



Regents Park Road Hotel, Camden

Health Impact Assessment

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Project Reference: TEC0094

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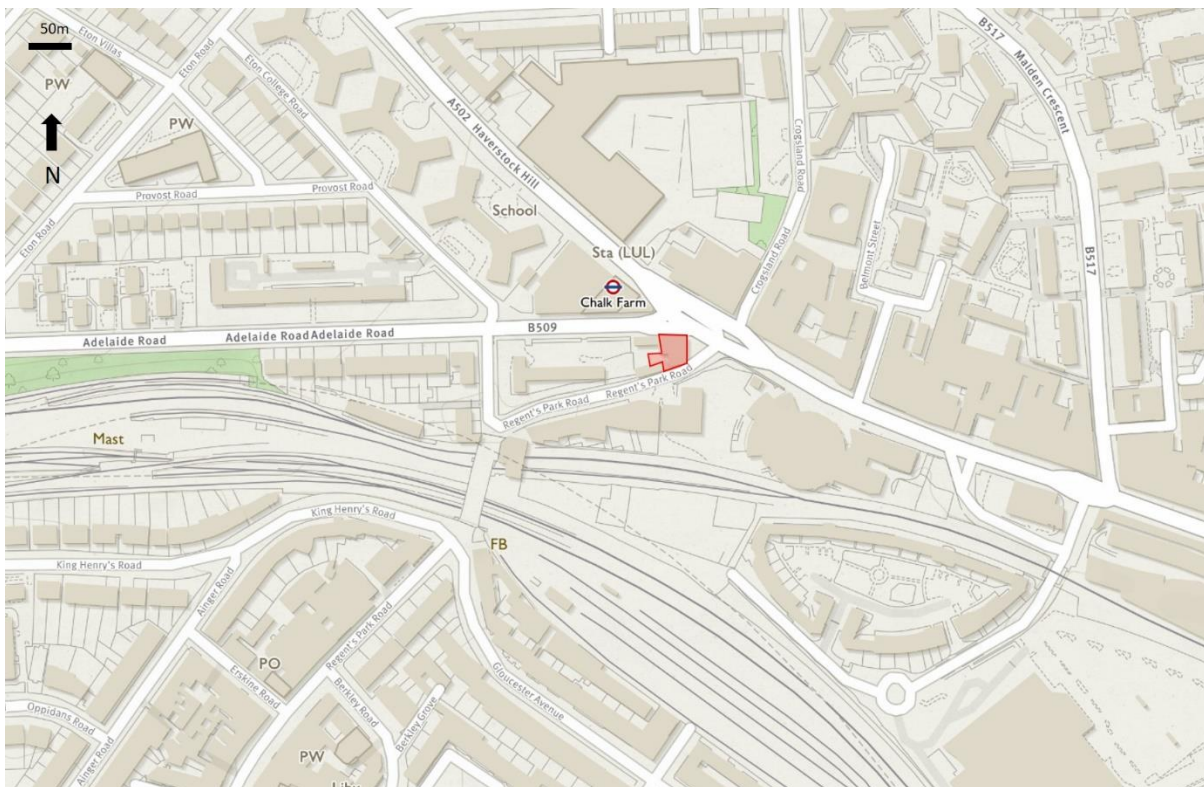
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1. INTRODUCTION

1. This Health Impact Assessment (HIA) has been prepared on behalf of Uchaux Limited (hereinafter referred to as the 'Applicant'), who is seeking detailed planning permission for the demolition of existing buildings and redevelopment of an area of land located within the London Borough of Camden (the LBC). The site is referred to as Regents Park Road Hotel, and is located off Regents Road, Chalk Farm, NW1 8BB ('the site') (see Figure 1).
2. The current uses on the site is primarily office, along with three retail units at ground level comprising of the Crystal Clear retail unit (Use Class A1), the 'Bite Me Burger' restaurant (Use Class A3), a 'Dominos Pizza' takeaway (Use Class A5), and one residential unit on the top floor.

Figure 1. The Site – Planning Application Red Line Boundary



The Proposed Development

Quantum of Development

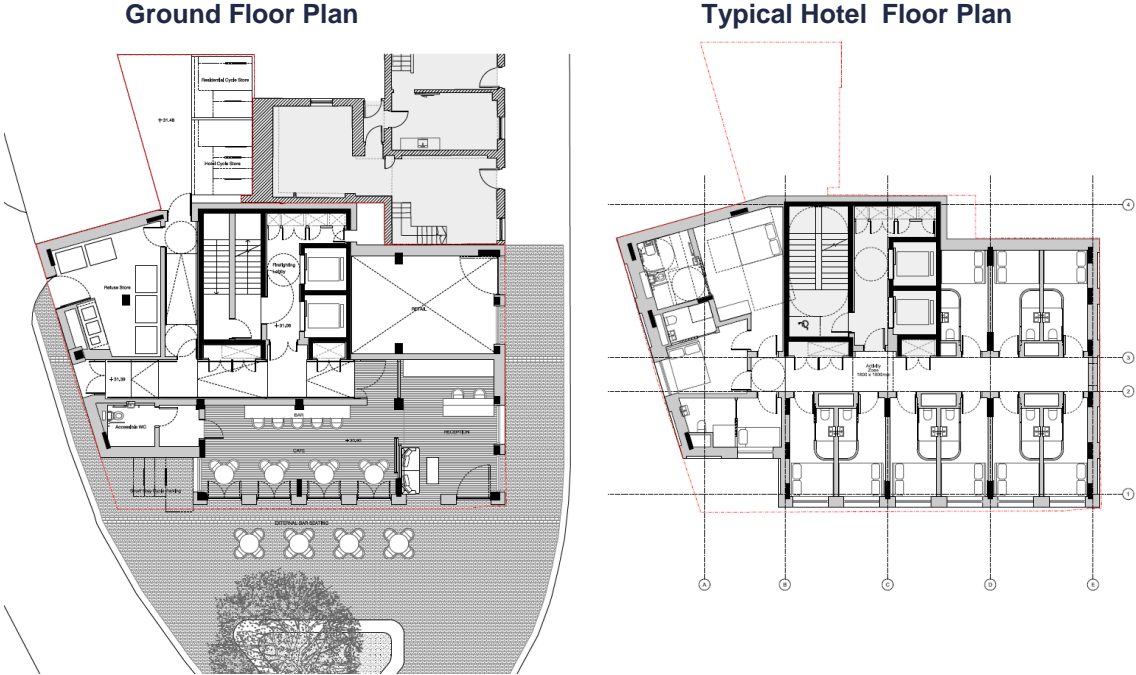
3. Detailed planning permission is being sought for the re-development of the site which will comprise the demolition of the existing buildings on-site and the construction of a building which is ground plus seven-storeys in height, and has two levels of basement space. The proposed building comprises a 70-key hotel (Use Class C1 – 1,846m² Gross Internal Area (GIA)) development, which also provides an element of approximately 59m² GIA retail floorspace (Use Class A1) and a two-bedroomed private residential unit replacing the existing residential unit (Use Class C3 111 m²) and other works associated with the development (hereinafter referred to as the 'Proposed Development').

