

100 Avenue Road

Health Impact Assessment

February 2025

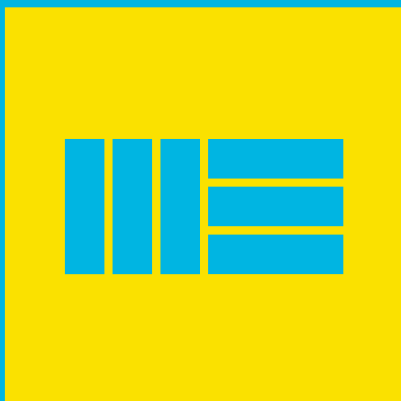
REGAL

HEALTH IMPACT ASSESSMENT

100 AVENUE ROAD, LONDON

**PREPARED ON BEHALF OF REGAL AVENUE ROAD
LIMITED**

24 JANUARY 2025



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1.0 INTRODUCTION

1.1 This Health Impact Assessment (HIA) has been prepared by Montagu Evans on behalf of Regal Avenue Road Limited in relation to the redevelopment of the site known as 100 Avenue Road, a vacant site (formerly an office building now demolished) with a basement which has been constructed under the extant consent, into a residential-led mixed using building (“the Proposed Development”) within the London Borough of Camden (LBC).

1.2 The Site was previously subject to a planning application granted via Appeal (ref. APP/X5210/W/14/3001616) on 18 February 2016 referred to as the Implemented Permission. The scheme was for:

“Demolition of the existing building and redevelopment with a 24 storey building and a part 7 part 5 storey building comprising a total of 184 residential units (Class C3) and up to 1,041sqm of flexible retail/financial or professional or café/restaurant floorspace (Classes A1/A2/A3) inclusive of part sui generis floorspace or potential new London Underground station access fronting Avenue Road and up to 1,350sqm for community use (Class D1) with associated works including enlargement of the existing basement level to contain disabled car parking spaces and cycle parking, landscaping and access improvements.”

1.3 The Site has been subject to further scheme amendments facilitated under Section 96a of the Town & Country Planning Act (1990) (As Amended) and has been lawfully implemented, which was confirmed with a certificate of lawfulness issued on 8 February 2018 (ref: 2017/6884/P). Whilst demolition works and basement construction works have been undertaken by the previous owner, above ground construction works in respect of the Original Permission have stalled.

1.4 Regal Avenue Road Limited acquired the Site in 2024 and intend to bring forward the Proposed Development as soon as practicable, subject to securing some amendments to ensure its deliverability and compliance with the latest standards / Building Regulations. As a result, this HIA is for the s.73 Amendment Application.

1.5 The s.73 Amendment Application (Proposed Development) is described as follows:

“Demolition of the existing building and redevelopment comprising residential units (Class C3) and flexible commercial, business and service use (Class E) and local community and learning use (Class F2(b)) with associated works including enlargement of the existing basement level to contain disabled car parking spaces and cycle parking, landscaping and access improvements.”

1.6 The purpose of this HIA is to determine the extent to which the Proposed Development is expected to impact upon the health of those affected by the proposed demolition and construction works, and well as by the new commercial use provided.

1.7 This HIA makes use of the NHS London Healthy Urban Development Unit (HUDU) Healthy Urban Planning Checklist¹. This toolkit provides the framework for a focused assessment of health impacts relevant to the built environment and issues directly or indirectly influenced by planning decisions and is widely accepted as the industry standard. Given the scale of the Proposed Development which meets the thresholds of LBC’s Policy SC1 in the Draft New Camden Local Plan for a comprehensive HIA, consultation has also been undertaken with LBC Public Health Officers for guidance and agreement of the potential health impacts to focus on.

¹ London HUDU, (2017), Healthy Urban Planning Checklist.

1.8 The HUDU checklist comprises four key assessment themes for the assessment of potential health impacts:

- Healthy Housing;
- Active Travel;
- Healthy Environment; and
- Vibrant Neighbourhoods.

2.0 POLICY CONTEXT

NATIONAL PLANNING POLICY

NATIONAL PLANNING POLICY FRAMEWORK

2.1 The National Planning Policy Framework (NPPF) was revised on 12th December 2024². The revised NPPF retains the majority of the current policies although proposes some notable changes and details focused on a strengthening of the drive to meet housing and other development needs.

2.2 The revised NPPF continues to highlight the importance of sustainable development and identifies the ways in which the planning system is expected to support it. In addition to environmental sustainability, the NPPF also highlights the importance of the other two dimensions of sustainability – Economic and Social – the latter of which specifically refers to health and wellbeing:

*“Achieving sustainable development means that the planning system has **three overarching objectives, which are interdependent and need to be pursued in mutually supportive ways** (so that opportunities can be taken to secure net gains across each of the different objectives):*

a) an economic objective – to help build a strong, responsive and competitive economy, by ensuring that sufficient land of the right types is available in the right places and at the right time to support growth, innovation and improved productivity; and by identifying and coordinating the provision of infrastructure;

*b) a social objective – to support **strong, vibrant and healthy communities**, by ensuring that a sufficient number and range of homes can be provided to meet the needs of present and future generations; and by fostering **well-designed, beautiful and safe places**, with accessible services and open spaces that reflect current and future needs and **support communities’ health, social and cultural well-being**; and*

c) an environmental objective – to protect and enhance our natural, built and historic environment; including making effective use of land, improving biodiversity, using natural resources prudently, minimising waste and pollution, and mitigating and adapting to climate change, including moving to a low carbon economy”³ (Our Emphasis)

2.3 Chapter 8 emphasises the role that planning policies and decisions should aim to achieve healthy, inclusive and safe places. This includes considerations such as the availability of school places, public safety and security, and the promotion of social interaction and community cohesion, and more specifically that they should:

“enable and support healthy lifestyles, especially where this would address identified local health and well-being needs – for example through the provision of safe and accessible green infrastructure, sports facilities, local shops, access to healthier food, allotments and layouts that encourage walking and cycling”⁴

2.4 In terms of decision-making, the NPPF further highlights how local planning authorities should work constructively with applicants to ensure that developments produce beneficial sustainable development outcomes:

² Ministry of Housing, Communities & Local Government (MHCLG), (2024), National Planning Policy Framework

³ MHCLG, National Planning Policy Framework, Paragraph 8.

⁴ Ibid., Paragraph 96 c).

*“Local planning authorities should approach decisions on proposed development in a positive and creative way. They should use the full range of planning tools available, including brownfield registers and permission in principle, and **work proactively with applicants to secure developments that will improve the economic, social and environmental conditions of the area**. Decision-makers at every level should seek to approve applications for sustainable development where possible.”⁵ (Our Emphasis)*

NATIONAL PLANNING GUIDANCE

2.1 The National Planning Practice Guidance (PPG)⁶ was most recently updated in 2024 following the release of the revised NPPF and offers guidance on health and wellbeing in planning and planning obligations. The PPG recommends that Local Authority planners should consult with the Director of Public Health on mitigation measures for any planning applications that are likely to have a significant impact on the health and wellbeing of the local population or particular groups. A health impact assessment is a useful tool to use when assessing expected significant impacts.

THE HEALTH AND CARE ACT (2022)

2.2 The Health and Care Act 2022⁷ was introduced in April 2022, implementing new legislative measures that aim to improve health outcomes by joining up NHS, social care and public health services at a local level and tackling growing health inequalities. A key change is the formalisation of integrated care systems (ICS), which are partnerships that bring providers and commissioners of NHS services across a geographical area together with local authorities and other local partners to collectively plan health and care services to meet the needs of their local population. The Proposed Development is based within the North East London ICS.

THE PUBLIC HEALTH ENGLAND STRATEGY (2020 TO 2025)

2.3 The Public Health England Strategy 2020 to 2025⁸ sets out how the organisation will work to improve public health and reduce health inequalities. The Strategy identifies ten priorities for the next five years focused around four themes:

- “we will promote a healthier nation” centred around eradicating smoking, reducing obesity, improved air quality and improved mental health;
- “we will work towards a fairer society” aimed at reducing health inequalities;
- “we will enhance our ability to keep the public safe” which focuses on reducing the number of outbreaks of preventable diseases and reduce the risk from antimicrobial resistance; and
- “we will strengthen the public health system” aimed at improving early diagnosis and treatment, enhanced data and surveillance capabilities and establishing a new public health science campus.

⁵ MHCLG, National Planning Policy Framework, Paragraph 39

⁶ MHCLG, (2022), National Planning Practice Guidance

⁷ Department of Health & Social Care, (2022), Health and Care Act 2022.

⁸ Public Health England, (2019), Public Health Strategy 2020 to 2025.

