶⁵ Department for Digital, Culture, Media, and Sport, 2021. Community Life Survey 2020/21

⁶⁶ LBC, no date. Camden 2025 – Resident and partner engagement.

⁶⁷ Camden and Islington PH Intelligence and Information Team, 2019. Camden JSNA executive summary

independent wheelchair users. Premier student rooms – which are slightly larger, more expensive rooms – are also scattered throughout the PBSA building to ensure inclusivity.

5.113 As outlined in the **Student Management Plan**, the management team would seek to engage with local tenants and residents' associations and community organisations to discuss and address issues such as disturbance, littering, emergencies and operational issues. This will help to aid the cohesion of the new students at the Proposed Development with the local community to ensure that students are considerate citizens. Homes for Students (the operator of the Proposed Development) also have robust procedures around anti-social behaviours which are integrated in the terms of the license.

5.114 Furthermore, the Proposed Development offers a level of inclusive design that meets or exceeds the minimum access requirements of the building regulations, local and London-wide access policies. The ground floor plan has been designed to provide interaction and social inclusion for the multiple different uses that intend to occupy the site. Access supports inclusivity, with pedestrian ground floor access via wide and level footways along Jamestown and Arlington Roads. Furthermore, all residences on the ground floor will have their own covered street entrance with defensible space and all aspects of the Proposed Development support step-free access.

Summary of impact

5.115 The focus on inclusive design measures throughout the Proposed Development would have **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

To enhance and/or mitigate the health impact of the Proposed Development, a series of mitigation measures have been developed as outlined in **Table 9**.

Table 9 – Proposed recommendation 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 public realm and play spaces onsite.
Air quality, noise, and neighbourhood amenity	<ul style="list-style-type: none"> Implement measures outlined in the Demolition and Construction Management Plan throughout the demolition and 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. The Applicant should consider the minimum mitigation measures outlined in the Acoustic Report if windows are unable to be opened due to noise levels.
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.
Crime reduction and community safety	<ul style="list-style-type: none"> The Applicant has reviewed the design of the Proposed Development with the Crime Prevention Officer to identify relevant crime prevention measures that have been incorporated into the design. This will ensure local crime issues are being addressed through the design of the Proposed Development.

Determinant of health	Recommendation and mitigation measures
Access to work and training	<ul style="list-style-type: none">• Ensure the delivery of all employment and skills commitments as detailed in the S106 throughout the construction phase of the Proposed Development.
Social cohesion and inclusive design	<ul style="list-style-type: none">• 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 at dusk, 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

Chester House
1-3 Brixton Road
London
SW9 6DE

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