General Arrangement

4. As discussed above, the Proposed Development is ground plus seven-storeys in height, and provides two levels of basement (basement level 1 and basement level 2).
5. Hotel (Use Class C1) space is situated across all levels, retail (Use Class A1) space is situated across basement level 1 and ground floor level, and the two-bedroomed residential unit is situated on the seventh floor (ground plus seven storeys).
6. Figure 2 presents the ground floor plan, a typical level hotel floor plan, and the seventh-floor plan (the

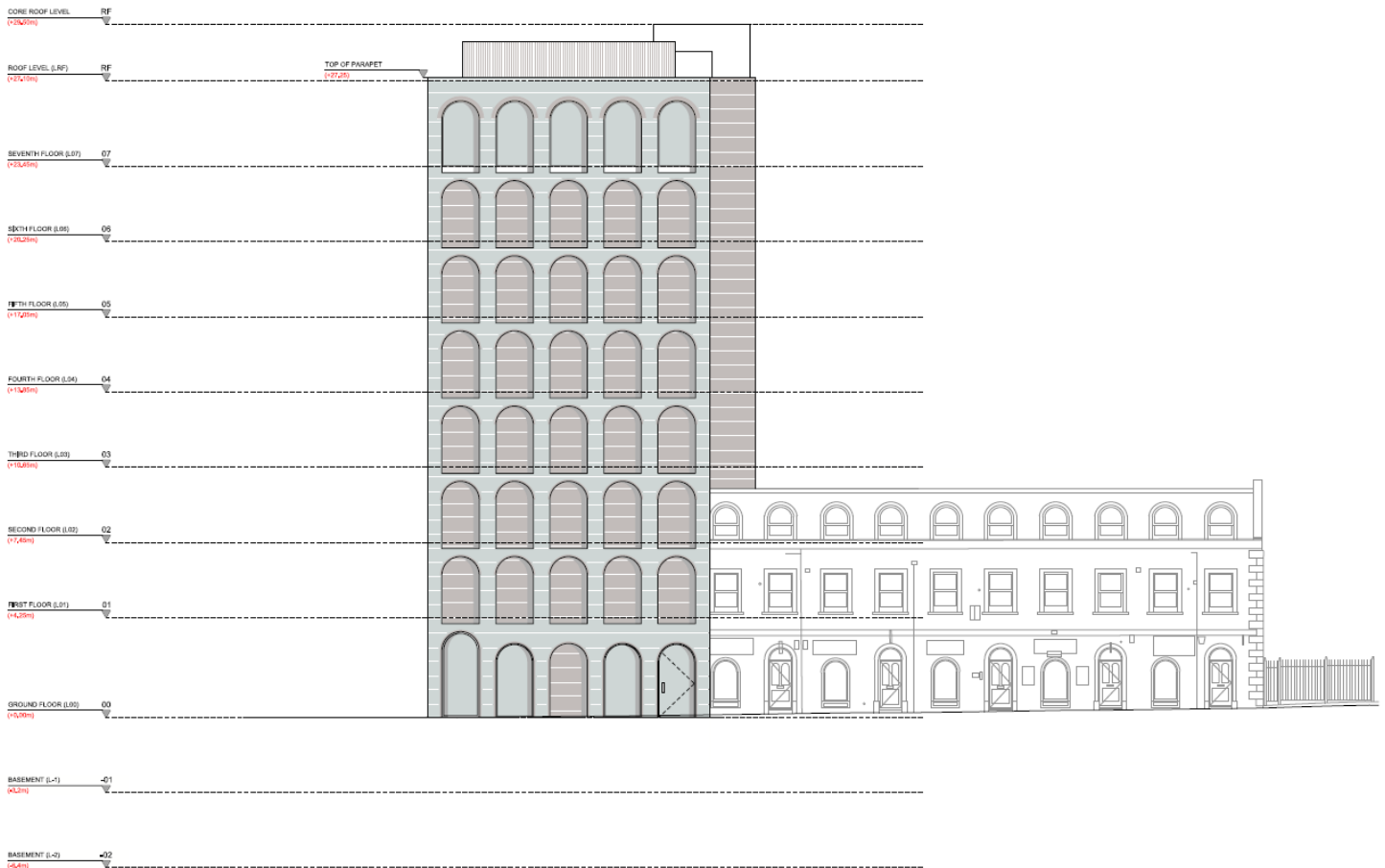
residential unit), for context. Figure 3 represents the proposed building heights.

Figure 2. Proposed Development – Building Layouts (not to scale)



Residential Floor Plan

Figure 3. Proposed Development - Building Heights (north elevation) (not to scale)



Expected Population

7. As the proposed residential unit is smaller than that existing residential provision, the anticipated population is smaller than the baseline population. Furthermore, the Proposed Development comprises predominantly non-residential uses. As such, certain assessment topics have been scoped out of this Health Impact Assessment. This is discussed in further detail within Section 3 (Methodology) below.
8. Using the Greater London Authority's (GLA) Version 3.1 Population Yield Calculator, the existing six-bedroomed private residential unit has a total yield of six people, whereas the proposed two-bedroomed private residential unit has a total yield of two people.

Employment

Construction Employment

9. Employment generated during the demolition and construction phase is calculated using industry standard methodology (i.e. gross jobs years are calculated by dividing the total construction cost by the average gross value added (GVA) per head of construction workers within LBC).
10. Based on the above it is anticipated that the Proposed Development will support approximately 80 gross job years' worth of employment directly on site. This translates to an average of 55 construction workers situated on-site throughout the 18-month construction period¹.