REGIONAL PLANNING POLICY

THE LONDON PLAN (2021)

- 2.4 The London Plan⁹ is the Spatial Development Strategy for Greater London and sets out a framework for how London will develop over the next 20 to 25 years, founded on six 'Good Growth' principles. Good Growth principle 3 (GG3) – Creating a Healthy City – establishes a strategic approach relating to health in the context of planning and development. GG3 highlights how those involved in planning and development must take steps to improve the health of Londoners and reduce health inequalities. This includes taking steps to address wider determinants of health, enabling Londoners to make healthy choices, and planning for appropriate health and care infrastructure.
- 2.5 GG3 also establishes the need to assess potential impacts of development proposals on the mental and physical health and wellbeing of communities, and that HIAs can help to achieve this.¹⁰
- 2.6 The Plan also confirms that Boroughs may require HIAs for certain uses.¹¹

LOCAL PLANNING POLICY

CAMDEN LOCAL PLAN (2017)

- 2.7 The current Local Plan¹² was adopted by the Council in 2017, replacing the Core Strategy and Camden Development Policies as the basis for planning decisions and future development in Camden. The Council identifies health and wellbeing as a key challenge facing the Borough given LBC has one of the largest health inequality gaps in England and people suffering from poor health are generally concentrated in some of the Borough's most deprived wards. Therefore, addressing these inequalities and improving Camden's health and wellbeing, both physical and mental, goes beyond improving access to medical facilities and includes a range of measures to improve the social and physical environment. As a result, key Council objectives relevant to health include developing new solutions with partners to reduce inequalities and improve the physical and mental health and wellbeing of local residents and investing in communities to ensure sustainable neighbourhoods.
- 2.8 As part of this, Policy C1: Health and wellbeing requires development to meet the following:
- Positively contribute to creating high quality, active, safe and accessible places; and
 - Proposals for major development schemes to include a HIA.
- 2.9 HIAs for developments of 100 homes or more, including student housing, will be expected to include details of the engagement they have undertaken with local health and community stakeholders.

DRAFT NEW CAMDEN LOCAL PLAN (2024)

- 2.10 The Council are currently considering all the responses received and will publish an updated version of the Local Plan for further consultation later this year. The draft new Camden Local Plan¹³ sets out the vision for

⁹ Greater London Authority (GLA), London Plan 2021.

¹⁰ GLA, London Plan 2021, Policy GG3.

¹¹ GLA, London Plan 2021, p.271.

¹² London Borough of Camden Council, (2017), Camden Local Plan.

¹³ London Borough of Camden Council, (2024), Draft New Camden Local Plan.

future development in Camden for the next 15 years and includes the planning policies and site allocations to help achieve this. This will in time replace the current Camden Local Plan (2017).

- 2.11 Reducing health inequalities remains a key objective of the Council, demonstrated by Policy SC1: Improving health and wellbeing which outlines the various requirements new development must meet in order to be granted planning approval. As part of this, the Council acknowledges the usefulness of HIA in ensuring that health and wellbeing is properly considered as part of the planning process. The policy outlines that HIA's should be undertaken for all major applications – regarded as developments of 10 or more homes (including student housing) or a non-residential development with a floorspace of 1,000sqm or more. For mixed use developments, major developments are regarded as a proportional combination of homes and non-residential floorspace. HIAs for developments of 100 homes or more, including student housing, will be expected to include details of the engagement they have undertaken with local health and community stakeholders in the community and how their input has influenced the development. A HIA has subsequently been completed below for the Proposed Development.

CAMDEN HEALTH AND WELLBEING STRATEGY 2022-2030 (2022)

- 2.12 The Strategy¹⁴ sets out the shared principles, long term ambitions and short term priorities of the Council for improving health and wellbeing and reducing health inequalities.
- 2.13 Central to the Council's Strategy is the 'population health' approach, which seeks to improve physical and mental health, promote wellbeing and reduce health inequalities across an entire population. This approach focuses on the social determinants of health and wellbeing and highlights the importance of creating a collective sense of responsibility across organisations and within communities to reduce inequalities and promote good health.
- 2.14 The Strategy outlines five key guiding principles:
- *Prioritising Prevention* – focused on causes of health-related problems and the social determinants of health, promoting healthier choices and transforming the environmental factors that influence health and wellbeing.
 - *Tackling Inequalities and Disproportionality* – which includes tackling health inequalities, breaking the link between deprivation and poor health and improving health access for all;
 - *Empowering Communities* – supporting local communities and building personal resilience;
 - *Integrating and Communicating* – including promoting good health through existing networks; and
 - *Sharing Responsibility* – focused on collaborating and forging partnerships between different sectors.

THE HEALTH IMPACT ASSESSMENT TOOLKIT

- 2.15 The LBC Council requires for large scale major developments of 100 or more net dwellings, or 10,000 sqm or more of additional commercial or visitor floorspace for a comprehensive HIA. It is recommended that consultation with the LBC Public Health team is undertaken for advice on the HIA and the potential health impacts to focus on.¹⁵

¹⁴ London Borough of Camden Council, (2022), Health and Wellbeing Strategy 2022-2030.

¹⁵ London Borough of Camden Council, (2024), Health Impact Assessments in Planning Applications.

2.16 Pre-application consultation with the Public Health Officer at LBC was undertaken in September 2024. The key request provided was to ensure the HIA focused on the material impacts only which are likely to occur as a result of the Proposed Development proceeding. In order to understand the likely health impacts, a health impact mapping exercise was undertaken and is outlined in **Section 3.0** identifying the likely health impacts, the rationale for inclusion in the assessment and the supporting evidence. The likely health impacts have been divided into the four themes set out in the London HUDU Healthy Urban Planning Checklist¹⁶ as follows:

- Healthy Housing;
- Active Travel;
- Healthy Environment; and
- Vibrant Neighbourhoods.

2.17 Baseline information on local health-related issues is summarised within **Section 4.0** of this HIA.

2.18 **Section 5.0** then provides the assessment, based on the mapping exercise completed in **Section 3.0** and the HUDU Healthy Urban Planning Checklist approach. This HIA considers the potential consequences for health and wellbeing from the construction and operation of the Proposed Development. In particular, it draws upon information and conclusions from:

- Air Quality Assessment;
- Construction Management Plan;
- Design and Access Statement (DAS);
- Noise and Vibration Statement;
- Statement of Community Involvement; and
- Transport and Access Statement.

2.19 **Section 6.0** of this HIA summarises the key positive and negative health impacts identified, and recommends steps to be taken to monitor and evaluate health impacts over time.

¹⁶ London HUDU, (2017), Healthy Urban Planning Checklist.

3.0 HEALTH IMPACT MAPPING

3.1 As described above, consultation with the Public Health Officer at LBC to discuss the scope and methodology for the HIA was undertaken prior to the assessment. The key request from the Public Health Officer at LC was to ensure the HIA focused on the material impacts only which are likely to occur as a result of the Proposed Development proceeding. Therefore, based on the design of the Proposed Development and the key features which will likely be delivered, Table 1 below maps out the likely potential health impacts, the rationale for inclusion in the assessment and the supporting evidence which will inform the detailed HIA undertaken in **Section 5.0**. The likely health impacts have been divided into the four themes set out in the London HUDU Healthy Urban Planning Checklist¹⁷.

Table 1 – Potential Health Impacts Mapping

Potential Health Impacts	Rationale	Evidence
Healthy Housing		
Access to decent and adequate housing will have impacts on health and wellbeing	<p>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.</p> <p>Provision of affordable housing will help to reduce deprivation associated with living environment.</p>	<p>NHS Healthy Urban Development Unit (2019) Rapid Health Impact Assessment Tool</p> <p>World Health Organisation (2011) Environmental burden of disease associated with inadequate housing</p>
Provision of affordable housing has the potential to improve wellbeing	<p>Making provision for affordable housing has the potential to improve wellbeing.</p> <p>Provision of affordable housing will help to reduce deprivation associated with housing</p>	<p>London Assembly (2011) Crowded houses, Overcrowding in London's social rented housing</p> <p>NHS Healthy Urban Development Unit (2019) Rapid Health Impact Assessment Tool</p>
Housing designed to be accommodating for elderly, disabled and independent living will have impacts on health and wellbeing	<p>Providing adaptable homes allows residents to remain in their home despite changing accommodation requirements. In this context, adaptable housing more easily permits care to be provided in the community.</p>	<p>NHS Healthy Urban Development Unit (2019) Rapid Health Impact Assessment Tool</p>
Active Travel		
Provision of cycle parking will promote active travel which has health implications	<p>Increased physical activity helps to prevent chronic diseases, reduce the risk of premature death and improve mental health</p> <p>Physical inactivity is the fourth largest cause of disease and disability in the UK. It can be linked to 1 in 6 deaths in the country with already vulnerable groups (i.e., low income, BAME, older people) being particularly affected. Physical activity not only contributes to physical, but also to mental health. The provision of walking and cycling facilities have been shown to encourage and support</p>	<p>NHS Healthy Urban Development Unit (2019) Rapid Health Impact Assessment Tool</p> <p>Public Health England (2017) Spatial Planning for Health. An evidence resource for planning and designing healthier places</p>