¹ Volterra, (2019); *Employment and Skills Strategy prepared for the planning application.*

Existing and Proposed Employment

11. In terms of employable floorspace, the existing site provides:
 - 379m² Net Leasable Area (NLA) office (Use Class B1) space;
 - 'Crystal Clear' retail unit (Use Class A1) (existing areas not available);
 - 169m² NLA restaurant (Use Class A3) space; and
 - 113m² NLA takeaway (Use Class A5) space.
12. The Proposed Development provides 59m² Gross Internal Area (GIA) retail (Use Class A1) space and a 70 key hotel.
13. The employment densities guide² recommends:
 - One employee per 15-20m² NIA for retail (Use Class A1) space (also to be used for takeaway);
 - One employee per 15-20m² NIA for restaurant (Use Class A3) space (also to be used for takeaway);
 - One employee per 10-13m² NIA for office (Use Class B1a) space (dependent on sub-sector); and
 - One employee per 2 bedrooms for an up-scale hotel, the type deemed most relevant for the Proposed Development.
14. The existing building is anticipated to generate 25 full-time equivalent (FTE) jobs, and the Proposed Development is anticipated to generate approximately 35 FTE jobs when operational, equivalent to 45 jobs when taking into account part-time working patterns. This corresponds to an uplift directly on site of 20 jobs, equivalent to 10 FTEs.

Overview of this HIA

15. In accordance with the requirements of The London Plan³ Policy 3.2(c) (and consideration of the Draft 2018 London Plan⁴) and Policy C1 of LBC's Local Plan⁵, a HIA has been undertaken to help define and address any health issues in a systematic way. The methodology, baseline health context and health impact assessment are presented in this report.
16. In preparing this HIA, reference has been made to a number of data sources (these are referenced as relevant throughout this HIA) and to other standalone reports submitted as part of this planning application as relevant.

2. LEGISLATION AND PLANNING POLICY

17. A comprehensive review of relevant health related legislation and national, regional and local planning policy is provided in **Appendix A** of this HIA. The following legislative and planning policy documents are considered most relevant:
 - The Localism Act 2011⁶;
 - The Health and Social Care Act 2012⁷;

² Homes & Communities Agency, 2015. *Employment Densities Guide - Third Edition*.

³ Greater London Authority, (2016); *The London Plan – The Spatial Development Strategy for London, Consolidated with Alterations Since 2011*

⁴ Greater London Authority, (2018); *The London Plan The Spatial Development Strategy for Greater London Draft for Public Consultation with Minor changes by the Mayor 2018*. GLA.

⁵ London Borough of Camden (2018); *Local Plan*.

⁶ Her Majesty's Stationery Office, (2011); *Localism Act 2011*

⁷ Her Majesty's Stationery Office, (2012); *Health and Social Care Act 2012*

- The National Planning Policy Framework (NPPF) 2019⁸;
- Planning Practice Guidance (PPG) (2014)⁹;
- Fair Society, Healthy Lives (the Marmot Review) (2010)¹⁰;
- Healthy Lives, Healthy People: our strategy for public health in England (2010)¹¹;
- NHS England's Challenging Health Inequalities Report (2016)¹²;
- The London Plan – The Spatial Development Strategy for London, Consolidated with Alterations Since 2011 (2016);
- The Draft New London Plan – The Spatial Development Strategy for Greater London, Draft for Public Consultation (2018);
- The Greater London Authority's London Health Inequalities Strategy September 2018 (2018)¹³;
- Greater London Authority's Social Infrastructure Supplementary Planning Document (2015)¹⁴;
- Joint Strategic Needs Assessment (JSNA) for Camden (online database)¹⁵;
- Camden Joint Strategic Needs Assessment 2015/2016, (2016);¹⁶
- London Borough of Camden Joint Health and Wellbeing Strategy refresh (2018)¹⁷; and
- London Borough of Camden Local Plan (2018).

3. METHODOLOGY

18. This HIA has been prepared in line with Policy 3.2(c) of The London Plan:

"The impacts of major development proposals on the health and wellbeing of communities should be considered, for example through the use of Health Impact Assessments (HIA)."
19. This is endorsed in the local level through the LBC Local Plan Policy C1 which states that "...A) development to positively contribute to creating high quality, active, safe and accessible places" and "...B) A Health Impact Assessment must be submitted with all major development proposals".
20. The LBC require a HIA to accompany a planning application when:
 - The Proposed Development is of 10 or more new residential units; or
 - The Proposed Development is 1,000m² or more of additional commercial or visitor floorspace.
21. As the Proposed Development comprises 1,846m² GIA of hotel (Use Class C1) floorspace and 59m² GIA retail (Use Class A1) (1,905m² GIA total non-residential floorspace), a HIA has been produced to assist the planning application.
22. The methodology for preparing this HIA is predominantly derived from the NHS Healthy Urban Development Unit (HUDU) (2017) Rapid Health Impact Assessment Tool¹⁸ and the NHS HUDU Healthy Urban Planning Checklist (2017)¹⁹.
23. The Rapid HIA Tool was designed to assess the likely health impacts of development plans and proposals. The Rapid HIA Tool is partly based on the World Health Organisation (WHO) publication by

⁸ Department for Communities and Local Government, (2019); National Planning Policy Framework

⁹ Department for Communities and Local Government, (2014); Planning Practice Guidance

¹⁰ University College London, (2012); Fair Society, Healthy Lives (the Marmot Review) 2010

¹¹ Department of Health, (2010); Healthy Lives, Healthy People: Our strategy for public health in England

¹² NHS England, (2016); Challenging Health Inequalities Report – Support for CCGs

¹³ Greater London Authority, (2018); London Health Inequalities Strategy 2018

¹⁴ Greater London Authority, (2015); Social Infrastructure SPD

¹⁵ London Borough of Camden (2016); Joint Strategic Needs Assessment online database. Accessible online: <https://www.camden.gov.uk/joint-strategic-needs-assessment>

¹⁶ London Borough of Camden (2016); Joint Strategic Needs Assessment for Camden 2015/2016.

¹⁷ London Borough of Camden, (2019); Camden's Joint Health and Wellbeing Strategy refresh March 2019

¹⁸ NHS Healthy Urban Development Unit, (2017) Rapid Health Impact Assessment Tool

¹⁹ NHS Healthy Urban Development Unit, (2017); Healthy Urban Planning Checklist

Hugh Barton and Catherine Tsourou, *Healthy Urban Planning* (2000)²⁰. This publication places emphasis on the importance of considering health and quality of life in urban planning, and refocusing urban planners on making health objectives central to the decision-making process.

24. The Rapid HIA Tool helps to identify determinants of health likely to be influenced by a specific development proposal. ‘Determinants of health’ are factors that have the most significant influence on the health of a population. The Rapid HIA Tool identifies the following 11 key determinants of health:
1. Housing Quality and Design;
 2. Access to Healthcare Services and other Social Infrastructure;
 3. Access to Open Space and Nature;
 4. Air Quality, Noise and Neighborhood Amenity;
 5. Accessibility and Active Travel;
 6. Crime Reduction and Community Safety;
 7. Access to Healthy Food;
 8. Access to Work and Training;
 9. Social Cohesion and Lifetime Neighborhoods;
 10. Minimising the Use of Resources; and
 11. Climate Change.
25. As discussed above, the proposed residential unit is smaller than that existing (there are fewer bedrooms), and as such the anticipated population is smaller than the existing population (six people compared to two people). Given this, there will be no adverse effects on primary and secondary school capacity so it has not been considered; whilst the Proposed Development offers a reduction in population, the reduction is negligible and will neither have a positive nor negative impact on the local social infrastructure. The baseline information relating to these has therefore not been considered. The impact on GP surgeries has however been considered, due to the potential use of the GP surgeries from the incoming workforce.
26. As per the Mayor of London’s Social Infrastructure SPD²¹ this HIA is a ‘Rapid HIA’, which is one of three types of HIA. This Rapid HIA is a “*more resource intensive process, involving a more focused investigation of health impacts and recommending mitigation and enhancement measures*”¹⁸. A ‘Desktop HIA’ and a ‘Full HIA’ are the other two types of HIA. A Desktop HIA is a simplified HIA which draws on existing knowledge and evidence to complete the assessment. A Full HIA involves comprehensive analysis of all potential health and wellbeing impacts and includes qualitative feedback from local residents and other stakeholders. For the site, a Rapid HIA is the most appropriate form of HIA. It provides sufficient information on the health baseline of the site and surrounding area to allow for a systematic consideration of the likely health implications of the Proposed Development. It is also considered to be proportionate to the Proposed Development in question and provides for opportunities to suggest mitigation and enhancement measures as appropriate to the findings of the HIA.
27. Rapid HIA are predominantly qualitative rather than quantitative assessments, due to the wide and diverse range of health determinants that need to be assessed. As detailed in the Rapid HIA Tool, impacts on health determinants have been categorised as:
- Positive (+ve);
 - Negative (-ve);
 - Neutral (=); and

²⁰ World Health Organisation, (2000); *Healthy Urban Planning* (ISBN: 113515936X)

²¹ Greater London Authority, (2015); *Mayor of London’s Social Infrastructure Supplementary Planning Document*

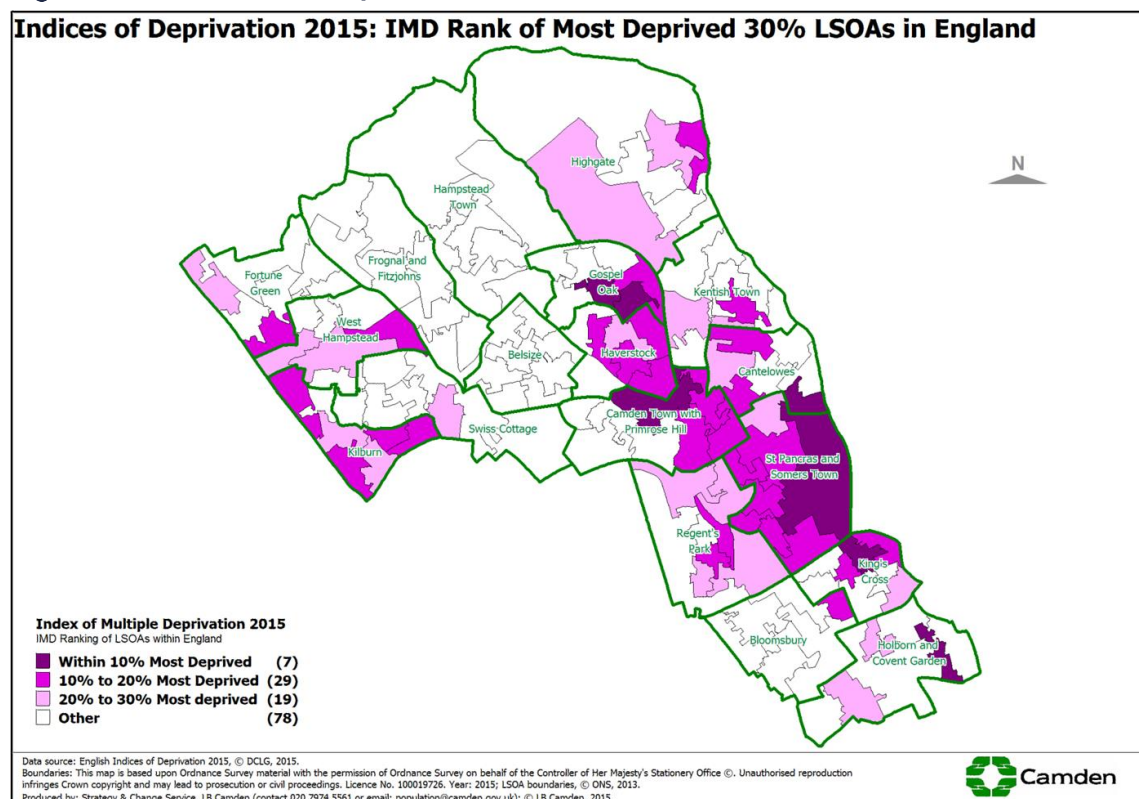
- Uncertain (?).
28. Following on from the assessment of impacts of the Proposed Development on the key determinants of health, advice has been provided on measures to enhance health and wellbeing through the opportunities associated with the redevelopment of the site, and where necessary, to mitigate any potentially negative impacts.

4. BASELINE REVIEW

4.1 Introduction

29. The site is located in Chalk Farm within the LBC, London, England. The LBC is made up of 14 wards, with the site located in the Haverstock Ward.
30. The LBC has an estimated resident population of 255,526 and is the 11th smallest borough in London. The population density within the LBC is 117.3 persons per hectare ²².
31. The LBC is higher than the England average for deprivation with 25% of people being deprived compared to the average of 21.8% in England²³, and the health of people living within the borough is generally better than that compared with the England average. The only health indicators not considered to be 'better' or 'similar' to the England average is the diabetes diagnosis indicator, which is 56.3% for the LBC, compared with the England wide 78.0% (i.e. worse than England wide) and Tuberculosis (TB), which is 17.6% for the LBC and 9.9% England wide.
32. Life expectancy at birth is at 85.5 years for women (best in London), and 83.2 years for men which is higher than the average ages for both women (83.1 years) and men (79.6 years) within England.
33. Figure 4 below details the differences in deprivation within the borough based on national comparisons, using quintiles of the IMD 2015, shown by lower super output area (LSOA)²⁴. In addition Figure 5 provides an overview of the site and surrounding context.