¹⁷ London HUDU, (2017), Healthy Urban Planning Checklist.

	active lifestyles and improve people's mobility, with associated benefits for mental and physical health	
Healthy Environment		
Provision of child play space will promote physical activity and lead to subsequent health benefits	The provision of publicly accessible green spaces and play spaces can encourage physical activity and improve mental health. This is particularly important as the patterns of physical activity established in childhood are usually a key determinant of adult behaviour and in the light of increasing child obesity	NHS Healthy Urban Development Unit (2019) Rapid Health Impact Assessment Tool
Enhanced public realm may generate positive health benefits	Improved connectivity between green spaces and the public realm can encourage active travel and physical activity, with associated benefits for mental and physical health. Access to open and green space encourages outdoors physical activity and reduce levels of heart disease, strokes and other ill health problems that are associated with both sedentary occupations and stressful lives. Open and green spaces can also facilitate social interaction, a sense of place and community interaction, which benefits mental and physical health	Public Health England (2017) Spatial Planning for Health. An evidence resource for planning and designing healthier places; Marmot, M. et al. (2010) Fair Society, Healthy Lives. The Marmot Review. NHS Healthy Urban Development Unit (2019) Rapid Health Impact Assessment Tool
Provision of open spaces may generate positive health benefits	There is a strong correlation between the quality of open space and the frequency of use for physical activity, social interaction or relaxation. Green spaces that are of poor quality, feel unsafe, or are inaccessible will discourage physical activity and social interaction. Planning should also consider varying needs of vulnerable population groups, such as old or disabled people and young parents, and should include the provision of seating opportunities, water fountains, etc. to provide accessible open spaces.	Barton, H. et al. (2003) Shaping neighbourhoods. A guide for health, sustainability and vitality. London: Spon Press.
Construction works will lead to increased HGV traffic and poorer air quality which may have negative health impacts	Human health is affected by both poor air quality and noise pollution. Besides increasing the risk of mortality, poor air quality was linked to over 3,000 hospital admissions in 2010 in London alone. Exposure to pollution increases risk of dementia and depression and risk of suicide.	Greater London Authority (2018) London Environment Strategy. Available at: https://www.london.gov.uk/sites/default/files/london_environment_strategy_0.pdf Cacciottolo, Mafalda, et al. (2017) Particulate air pollutants, APOE alleles and their contributions to cognitive impairment in older women and to amyloidogenesis in experimental models. Braithwaite, I. et al. (2019) Air Pollution (Particulate Matter) Exposure and Associations with Depression, Anxiety, Bipolar, Psychosis and Suicide Risk: A Systematic Review and Meta-Analysis. Environmental Health Perspectives, 127(12). Available at: https://ehp.niehs.nih.gov/doi/pdf/10.1289/EHP4595
Construction works will lead to increased HGV traffic and increased noise which may have negative health impacts	Prolonged exposure to excessive noise, on the other hand, can cause various short- and long-term health problems, such as cardiovascular and physiological effects, mental health effects, hearing impairment, reduced performance and provoke annoyance responses and changes in social behaviour. Some groups such as children, older people, shift workers and people with caring responsibilities, who spend more time at home are more vulnerable to noise. In addition, people on lower incomes, who cannot afford to live in quiet residential areas or have inadequately insulated homes are likely to suffer disproportionately.	World Health Organisation (2019) Noise. Available at: http://www.euro.who.int/en/health-topics/environment-and-health/noise Greater London Authority (2018) London Environment Strategy. Available at: https://www.london.gov.uk/sites/default/files/london_environment_strategy_0.pdf

<p>Construction traffic will lead to increased HGV traffic which may result in access restrictions</p>	<p>Greater traffic volumes and speeds have increased the risk of road traffic injuries, with pedestrians and cyclists being particularly vulnerable.</p> <p>Increased accessibility is particularly important for those with mobility problems, including older people, people with a disability and people without access to a car or unable to afford public transport.</p>	<p>NHS Healthy Urban Development Unit (2019) Rapid Health Impact Assessment Tool</p> <p>Barton, H. et al. (2003) Shaping neighbourhoods. A guide for health, sustainability and vitality. London: Spon Press.</p>
<p>Vibrant Neighbourhoods</p>		
<p>Additional residents will lead to increased demand on healthcare services will impact healthcare capacity</p>	<p>Failing to plan for the social infrastructure needs in an area can exacerbate pressure of existing services and worsen health outcomes and inequalities.</p> <p>The under-provision of key services, besides obvious adverse effects on health and wellbeing in terms of lack of access to care, can contribute towards unnecessary extra travel, which can damage the environment and undermine social cohesion. The planning system can help modernise facilities and improve the quality of services. Developer contributions can help provide and fund new facilities.</p>	<p>NHS Healthy Urban Development Unit (2019) Rapid Health Impact Assessment Tool</p>
<p>Additional residents will lead to increased demand on other social infrastructure will impact access to services and have health implications</p>	<p>Failing to plan for the social infrastructure needs in an area can exacerbate pressure of existing services and worsen health outcomes and inequalities.</p> <p>Social infrastructure, including community facilities and spaces and opportunities for (continued) education are an essential component of the sustainability, health, and cohesion of communities. Access to education at different levels improves self-esteem, job opportunities and earning capability, with associated effects on physical and mental health</p>	<p>NHS Healthy Urban Development Unit (2019) Rapid Health Impact Assessment Tool</p>
<p>Children living at the Proposed Development will increase demand on local education services and impact the educational capacity</p>	<p>Social infrastructure, including community facilities and spaces and opportunities for (continued) education are an essential component of the sustainability, health, and cohesion of communities. Access to education at different levels improves self-esteem, job opportunities and earning capability, with associated effects on physical and mental health</p>	<p>NHS Healthy Urban Development Unit (2019) Rapid Health Impact Assessment Tool</p>
<p>The Proposed Development will create employment opportunities which can help to address deprivation and inequality</p>	<p>Access to employment is part of the wider determinants of health and wellbeing. A lack of access to employment can have a negative impact on health and wellbeing, with unemployment significantly linked to deprivation, health inequalities and poorer health outcomes. The creation of local working opportunities means that those wanting part time work, or those who, because of caring responsibilities or pre-existing medical conditions, are unable to take up full time work, as well as those unable to afford travel. Creating opportunities for local employment will allow some people to walk or cycle which, in addition to health benefits from active travel, may contribute to reducing emissions from vehicular traffic</p>	<p>Barton, H. et al. (2003) Shaping neighbourhoods. A guide for health, sustainability and vitality. London: Spon Press</p>
<p>The provision of retail and community floorspace provides opportunities for local businesses, the community and charities which will help to increase economic prosperity in the Local Area and alleviate deprivation and inequality</p>	<p>Access to employment is part of the wider determinants of health and wellbeing. A lack of access to employment can have a negative impact on health and wellbeing, with unemployment significantly linked to deprivation, health inequalities and poorer health outcomes. The provision of affordable, local workspace increases the practicality and possibility of setting up new businesses, avoiding the need for time-consuming and polluting car trips to reach suitable accommodation</p>	<p>Barton, H. et al. (2003) Shaping neighbourhoods. A guide for health, sustainability and vitality. London: Spon Press</p>

4.0 BASELINE INFORMATION

LOCAL HEALTH PROFILE

4.1 The Local Area has been defined as Camden 017C Lower Layer Super Output Area (LSOA)¹⁸, which is where the Proposed Development Site is located. **Figure 1** below shows the boundary for the Camden 017C in relation to the Site.

Figure 1 – Local Area (Camden 017C LSOA) and the Proposed Development Site



4.2 **Table 1** below summarises the demographic profile of the Local Area compared against the LBC, Greater London and England as a whole.

¹⁸ LSOAs comprise between 400 and 1,200 households and have a usually resident population between 1,000 and 3,000 persons.