Figure 4. Differences in Deprivation within the LBC.

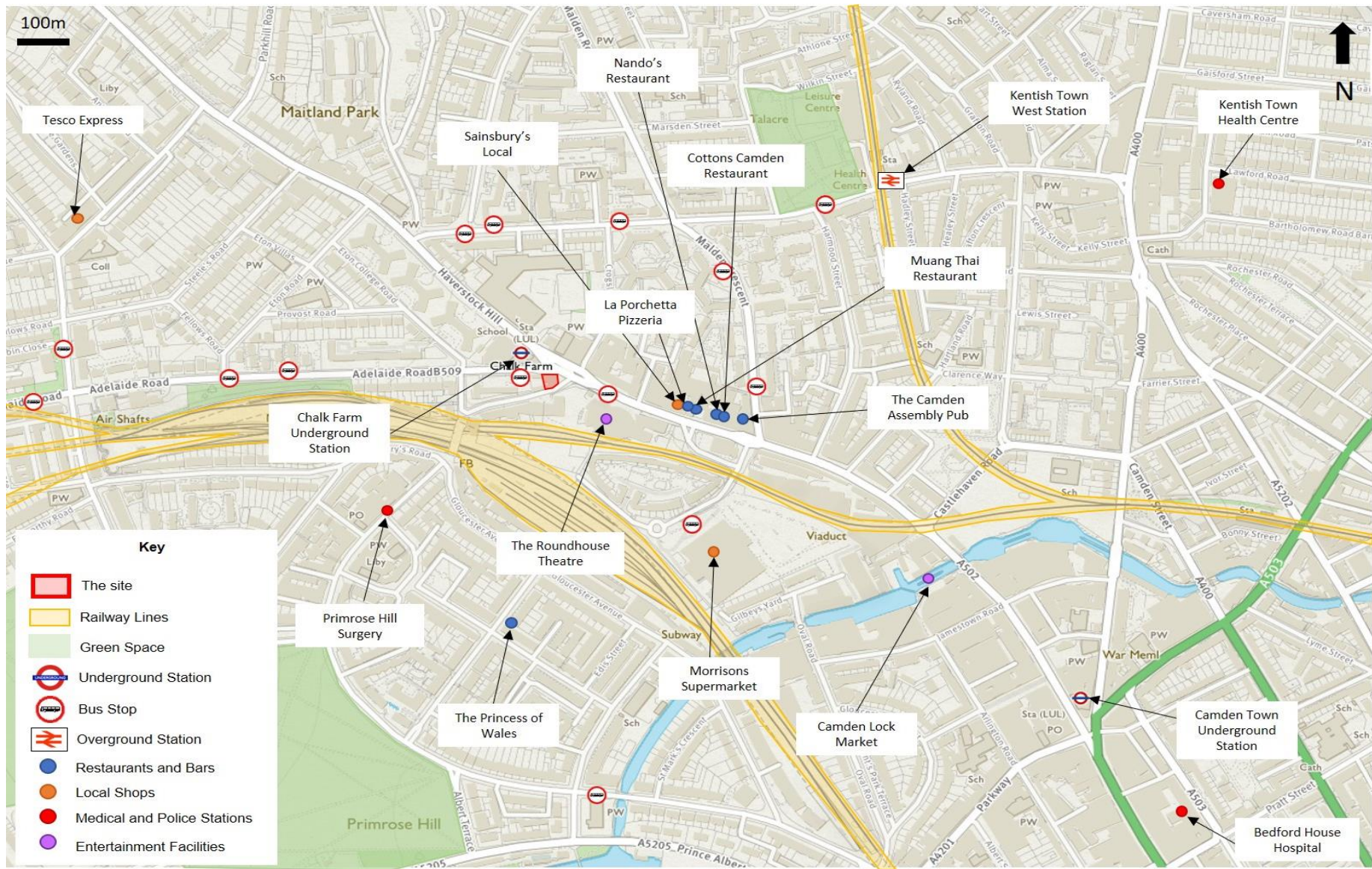


²² This data has been sourced from 2011 Census data and 2016 population projections. London Datastore, 2018, Land Area and Population density, Ward and Borough. Accessed online 12.06.2019 [url: <https://data.london.gov.uk/dataset/land-area-and-population-density-ward-and-borough>]

²³ Public Health England (2019); Local Authority Health Profiles, Camden. Accessed online 11.06.2019. [url: <https://fingertips.phe.org.uk/profile/health-profiles/data#page/1/gid/1938132701/pat/6/par/E12000007/ati/102/are/E09000007/iid/91872/age/1/sex/4>]

²⁴ A Lower Super Output Area (LSOA) is an area designed to improve the reporting of small area statistics. It is a geographical area made of roughly 1,500 residents and 650 households

Figure 5. Site and Surrounding Context



Health Determinant 1: Housing Quality and Design

The NHS HUDU Planning for Health (2017)¹ states that “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 can also have an impact on community welfare, cohesion and mental wellbeing.”

34. Around 19% of homes in London are recorded as being below the official Decent Homes standard²⁵. The proportion of homes in London failing to meet this standard has however fallen from 37% in 2006 to 19% in 2014. The proportion of homes below this standard has fallen slightly faster in London than in the rest of England since 2006, and in recent years, significant improvement has been made across all tenures. The private rented sector (PRS) still has the worst conditions, with 24% of homes below the standard in 2014, compared to 17% of owner occupied homes and 15% of social housing.
35. The cost of housing in Camden is amongst the highest in the country. By tenure, 33% of Camden households were owner occupied, but a higher proportion were owned outright (17%) than were owned with a mortgage/loan (15%), while less than 1% of homes were in shared ownership. Camden has a large social rented sector, with 23% of households rented from the council and 10% in other social rented. 32% of households are rented privately.
36. In 2010 the Mayor of London, Boris Johnson, published the London Housing Design Guide²⁶, which establishes a common set of housing design standards across all tenures in London. These standards include design specifications for shaping good places, creating housing for a diverse city, internal design and circulation space, space standards and climate change mitigation and adaptation. The standards are now applied through the London Plan²⁷ and the London Plan Housing Supplementary Planning Guidance (SPG)²⁸.
37. As stated in the Greater London Authority (GLA) Housing SPG “Fully optimising housing potential will necessitate high quality, innovative design to ensure new development successfully responds to challenges and opportunities presented on a particular site.” Additionally, The London Plan includes Policy 3.5 ‘Quality and Design of Housing Developments’, which details that “...housing developments should be of the highest quality internally, externally and in relation to their context and to the wider environment...”.

²⁵ Greater London Authority, (2017); Housing in London: 2017

²⁶ Mayor of London, (2010); London Housing Design Guide

²⁷ Greater London Authority, (2016); The London Plan – The Spatial Development Strategy for London, Consolidated with Alterations Since 2011

²⁸ Greater London Authority, (2016); Housing Supplementary Planning Guidance

Health Determinant 2: Access to Healthcare Services and other Social Infrastructure

The NHS HUDU Planning for Health (2017), Health Determinant 2 states that “Strong, vibrant, sustainable and cohesive communities require good quality, accessible public services and infrastructure. Access to social infrastructure and other services is a key component of Lifetime Neighbourhoods. 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.”

38. Between 2015/16 and 2017/18, 2.62% of construction workers within Great Britain were injured in the workplace, compared to 1.78% of workers across all industries²⁹. The impact on health related community facilities during both the construction of the Proposed Development and operation of the Proposed Development has therefore been considered within this HIA.
39. There are several GP surgeries within proximity to the site, including but not limited to Primrose Hill Surgery located 300m south-west of the site, Adelaide Medical Centre located 550m west of the site and Prince of Wales Group Practice is located 600m north-east.
40. There are several walk-in centres and hospital facilities within the London Borough of Camden, with the closest facilities to the site being Kentish Town Health Centre located approximately 970m to the east of the site and Bedford House Hospital located 1km south-east.
41. The closest accidents and emergency (A&E) department to the Proposed Development is the Royal Free Hospital which is located 1.40km north west of the site. The University College Hospital located 2.4km south-east of the site also has an A&E department. The London Commissioning Region Healthcare NHS Trust had a total of 1,306,582 attendees to A&E in the quarter to March 2019³⁰.

Primary Health Care: GPs

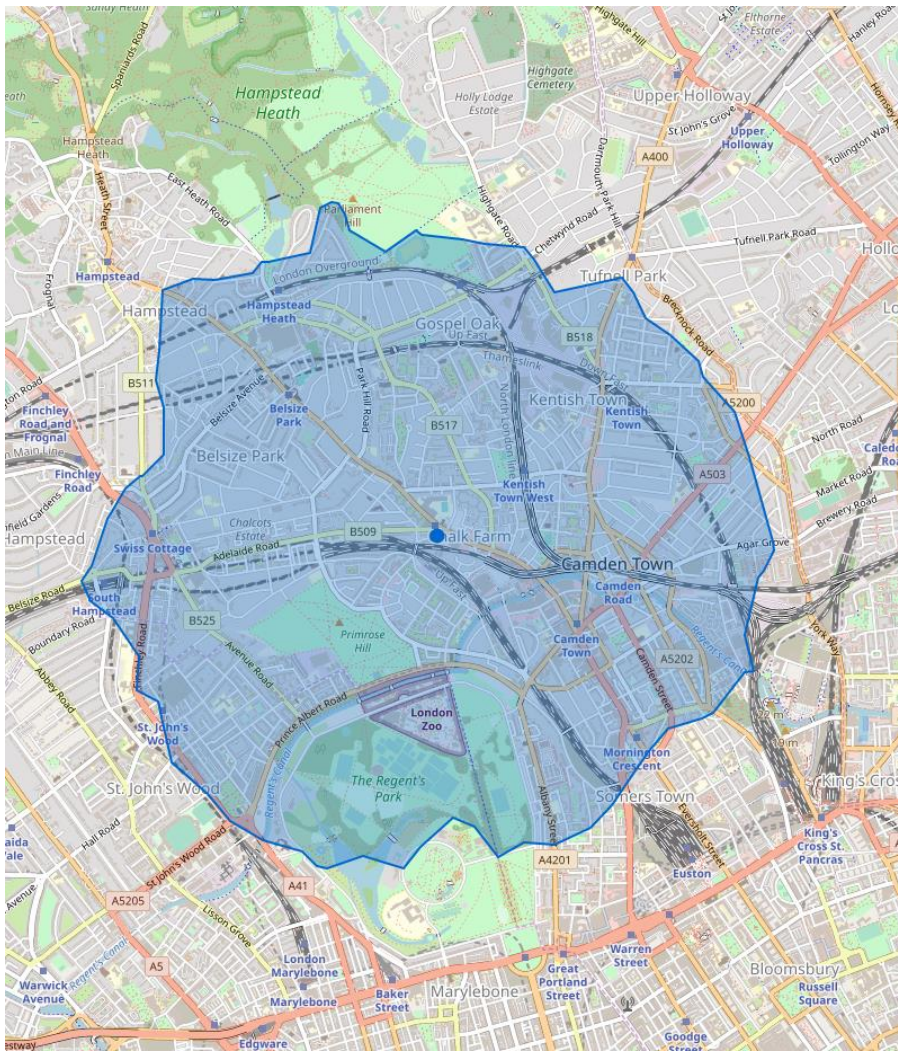
42. The study area is defined as a 2km walking isochrone from the centre of the site, accounting for the pedestrian network and barriers. This is equivalent to a 25-minute walk at an average walking speed of 1.4m/s³¹, this is considered to be the preferred maximum acceptable walking distance.
43. Guidance from the Department of Transport also refers to distances within 2km as having the greatest potential to replace short car trips. (Manual for Streets, 2007). This study area is used to assess the impact on GPs.
44. See Figure 6 for a visual representation of this study area.

²⁹ HSE, 2017. Labour Force Survey – Self-Reported Workplace Non-Fatal Injury

³⁰ NHS England, 2018. A&E Attendances and Emergency Admissions Q3 2018-2019

³¹ Guidance for Providing Journeys on Foot (2000), Chartered Institute of Highways and Transport

Figure 6. Study Area for GP Surgeries



45. This section focuses on the availability of GPs within the study area. Table 1 lists the local GPs with their number of patients, the number of GP full time equivalents (FTE) and shows if each GP is currently accepting new patients. The comparison of the number of patents per FTE GP with the Healthy Urban Development Unit (HUDU) benchmark of 1,800 patients per FTE GP shows that six of the twelve GP practices identified in the study area are over this threshold, and six are under.