Table 2 – Population, Age and Health Profile

	Local Area	LBC	London	England
Total Population (2021)	1,920	210,133	8,799,728	56,490,048
% Male	47.1%	47.3%	48.5%	49.0%
% Female	52.9%	52.7%	51.5%	51.0%
Age Group (% of total population)				
Age 0-15	19.3%	15.4%	19.3%	18.6%
Age 16-64	68.7%	72.8%	68.9%	63.0%
Age 65+	12.0%	11.9%	11.9%	18.4%
General Health (% of total population)				
Very good health	61.1%	55.5%	53.6%	48.5%
Good health	26.8%	29.3%	31.8%	33.7%
Fair health	8.6%	10.0%	10.3%	12.7%
Bad health	2.5%	3.8%	3.2%	4.0%
Very bad health	1.0%	1.3%	1.0%	1.2%
Disability (% of total population)				
Disabled under the Equality Act: Day-to-day activities limited a lot	4.6%	6.7%	5.7%	7.3%
Disabled under the Equality Act: Day-to-day activities limited a little	5.5%	8.5%	7.5%	10.0%
Not disabled under the Equality Act: Has long term physical or mental health condition but day-to-day activities are not limited	4.2%	5.7%	5.2%	6.8%
Not disabled under the Equality Act: No long term physical or mental health conditions	85.7%	79.1%	81.6%	75.9%

*Please note, columns may not sum due to rounding. Source: ONS, Census 2021

- 4.3 The demographic profile of the Local Area is broadly in line with the LBC Borough and London as a whole, as shown in **Table 1** above. The majority (68.7%) of the population in the Local Area are of working age (defined as aged 16 to 64), which is above the national average (63.0%). Furthermore, the proportion of residents aged 15 and under is (19.3%) is the same as London and higher than the LBC (15.4%) and national average (18.6%) and the proportion of residents aged 65 and over (12.0%) is in line with the LBC and London (both 11.9%) and lower than the national average (18.4%).
- 4.4 The youthful population has contributed to the Local Area having a higher proportion of residents who reported their health to be ‘very good’ or ‘good’ (87.9%) compared to the LBC (84.8%), London (85.7%) and the national average (82.9%). Furthermore, the proportion of residents who self-reported as having a disability or long-term health problems was also lower than the LBC, London and England as a whole.

WIDER DETERMINANTS OF HEALTH

- 4.5 **Appendix A1** provides extracts from the Public Health England Local Authority Health Profile¹⁹ dashboard, summarising key health indicators at the LBC level and shown a comparison against higher levels of geography (i.e. regional – London national – England). For each measure, it has been noted whether the LBC performs **Worse**, **Similar** or **Better** than the comparison area. Indicators cover the following broad themes:

¹⁹ Public Health England, (2019), Local Authority Health Profile 2019.

- Life Expectancy and Causes of Death;
- Injuries and Ill Health;
- Behavioural Risk Factors;
- Child Health;
- Inequalities;
- Wider Determinants of Health; and
- Health Protection.

4.6 The key health indicators relevant to the HIA in which LBC perform worse than the wider geographies are as follows:

- Killed and Seriously Injured (KSI) rate on England's roads;
- Percentage of children in low income families; and
- Percentage of people in employment.

4.7 The key health indicators relevant to the HIA in which LBC perform better than the wider geographies are as follows:

- Life expectancy at birth for both males and females;
- Under 75 mortality rate from all causes;
- Mortality rate from all cardiovascular diseases;
- Percentage of physically active adults; and
- Percentage of adults classified as overweight or obese.

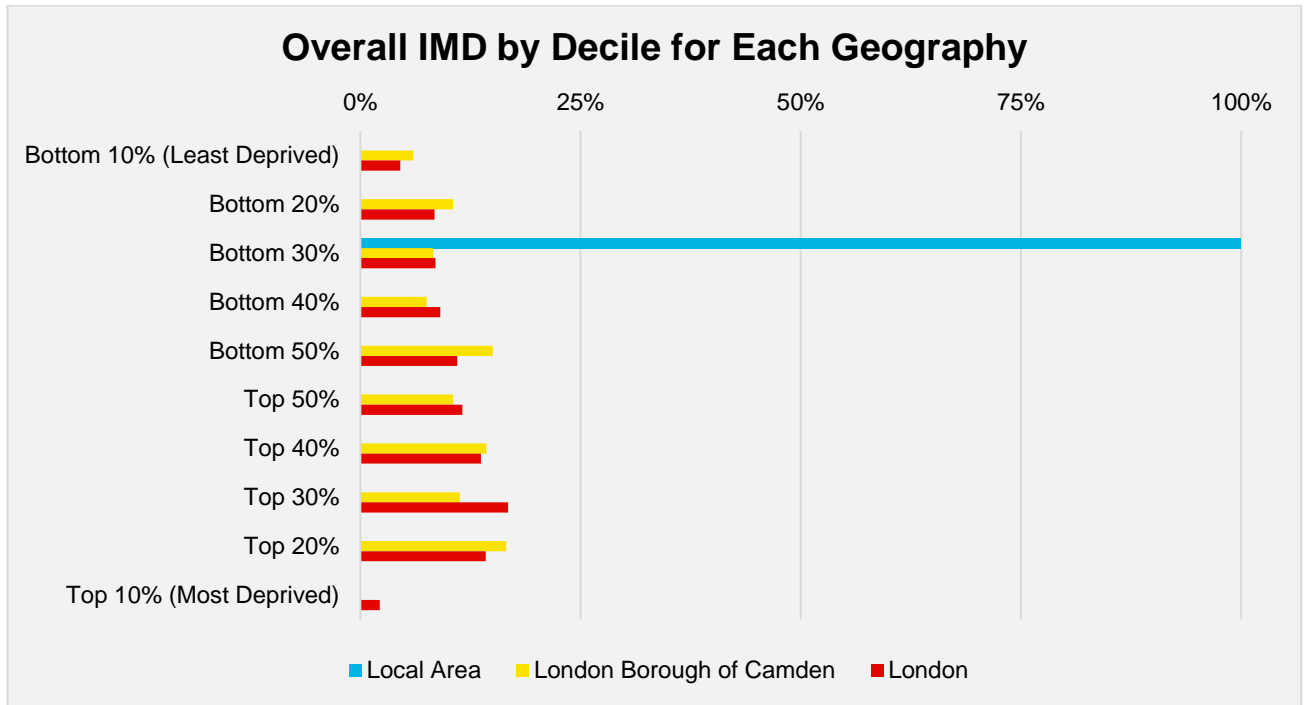
DEPRIVATION

4.8 The extent of deprivation is measured by the English Indices of Deprivation²⁰. The English Indices of Deprivation provides an overall deprivation score (the Index of Multiple Deprivation) by LSOA, building upon a series of domains and sub-domains. These statistics provide a measure of 'relative deprivation', not affluence. As such, it is important to recognise that not every person in a highly deprived area will themselves be deprived and likewise, that there will be some deprived people living in the least deprived areas.

4.9 **Figure 2** presents the overall Index of Multiple Deprivation (IMD) by decile for each geography. This shows that overall, the Local Area was less deprived than LBC and London overall.

²⁰ MHCLG, (2019), English Indices of Deprivation 2019.

Figure 2 – Index of Multiple Deprivation (2019)



Source: MHCLG, (2019), *English Indices of Deprivation 2019*.

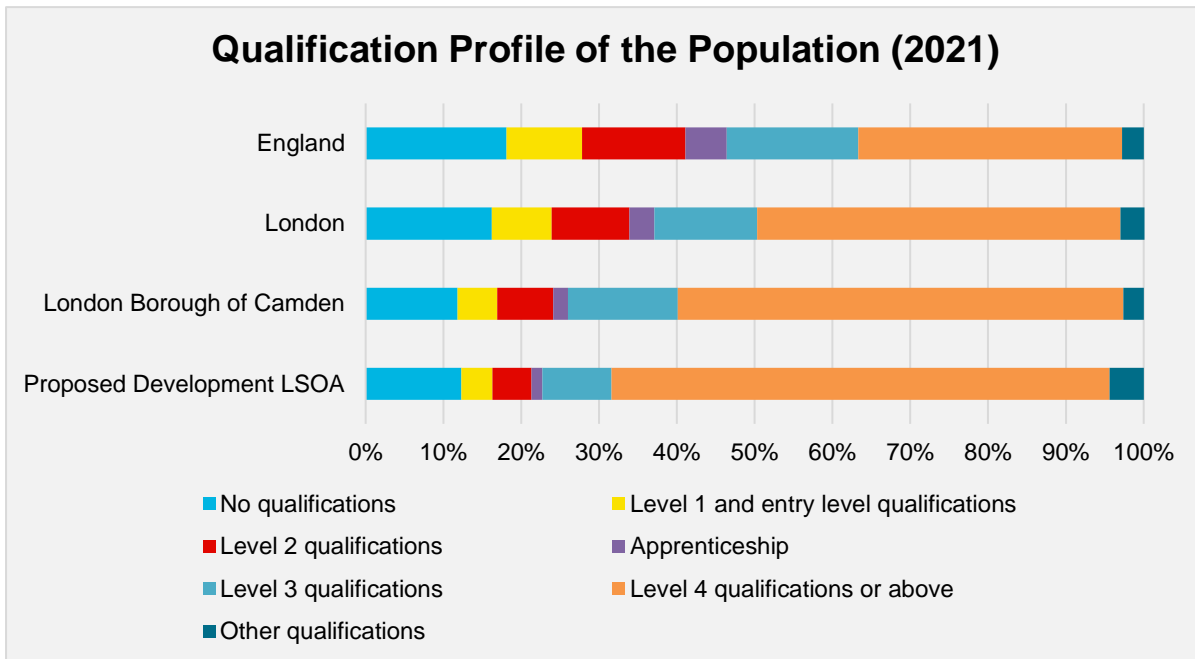
4.10 The Proposed Development is situated within the LSOA E01000963: Camden 017C. In 2019, the LSOA ranked in the top 30% least deprived LSOAs nationally. In terms of the domains of deprivation, the LSOA ranked in the top 10% least deprived LSOAs nationally for the Employment domain and in the top 30% least deprived for the Education and Skills and Training domains of IMD. However, the LSOA ranked in the top 20% most deprived LSOAs nationally for the Environment domain. In terms of Health, the LSOA ranked in the top 10% least deprived LSOAs nationally.

ACCESS TO WORK

4.11 In order to understand the potential for the local population to benefit from employment opportunities arising from the Proposed Development, it is important to consider the occupation, qualification, economic activity and unemployment profile of the local resident population.

4.12 **Figure 3** sets out the qualifications profile for residents aged 16 and over for the different geographies. This shows that residents of the LSOA of which the Proposed Development is based are more qualified than the wider geographies. In 2021, 64.0% of working age residents had a degree level qualification or higher (Level 4 Qualification or above). This is substantially higher than the rate in London (46.7%) and England as a whole (33.9%) and also higher than the LBC (57.3%). Similarly, the share of residents in the Proposed Development LSOA that hold no qualifications (12.3%) is lower than London (16.2%) and the national average (18.1%) and slightly higher than the LBC (11.8%).

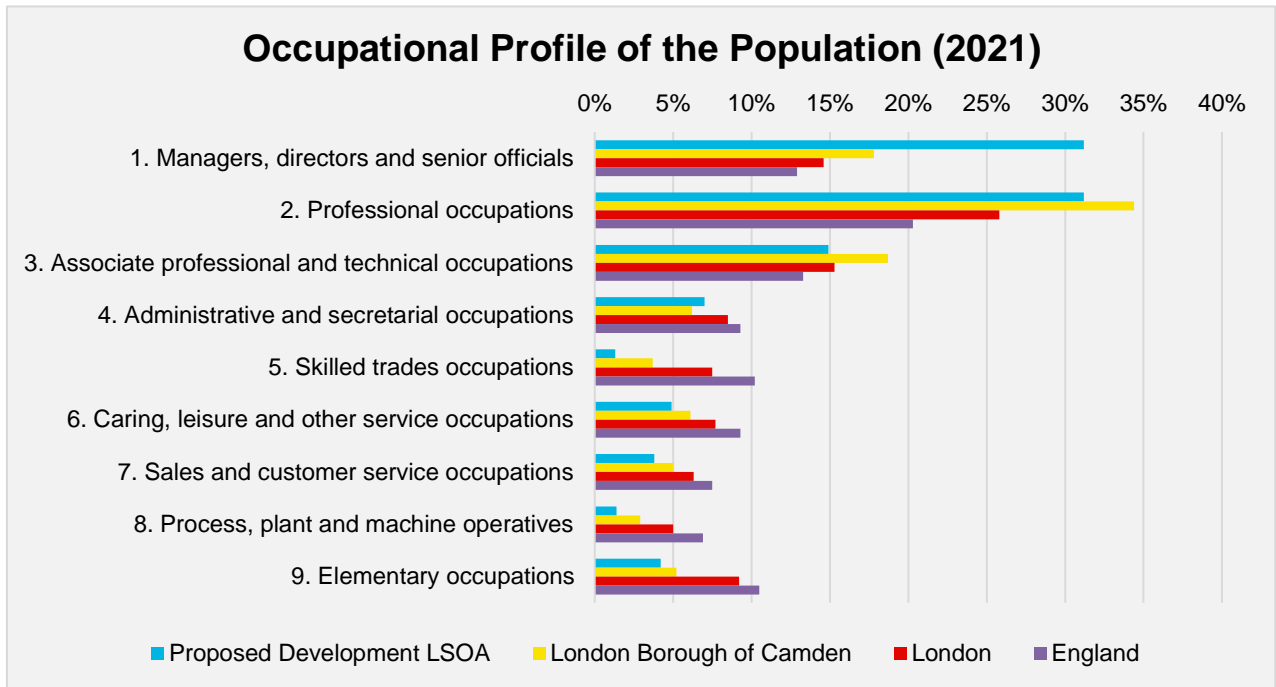
Figure 3 – Qualification Profile of the Population (2021)



Source: ONS, (2022), 2021 Census.

4.13 **Figure 4** presents the occupational profile for residents aged 16 and over in employment. The workforce of the residents living within the LSOA of which the Proposed Development is based are predominantly in higher skilled occupations in comparison to the wider geographies. In 2021, 77.3% of working age residents in the LSOA were employed in 'Managers, Directors and Senior Officials' roles, 'Professional Occupations' or 'Associate Professional and Technical Occupations'. The proportion of the resident employment employed in these occupations is substantially higher than in London (55.7%) and England as a whole (46.5%) and higher than the overall LBC average (70.9%).

Figure 4 – Occupational Profile of the Population (2021)



Source: ONS, (2022), 2021 Census.

INFRASTRUCTURE BASELINE

4.14 This section focuses on the community infrastructure facilities and services (i.e. primary healthcare) in the area surrounding the Site in order to provide infrastructure context of the existing community locally and the existing capacities of the social infrastructure.

PRIMARY HEALTHCARE

4.15 There are five GP practices within one mile of the Site. At the five practices there are a total of 51.3 FTE GPs. The average number of patients per FTE GP across the practices (1,270) is lower than (i.e. a better level of service) the target ratio of 1,800 patients per GP assessed by the Royal College of General Practitioners²¹. Further details are presented in **Table 3** below.

Table 3 – Capacity at GP Practices within 1 Mile of the Site

Practice Name	Patients	GP FTE	Patients per FTE	Distance from Site (km)
Abbey Medical Centre	13,471	12.9	1,041	0.9
Adelaide Medical Centre	11,572	6.9	1,669	0.8
Daleham Gardens Health Centre	5,086	1.6	3,039	0.3
Hampstead Group Practice	18,020	18.1	992	1.0
Swiss Cottage Surgery	17,014	11.6	1,466	0.1
TOTAL	65,163	51.3	1,270	

²¹ Royal College of General Practitioners, (2005), Information Paper. Royal College of General Practitioners

Please note, sums values may not sum due to rounding. Source: NHS Digital, (2024), General Practice Workforce, October 2024.

- 4.16 The nearest major hospital to the Site is St Mary’s Hospital, located approximately 2.8 km to the south of the Site (around 21 minutes’ on public transport or 14 minutes’ cycle). The hospital is managed by the Imperial College Healthcare NHS Trust and contains multiple services including Accident and Emergency services.

EDUCATION

- 4.17 The existing baseline education provision relevant to the Proposed Development has been assessed taking account of guidance published by the National Audit Office²². In terms of the availability of education places, the National Audit Office states that “it considered that on average 5 per cent was the bare minimum needed for authorities to meet their statutory duty with operational flexibility, while enabling parents to have some choice of schools.” Therefore, it is assumed that 95% occupancy should be planned for, as per the National Audit Office guidance, and that a 95% occupancy rate means that a school has no further capacity.
- 4.18 In 2023, 86.7% of primary school children in the LBC were living and studying in the Borough, with 13.3% studying elsewhere, mostly within the bordering City of Westminster (CoW) (5.5%), and the London Borough of Islington (LBI) (3.0%) and the London Borough of Brent (2.6%)²³. The National Travel Survey 2021²⁴ states that, on average, primary school children in London travel 1.6km to school. Thus, the baseline for primary school provision considers schools within 1.6km radius of the Site, which takes in some schools within the CoW.
- 4.19 Travel statistics show that secondary school children travel further and therefore it is appropriate to consider education provision on a wider geographical basis. According to the National Travel Survey²⁵, the average distance secondary school children travel to school in London is 3.2km. In 2023, 71.4% of secondary children living in the LBC, also studied in the Borough with 28.6% studying elsewhere. Approximately 16.0% of secondary school children in the LBC were studying in the CoW, 6.3% in the LBI and 2.8% in the London Borough of Barnet²⁶. Therefore, the baseline for secondary school provision considers schools within 3.2km of the Site, including schools within all of the London Boroughs mentioned above.

Primary Education

- 4.20 **Table 4** below presents data on the 13 primary schools within 1.6km of the Site using information published by the Department for Education²⁷. Among these schools, seven are community schools and six are voluntary aided schools. **Table 4** indicates that there is a total net surplus of 379 places currently at the 13 primary schools within 1.6km of the Site. If it is assumed that 95% occupancy rate means no further capacity, there remains a surplus of 234 places at primary schools within 1.6km of the Site.