Table 1 GP Provision in the Study Area

General Practice Name	Registered Patients	Accepting New Patients	Number of Active GPs	GP FTEs	Patients per Practitioner	Comparison (1,800 per FTE GP)
Primrose Hill Surgery	6,457	Yes	4	2.3	2,807	Above Standard
Adelaide Medical Centre	11,539	Yes	14	5.9	1,955	Above Standard
Swiss Cottage Surgery	13,968	Yes	6	4.1	3,406	Above Standard
Hampstead Group Practice	15,854	Yes	16	11.6	1,366	Below Standard
Roslyn Hill Surgery	1,808	Yes	2	1.6	1,130	Below Standard
Daleham Gardens Health Centre	2,994	Yes	2	1.5	1,996	Above Standard

General Practice Name	Registered Patients	Accepting New Patients	Number of Active GPs	GP FTEs	Patients per Practitioner	Comparison (1,800 per FTE GP)
The Matthewman Practice	1,835	Yes	1	1	1,835	Above Standard
Prince of Wales Group Surgery	8,940	Yes	10	7.9	1,131	Below Standard
Amphill Practice	8,256	Yes	7	6.1	1,353	Below Standard
Queens Crescent Practice	5,606	Yes	14	5.6	1,001	Below Standard
James Wigg Practice	21,623	Yes	20	13	1,663	Below Standard
Caversham Group Practice	15,543	Yes	11	6.7	2,319	Above Standard

Health Determinant 3: Access to Open Space and Nature

As detailed in the NHS HUDU Planning for Health (2017), access to open space and nature relates to *“Providing secure, convenient and attractive open/green 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. The patterns of physical activity established in childhood are perceived to be a key determinant of adult behaviour; a growing number of children are missing out on regular exercise, and an increasing number of children 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.”*

46. Physical activity has been in decline since the 1960s; we are over 20% less active now than in the 1960's and are predicted to be 35% less active by 2030. Currently, only 21% of boys and 16% of girls meet the UK Chief Medical Officers' guideline of 60 minutes of physical activity per day. In adults, 67% of men and 55% of women are meeting the recommendations³².
47. In 2016/17 in the United Kingdom 26% of the population were classified as obese. It is estimated that the proportion of people classified as obese in England could rise to 48% of men and 43% of women by 2030. In 2016 the percentage of children presenting as obese in Year 6 (10-11 year olds) was 23.6% in London, 20% of adults in London were identified as obese³³.
48. Within the LBC it is estimated that 15% of adults are identified as physically inactive³⁴ which is lower than the England average of 25%. When leaving primary school at the age of 11, 1 in 3 children (within LBC primary schools) are considered obese.
49. The LBC have produced a Joint Health and Wellbeing Strategy (2019)³⁵ with the aim of promoting health and active lifestyles within both adults and young people. The 2019 strategy is an update from the Joint Health and Wellbeing strategy produced in 2016, since then the council have outlined key areas where improvements have been made:
 - Healthy weight, healthy lives;
 - Reducing alcohol related harm;
 - Building family and community resilience;
 - Ensuring support from pregnancy through to the first two years of life for children; and
 - Ensuring good mental health for all.
50. The Adult Joint Strategic Needs Assessment (JNSA) 2016-2018 states that *“programmes often reach people who may have limited funds to access physical activity provision where costs are prohibitive, and who may be more comfortable doing things in a social and less formal sports venue.”*
51. With regards to open space and nature, almost 25% of the total area of the LBC is open space, which equates to approximately 5.3 million square metres³⁶. This includes land that is not currently accessible by the public but which could become accessible upon improvement. On average 56% of households within the LBC have access to open space.
52. Talacre Gardens and Talacre Community Sports Centre is located 500m north-east of the site. Primrose

³² British Heart Foundation, (2015); Physical Activity Statistics 2015.

³³ NHS Digital, (2018); Statistics on Obesity, Physical Activity and Diet, England: 2018

³⁴ London Borough of Camden, (2016); Joint Strategic Needs Assessment Executive Summary 2016. Accessed Online 12.06.2019 [URL: <https://www.camden.gov.uk/documents/20142/20682755/Joint+Wellbeing+summary.pdf/7329d355-da08-c3e7-0508-eb587a3aae89>]

³⁵ London Borough of Camden, (2016); Joint Health and Wellbeing Strategy 2016-21

³⁶ London Data Store (2013); Access to Public Open Space and Nature by Ward. Accessed online 07.02.2019 [URL: <https://data.london.gov.uk/dataset/access-public-open-space-and-nature-ward>]

Hill is located 700m south-west of the site 'as the crow flies'. The walking distance to Primrose Hill is approximately 800m and takes under 9 minutes to walk.

53. Castle Haven Open Space is located approximately 600m east of the site which provides three mini football pitches. Which is accessible within an 8-minute walk from the site.

Health Determinant 4: Air Quality, Noise and Neighbourhood Amenity

The NHS HUDU Planning for Health (2017), states that *“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 or emphysema) and heart conditions and asthma levels of among children. 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 noise impacts.”*

54. Two of the main environmental factors affecting neighbourhood amenity are noise and air quality, which are covered in this health determinant section.
55. Air Quality is an important public health issue, particularly in London, where it was estimated by the Greater London Authority (GLA) that there were over 9,000 deaths attributable to long-term exposure to small particles and nitrogen dioxide (noting that there is some overlap in the numbers of deaths)³⁷.
56. In November 2002, the LBC designated an Air Quality Management Area (AQMA) across the whole Borough for nitrogen dioxide (NO₂) and particulate matter (PM).
57. The LBC routinely monitor the following pollutants: NO₂; PM₁₀, through four continuous air quality monitoring sites. The sites are located on Euston Road, Russell Square Gardens, Holborn and Swiss Cottage.
58. The Council had a network of 16 diffusion tube ‘non-automatic’ monitoring sites which monitor long term trends of NO₂ across the LBC. Two of the diffusion tubes sites are co-located with Euston Road and Swiss Cottage automatic monitoring sites.
59. The national air quality objectives and European Directive limit and target values for the protection of human health identify 40 µg/m³ as the annual mean objective for NO₂ concentrations, 40 µg/m³ for PM₁₀ concentrations and 25 µg/m³ for PM_{2.5} concentrations.
60. Swiss Cottage monitoring station is located closest to the site (approximately 1.5km west of the site). The data for 2017 identifies that the annual mean concentration of NO₂ was recorded at 38 µg/m³ at Bloomsbury, 53 µg/m³ at Swiss Cottage and 83 µg/m³ at Euston Road. This is a general downward trend from the annual concentrations recorded in 2011: 50 µg/m³, 71 µg/m³ and 122 µg/m³ respectively. Overall at most diffusion monitoring sites across the borough there is no significant trend either upwards or downwards; levels of NO₂ have remained fairly static. Euro VI/6 vehicle emissions standards have not delivered the forecast reductions in NO₂ levels in real world driving conditions that were predicted. The sale of diesel cars has seen a significant reduction over the last 18 months but the rental market for diesels remains buoyant and the number of vehicles on the road has continued to increase; this has hindered reductions in NO₂³⁸.
61. Figure 7 and Figure 8 below represents the 2011 annual mean concentrations of NO₂ and PM₁₀ in LBC respectively. Note that this data is not as up-to-date as the information presented within the paragraph above, as the source has not been updated since 2012, however the figures provide a good visual for air quality within the LBC, and identify that the concentrations of key pollutants are highest along the main artery roads in the borough³⁹.