Table 4 – Primary Schools within 1.6km of the Site

School	Number of School Places	Number of Pupils	Surplus / Deficit	Surplus / Deficit at 95% Capacity
Barrow Hill Junior School	240	206	34	22
Fitzjohn's Primary School	210	231	-21	-21
Fleet Primary School	210	229	-19	-19

²² National Audit Office, (2013), Capital funding for new school places, 2013.

²³ Department for Children, Schools and Families, (2024), Cross-Border Movement Matrix: 2023/24

²⁴ Department for Transport (DfT), 2022; National Travel Survey (2021).

²⁵ Department for Transport (DfT), 2022; National Travel Survey (2021).

²⁶ Department for Children, Schools and Families, (2024), Cross-Border Movement Matrix: 2023/24

²⁷ Department for Education, (2024), Schools in England.

George Eliot Primary School	420	235	185	164
Hampstead Parochial Church of England Primary School	210	203	7	0
Holy Trinity CofE Primary School, NW3	189	174	15	6
Primrose Hill School	483	453	30	6
Rhyl Community Primary School	459	402	57	34
Robinsfield Infant School	180	158	22	13
Rosary Catholic Primary School	360	309	51	33
St Eugene de Mazenod Roman Catholic Primary School	210	196	14	4
St Mary's Kilburn Church of England Primary School	210	229	-19	-19
St Paul's Church of England Primary School	210	187	23	13
TOTAL	3,591	3,212	379	234

Source: Department for Education, (2024), Schools in England.

Secondary Education

4.21 **Table 5** presents data on the 19 secondary schools within 3.2km of the Site using information published by the Department for Education²⁸. Among these schools, six are community schools, five are voluntary aided, five are academy sponsor led, two are academy converters and there is one free school. **Table 5** below indicates that there is a total net surplus of 1,733 places currently available at secondary schools within 3.2km of the Site. If it is assumed that 95% occupancy rate means no further capacity, there would remain a total surplus of 1,180 places at secondary schools within 3.2km of the Site.

Table 5 – Secondary Schools within 3.2km of the Site

School	Number of School Places	Number of Pupils	Surplus / Deficit	Surplus / Deficit at 95% Capacity
Acland Burghley School	1,200	1,166	34	0
Ark King Solomon Academy	1,300	1,312	-12	-12
Beacon High	600	417	183	153
Hampstead School	1,320	1,287	33	0
Harris Academy St John's Wood	1,500	1,332	168	93
Haverstock School	1,336	973	363	296
La Sainte Union Catholic Secondary School	1,219	689	530	469
Maria Fidelis Catholic School FCJ	917	839	78	32
Marylebone Boys' School	950	708	242	195
Paddington Academy	1,200	1,259	-59	-59
Parliament Hill School	1,164	1,218	-54	-54
Regent High School	1,100	1,076	24	0

²⁸ Department for Education, (2024), Schools in England.

St Augustine's Federated Schools: CE High School	1,000	1,002	-2	-2
St George's Catholic School	1,100	1,111	-11	-11
The Camden School for Girls	1,040	1,068	-28	-28
The St Marylebone CofE School	1,170	1,181	-11	-11
The UCL Academy	1,150	1,095	55	0
Westminster Academy	1,300	1,116	184	119
William Ellis School	895	879	16	0
TOTAL	21,461	19,728	1,733	1,180

Source: Department for Education, (2024), Schools in England.

OPEN SPACE AND OPPORTUNITIES FOR PHYSICAL ACTIVITY

- 4.22 Policy G4 of the London Plan²⁹ categorises open spaces and allots distance thresholds from residences from which the parks are accessible. The guideline provides a benchmark for boroughs to assess their own provision for the different categories of open space found throughout London and facilitates the cross-borough planning and management open space. **Table 6** presents these guidelines, and the existing open space that is considered accessible to the Site, in line with the GLA 'Shaping Neighbourhoods: Play and Informal Recreation' SPG guidance³⁰.
- 4.23 There is a regional park, metropolitan park and a district park all within the relevant catchment guidelines recommended by the GLA from the Site. There are multiple pocket parks located nearby to the Site but no local parks or small open spaces. Despite this, Hamstead Heath, Regent's Park and Primrose Hill all offer good open space in the vicinity of the Proposed Development and therefore the existing open space provision is considered to be good.

Table 6 – Open Spaces Accessible from the Site

Open Space Categorisation (GLA Guidance)	Guidelines on Size of Open Space (ha)	Guidelines on Distances from Site (km)	Name of Open Space	Approximate Size (ha)
Regional Parks	400	3.2 - 8	Hamstead Heath	800
Metropolitan Parks	60	3.2	Regent's Park	166
District Parks	20	1.2	Primrose Hill	25.8
Local Parks and Open Spaces	2	0.4	-	-
Small Open Spaces	<2	<0.4	-	-
Pocket Parks	<0.4	<0.4	Swiss Cottage Open Space	0.3
			Highgrove Road Playground	0.1
			Fairfax Road	0.1
			Harben Estate Playground	0.03

²⁹ Greater London Authority, 2021; The London Plan

³⁰ Greater London Authority, 2012; Shaping Neighbourhoods: Children and Young People's Play and Informal Recreation Supplementary Planning Guidance

Source: Greater London Authority, (2021), The London Plan.

SOCIAL INFRASTRUCTURE AND COMMUNITY FACILITIES

- 4.24 There are several gymnasiums located within walking distance of the Site. This includes PureGym London Swiss Cottage located 380m north of the Site (c. 5 minutes' walk), Anytime Fitness Swiss Cottage located 150m north of the Site (c. 2 minutes' walk) and Swiss Cottage Leisure Centre located 50m south of the Site (c. 3 minutes' walk).
- 4.25 The Site has a good provision of community amenities nearby. There are multiple Pharmacies (Boots, Superdrug and Green Light) located in close proximity to the Site and the Swiss Cottage Leisure Centre also contains multiple sports facilities including a pool, climbing wall, sports hall, squash courts and an outdoor football pitch.

SUMMARY OF KEY BASELINE HEALTH ISSUES

- 4.26 The baseline review has identified the following baseline health-related issues locally and within the Borough as a whole:
- The Local Area has a youthful population, with a higher proportion of residents aged 15 and under compared to the LBC and national averages. The Local Area also has a lower proportion of residents with health issues, disability or long-term health problems compared to LBC, London and England as a whole.
 - The proportion of children in low income families and in employment in LBC is worse than the national average. However, life expectancies, mortality rates, the proportion of physically active adults and adults classified as overweight or obese is better than the national average.
 - Deprivation data shows that the Local Area is less deprived than the LBC and London. The Local Area ranks in the top 10% least deprived LSOAs for Health deprivation nationally.
 - Many of the nearby GP practices to the Site are undersubscribed compared with the Royal College of GPs benchmark and therefore have spare capacity to cope with additional demand.
 - There are also spare educational spaces at both primary and secondary schools located nearby to the Site.
 - Participation in the labour market and the occupation roles the Local Area residents are employed in is better than the LBC, London and national averages.
 - There is a good provision of regional, metropolitan and district parks locally but an under provision of local parks and open spaces and small open spaces. Despite this, Hamstead Heath, Regent's Park, Primrose Hill and Swiss Cottage Open Space all offer good open space in the vicinity of the Proposed Development and therefore the existing open space provision is considered to be good.

5.0 HEALTH IMPACT ASSESSMENT

5.1 This section presents the HIA matrix, based on the approach set out within **Section 3.0** identifying the likely health impacts associated with the Proposed Development divided into four themes.

HEALTH IMPACT ASSESSMENT

Assessment Criteria	Proposed Development Details / Potential Health Impact	Conclusion	Mitigation / Enhancement Actions
Healthy Housing			
Access to decent and adequate housing will have impacts on health and wellbeing	<p>High quality residential accommodation will be delivered as part of the Proposed Development to meet the latest design requirement standards. The Design and Access Statement (DAS) outlines that the proposal will deliver 90% M4(2) compliant units and 10% M4(3) compliant units, which includes wheelchair accessibility. The Proposed Development will provide an increased number of high quality homes in comparison to the Implemented Permission.</p> <p>All layouts of housing units have been designed to meet London Housing Design Guide and every home will be provided with external amenity space, including balconies.</p>	Positive	None required.
Provision of affordable housing has the potential to improve wellbeing	<p>The Proposed Development will provide up to 237 housing units including a mix of unit sizes ranging from studios up to 3 bed units and different types that will assist LDC in meeting its housing targets and support the Camden Local Plan Policy H1 (Maximising housing supply).</p> <p>The Proposed Development will provide up to 70 affordable housing units (comprising 35% of the total accommodation mix being provided). This contributes to the LDC affordable housing target Policy H4 (Maximising the supply of affordable housing). The provision of affordable housing will help to reduce deprivation associated with housing in the local area.</p>	Positive	None required.
Housing designed to be accommodating for elderly, disabled and independent living will have impacts on health and wellbeing	<p>As outlined above, the housing units delivered will be 90% M4(2) compliant and 10% M4(3) compliant to ensure adaptability and accessibility for residents. The 10% M4(3) adaptable units will be accommodating for elderly, disabled and independent living. In turn, the adaptable housing provided will enable care to be provided more easily generating positive health and wellbeing impacts.</p>	Positive	None required.
Active Travel			

<p>Provision of cycle parking will promote active travel which has health implications</p>	<p>As outlined in the Transport Assessment, the Proposed Development will provide 346 long-stay cycle spaces and 88 short-stay spaces as well as onsite cycle storage designed to London Cycle Design Standards. This will help encourage cycling and active travel to and from the Site which will have positive health impacts.</p> <p>A Travel Plan Coordinator will also be appointed to help promote cycling use by ensuring cycle routes are properly maintained, implementing the 'Cycle to Work' schemes and 'Cycle Buddy' system. Residents will also be provided with information and advice on safe and convenient cycle routes within the vicinity of the Site. Information will be distributed within Welcome Packs and will be posted within a prominent location at the Site. These measures will further encourage the uptake in cycling and healthy lifestyles.</p>	<p>Positive</p>	<p>None required.</p>
<p>Healthy Environment</p>			
<p>Provision of child play space will promote physical activity and lead to subsequent health benefits</p>	<p>The Proposed Development results in requirements for 1,030 sqm of child play space comprising:</p> <ul style="list-style-type: none"> • 440 sqm of play space for 0-4 year old children; • 342 sqm of play space for 5-11 year olds; • 162 sqm of play space for 12-15 year olds; and • 86 sqm of play space for 16-17 year olds. <p>681 sqm of playspace will be provided on site (all of the 0-4 and the majority of the 5-11 play requirement). This is a 167 sqm increase in play space in comparison to the Implemented Permission scheme. The provision will be split between on-site play space for 0-11 year olds including playful seating, slide and scramble net and off-site play space for older children located in the Swiss Cottage Open Space. Swiss Cottage Open Space features a large flexible open space, ball court, playground and fitness area.</p> <p>The provision of play spaces will help encourage physical activity and thereby improving physical and mental health of users. This is particularly important as the patterns of physical activity established in childhood are usually a key determinant of adult behaviour and in the light of increasing child obesity.</p>	<p>Positive</p>	<p>None required.</p>
<p>Enhanced public realm may generate positive health benefits</p>	<p>The Proposed Development like the Implemented Permission, will bring forward significant public realm improvements, creating high quality publicly accessible space, greening with seating, routes through to the Swiss Cottage Open Space and north to south connectivity improvements between</p>	<p>Positive</p>	<p>None required.</p>

	<p>Eton Avenue and the Swiss Cottage Library and Leisure Centre.</p> <p>The proposed amendments aim to improve the quality of the amenity space throughout the development in terms of private amenity space, play space and soft and hard landscaping. The connection between the Swiss Cottage Open Space and the Site has been carefully designed following consultation with the planning officers and LBC open space team.</p> <p>The improved connectivity between green spaces and the public realm will help encourage active travel, physical activity and social interaction, with associated benefits for mental and physical health.</p>		
<p>Provision of open spaces may generate positive health benefits</p>	<p>The Proposed Development will enhance the access to open spaces in proximity to the Site. As mentioned above, the connection between the Swiss Cottage Open Space and the Site has been carefully designed following consultation with the planning officers and LB Camden open space team. This includes the proposed landscaping amendments which will introduce additional seating, soft landscaping and play space along the ground floor and the relocation of the Winch entrance to activate the frontage onto Swiss Cottage Open Space.</p> <p>Secure access and other security measures will also be implemented on the Site, helping to increase the safety and security of residents</p> <p>The enhanced access to the Swiss Cottage Open Space and safety measures around the Site will encourage residents to use the space which will have positive health impacts related to physical activity and social interaction.</p>	Positive	None required.
<p>Construction works will lead to increased HGV traffic and poorer air quality which may have negative health impacts</p>	<p>The Air Quality Assessment considered the impacts of the proposed development on local air quality in terms of dust and particulate matter emissions during construction and emissions from the life-safety generator and road traffic generated by the completed and occupied development.</p> <p>The construction dust assessment considered the Site to be at 'Low Risk' to human health in relation to the earthworks, construction and trackout works associated with the Proposed Development. The Assessment sets out the mitigation measures recommended to minimise any adverse impacts to human health and with these measures in place, the residual impacts during the construction phase are deemed to be 'not significant'. Therefore, construction of the Proposed Development is not expected to create adverse health impacts.</p>	Neutral	The recommendations outlined in the Air Quality Report relating to mitigation must be followed and implemented.

	<p>During the operational phase, air quality conditions for future residents of the Proposed Development have been shown to be acceptable, with concentrations below the air quality objectives across the Site. The Proposed Development will be 'car-free' and traffic generated by the development will be below industry screening thresholds and therefore will have a negligible impact on air quality conditions at all existing receptors. Therefore, the residual impacts during the operational phase are deemed to be 'not significant' and the Proposed Development is not expected to create adverse health impacts.</p>		
<p>Increased noise and vibration levels due to construction and/or operation of the Proposed Development which may have negative health impacts</p>	<p>The Noise and Vibration Assessment assessed that the tactile vibration generated by the Proposed Development is considered suitable in all areas of the Site. The assessment also indicates that the re-radiated noise levels will be up to 40dBA in the worst affected areas of the Site, which is above the re-radiated noise criteria of 35dBA to be adopted. Therefore, additional vibration isolation measures are recommended to be included to mitigate any potential adverse effects.</p> <p>Recommendations are made for noise mitigation measures for the residential and commercial spaces. Overall, no adverse impacts to health associated with an increase in noise and vibration levels from the Proposed Development is identified.</p>	Neutral	<p>The recommendations outlined in the Acoustic Report relating to noise mitigators must be followed and implemented.</p>
<p>Construction traffic will lead to increased HGV traffic which may result in access restrictions</p>	<p>The Site is located in an area with a Public Transport Accessibility Level (PTAL) of 6a which is deemed to be 'very good' level of accessibility to public transport. The Transport Statement concludes that the Proposed Development is acceptable in traffic and transport terms and there will be negligible change in trips to the Site when considering against the Implementation Scheme.</p> <p>Given that the consented scheme's trip generation was deemed acceptable, and the highly accessible location of the Site (PTAL level 6a); these trips are expected to be effectively managed into the daily flows of the network and not result in a material impact on the local public transport network. Therefore, it is not anticipated that the Proposed Development will cause any access restrictions for local residents in accessing healthcare services and other key social infrastructure and subsequently any adverse health impacts.</p>	Neutral	None required.
<p>Vibrant Neighbourhoods</p>			
<p>Additional residents will lead to increased demand on healthcare services will impact healthcare capacity</p>	<p>Section 4.0 of this report identified the existing capacity within the healthcare services local to the Site.</p>	Neutral	None required.

	<p>There are currently five GP surgeries within 1 mile of the Site and the average number of patients per FTE GP across the practices (1,270) is lower than (i.e. a better level of service) the target ratio of 1,800 patients per GP assessed by the Royal College of General Practitioners. Given the large surplus capacity, it is envisioned that the additional residents to reside at the Proposed Development could be absorbed by the existing healthcare services and therefore will not exacerbate pressure of existing services and worsen health outcomes and inequalities.</p>		
<p>Additional residents will lead to increased demand on other social infrastructure which will impact access to services and have health implications</p>	<p>Section 4.0 of this report identified the existing social infrastructure in proximity to the Site. The Site has a good level of existing social infrastructure and community facilities available and therefore it is envisioned that the additional residents to reside at the Proposed Development could be absorbed by the existing services.</p> <p>In addition to this, the Proposed Development will provide 1,372 sqm of community space to accommodate The Winch, designed to meet the charity's specific requirements which will provide additional social infrastructure space.</p>	Neutral	None required.
<p>Children living at the Proposed Development will increase demand on local education services and impact the educational capacity</p>	<p>Details on the capacity and location of the existing primary schools and secondary schools within 1.6km and 3.2km respectively of the Site has been analysed in Section 4.0 of this report.</p> <p>There is sufficient capacity in the local area to accommodate the additional demand for both primary and secondary school places created by residents at the Proposed Development. Therefore, there will not be any impact on the educational capacity or quality of learning for existing students and new students from the Proposed Development.</p>	Neutral	None required.
<p>The Proposed Development will create employment opportunities which can help to address deprivation and inequality</p>	<p>The construction of the Proposed Development would create significant construction jobs in the local area which could benefit the population across the city, including through local apprenticeships during the construction phase of development.</p> <p>The provision of 1,187 sqm of Class E floorspace will generate permanent operational jobs that could be taken up by local residents helping to reduce inequality in the local area and deprivation related to employment and income. This will have a positive health impacts as a result.</p>	Positive	None required.
<p>The provision of retail and community floorspace provides opportunities for local businesses, the community and charities which will help to increase economic prosperity in the Local Area and alleviate deprivation and inequality</p>	<p>As highlighted above, the Proposed Development will provide 1,372 sqm of community space to accommodate The Winch charity and 1,187 sqm of Class E floorspace.</p>	Positive	None required.

	<p>The Winch are a local charity working with local young people to help them to succeed regardless of their circumstances. Engagement with the charity has been undertaken to ensure the floorspace meets the charity's requirements and maximises efficiencies. This will help to upskill and enable young local people to succeed thereby helping to reduce deprivation and inequality.</p> <p>The provision of 1,187 sqm of Class E floorspace could be used by local businesses which will also help to reduce inequality in the local area and deprivation related to employment and income. This will have a positive health impacts as a result.</p>		
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6.0 CONCLUSION

POSITIVE HEALTH IMPACTS

- 6.1 New housing provided will make an important contribution to addressing the housing needs in LBC, providing new homes for private occupiers as well as 35% of the provision comprising affordable housing. Housing will be of a high quality, and will be inclusive to all users enabling independent living for disabled and elderly residents. This will support the health and wellbeing of those who live within the completed development.
- 6.2 The Proposed Development also includes extensive greening and will provide 681 sqm of new child play spaces. The provision of play spaces will help encourage physical activity and thereby improving physical and mental health of users. This is particularly important as the patterns of physical activity established in childhood are usually a key determinant of adult behaviour and in the light of increasing child obesity.
- 6.3 The provision of 1,372 sqm of community floorspace for The Winch charity will help to enhance their services to local young people and subsequently lead to major benefits for the local community, including reducing inequality and deprivation in the local area.
- 6.4 The provision of new high-quality retail floorspace will provide economic opportunity for the immediate population in the LBC and further afield as workers in the completed development are likely to travel from across the City. The construction and operation of the Proposed Development will also contribute to local economic development objectives, which in turn will help to address employment-related deprivation – a key wider determinant of health outcomes and a driver of health inequalities.
- 6.5 The landscaping and enhancements to public realm on the Site will improve the permeability of the area, benefitting residents, workers and visitors to the Site. Furthermore, the provision of cycle parking and storage and connections to the local existing pedestrian and cycle routes and Swiss Cottage Open Space will help promote active travel and healthier lifestyles.

NEGATIVE HEALTH IMPACTS

- 6.6 The transport and vehicular movements associated with the Proposed Development may result in adverse impacts on surrounding residents in terms of noise and dust. However, the mitigation measures, as set out in the Noise Impact Assessment and Air Quality Assessment will mitigate the impact on surrounding residents.

CONCLUSION AND NEXT STEPS

- 6.7 The health impacts identified through this Rapid HIA are overwhelmingly positive, and the Proposed Development is expected to make a positive impact on public health within the local area primarily through the provision of new high quality housing and commercial spaces. This in turn will help to respond to local issues and inequalities by promoting active lifestyles, local economic development and providing employment opportunities to a range of local people.
- 6.8 It is recommended that LBC and the Applicant monitor health impacts associated with the proposals throughout construction and on completion to ensure that the benefits associated with positive impacts are maximised. This can be supported by reviewing the key recommendations relevant to health and wellbeing suggested in the assessment within the 'Mitigation and Enhancement Actions' column.

APPENDIX A1: LOCAL AUTHORITY HEALTH PROFILE OF CAMDEN

Key

Significance compared to goal / England average:

Significantly worse	Significantly lower	↑ Increasing / Getting worse	↑ Increasing / Getting better
Not significantly different	Significantly higher	↓ Decreasing / Getting worse	↓ Decreasing / Getting better
Significantly better	Significance not tested	↑ Increasing	↓ Decreasing
		↑ Increasing (not significant)	↓ Decreasing (not significant)
		— Could not be calculated	→ No significant change

Life expectancy and causes of death

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
1 Life expectancy at birth (male)	All ages	2016 - 18	n/a	82.7	80.7	79.6	↑
2 Life expectancy at birth (female)	All ages	2016 - 18	n/a	87.0	84.5	83.2	↑
3 Under 75 mortality rate from all causes	<75 yrs	2016 - 18	1385	280.6	303.3	330.5	↓
4 Mortality rate from all cardiovascular diseases	<75 yrs	2016 - 18	293	62.7	70.5	71.7	↑
5 Mortality rate from cancer	<75 yrs	2016 - 18	521	109.8	120.1	132.3	↓
6 Suicide rate	10+ yrs	2016 - 18	65	10.4	8.11	9.64	↑

Injuries and ill health

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
7 Killed and seriously injured (KSI) rate on England's roads	All ages	2016 - 18	387	50.9	39.5 \$	42.6 \$	—
8 Emergency hospital admission rate for intentional self-harm	All ages	2018/19	185	71.1	83.4	193.4	↑
9 Emergency hospital admission rate for hip fractures	65+ yrs	2018/19	130	410.4	485.3	558.4	↓
10 Percentage of cancer diagnosed at early stage	All ages	2017	279	51.9	52.7	52.2	↓
11 Estimated diabetes diagnosis rate	17+ yrs	2018	n/a	56.3	71.4	78.0	↓
12 Estimated dementia diagnosis rate	65+ yrs	2019	1393	89.6 *	72.6 *	68.7 *	↑

Behavioural risk factors

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
13 Hospital admission rate for alcohol-specific conditions	<18 yrs	2016/17 - 18/19	35	23.6	16.5	31.6	↑
14 Hospital admission rate for alcohol-related conditions	All ages	2018/19	1147	544.1	556.5	663.7	↓
15 Smoking prevalence in adults	18+ yrs	2018	23128	10.9	13.9	14.4	↓
16 Percentage of physically active adults	19+ yrs	2017/18	n/a	71.7	66.4	66.3	↓
17 Percentage of adults classified as overweight or obese	18+ yrs	2017/18	n/a	46.5	55.9	62.0	↑

Child health

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
18 Teenage conception rate	<18 yrs	2017	37	10.4	16.4	17.8	↓
19 Percentage of smoking during pregnancy	All ages	2018/19	89	3.79	4.81	10.6	↑
20 Percentage of breastfeeding initiation	All ages	2016/17	1022	~	~	74.5	—
21 Infant mortality rate	<1 yr	2016 - 18	22	2.80	3.30	3.93	↑
22 Year 6: Prevalence of obesity (including severe obesity)	10-11 yrs	2018/19	313	21.8	23.2	20.2	↑

Inequalities

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
23 Deprivation score (IMD 2015)	All ages	2015	n/a	25.0	-	21.8	—
24 Smoking prevalence in adults in routine and manual occupations	18-64 yrs	2018	n/a	26.0	23.6	25.4	↑

Wider determinants of health

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
25 Percentage of children in low income families	<16 yrs	2016	8165	27.3	18.8	17.0	↑
26 Average GCSE attainment (average attainment 8 score)	15-16 yrs	2018/19	68583	48.8	50.0	46.9	↑
27 Percentage of people in employment	16-64 yrs	2018/19	130400	70.7	74.2	75.6	↑
28 Statutory homelessness rate - eligible homeless people not in priority need	Not applicable	2017/18	14	0.13	0.98	0.79	↓
29 Violent crime - hospital admission rate for violence (including sexual violence)	All ages	2016/17 - 18/19	370	42.9	46.2	44.9	↑

Health protection

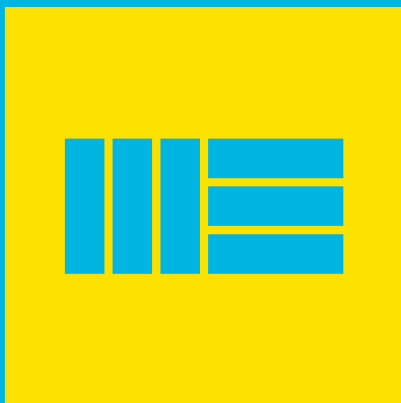
Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
30 Excess winter deaths index	All ages	Aug 2017 - Jul 2018	76	20.5	27.1	30.1	↓
31 New STI diagnoses rate (exc chlamydia aged <25)	15-64 yrs	2018	3602	1985	1713	850.6	↑
32 TB incidence rate	All ages	2016 - 18	118	15.4	21.9	9.19	↓

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WE CONSIDER OUR CREDENTIALS, HOW WE HAVE STRUCTURED OUR BID AND OUR PROPOSED CHARGING RATES TO BE COMMERCIALY SENSITIVE INFORMATION.
WE REQUEST THAT THESE BE TREATED AS CONFIDENTIAL.