³⁷ Kings College London, 2015, *Understanding the Health Impacts of Air Pollution in London*. Accessed online 11.01.2019 [url: https://www.london.gov.uk/sites/default/files/hiainlondon_kingsreport_14072015_final.pdf]

³⁸ London Borough of Camden, (2018); *Annual Status Report for 2017*.

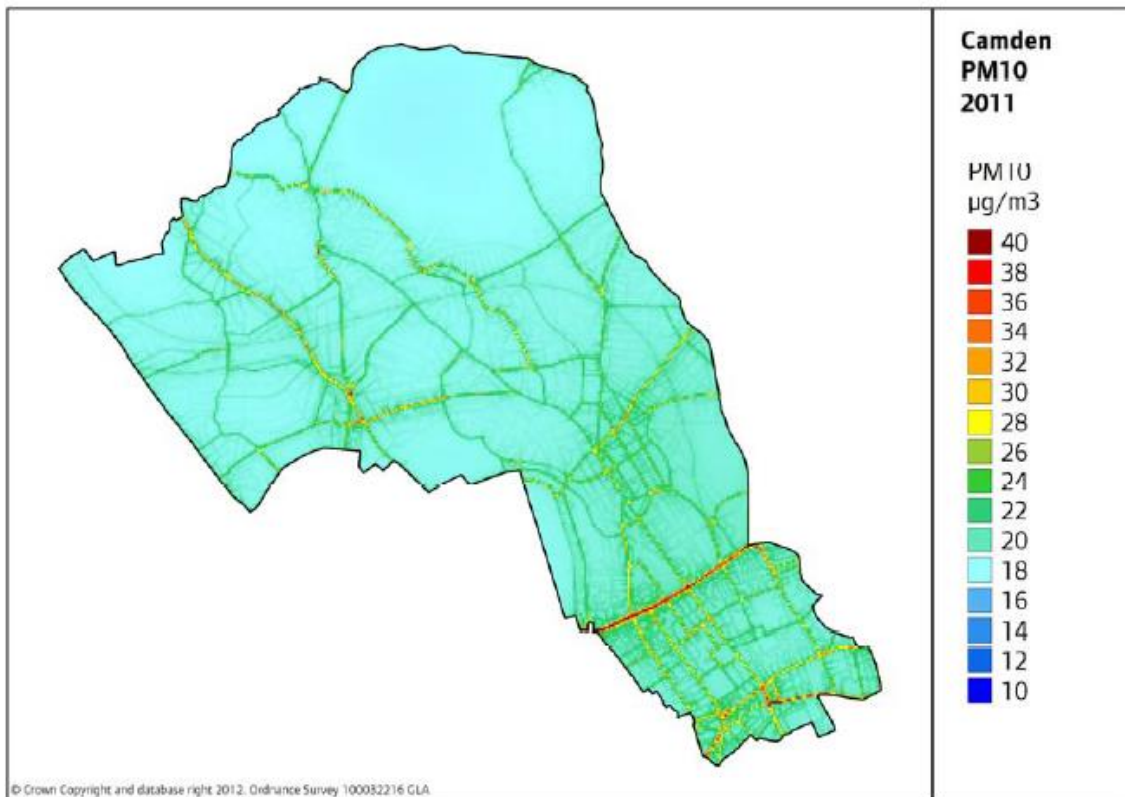
³⁹ Greater London Authority, (2012); *Air Quality in Camden: A Guide for Public Health Professionals*

Figure 7. Annual Mean Concentration of NO₂ in the LBC in 2011



Source: Greater London Authority, (2012); Air Quality in Camden: A Guide for Public Health Professionals

Figure 8. Annual Mean Concentration of PM₁₀ in the LBC in 2011



Source: Greater London Authority, (2012); Air Quality in Camden: A Guide for Public Health Professionals

62. A vibration and baseline noise survey and assessment has been undertaken as part of the planning application for the Proposed Development.
63. Existing background noise levels and noise levels incident upon the site of the Proposed Development have been measured at representative locations and analysed . The survey consisted of both attended and unattended measurements completed between 19 July 2018 and 4 October 2018. The dominant noise sources affecting the site and the surrounding area are road traffic on Haverstock Hill, Adelaide Road and other surrounding roads and existing plant at existing commercial units at the site.
64. The noise levels measured during the surveys were identified as between 61 and 64 dBA Leq,T (the average A-weighted noise level exposure over a given time period, T) during the day-time and between 53 and 61 dBA Leq,T during the night-time. The lowest background noise level (noise level exceeded for 90% of the measurement period T, referred to as the 'background' noise level) was measured at between 44 and 52 dBA L90,15min during the day-time and between 40 and 41 dBA L90,15min during the night time.
65. Due to the close proximity of the London Underground Northern Line, vibration measurements were taken in the existing basement of the 155 Regent's Park Road building. The survey was carried out to determine the specific vibration levels associated with the Northern Line which runs beneath the property and is served by the Chalk Farm underground station opposite the site on Adelaide Road.
66. Measured vibration does values (VDVs) at the site are significantly below LBC criteria. Based on the assessment results and in light of BS 6472-1 criteria, 'adverse comment is not expected'.

Health Determinant 5: Accessibility and Active Travel

The NHS HUDU Planning for Health (2017) states that *“Convenient access to a range of services and facilities minimises the need to travel and provides greater opportunities for social interaction. Buildings and spaces that are easily accessible and safe also encourage all groups, including older people and people with a disability, to use them. Discouraging car use and providing opportunities for walking and cycling can increase physical activity and help prevent chronic diseases, reduce risk of premature death and improve mental health.”*

67. The site is bound to the north by Adelaide Road, to the east by Haverstock Hill and south by Regents Park Road, and to the west by residential uses.
68. The site has a TfL Public Transport Accessibility Level (PTAL) of 6a with good transport links such as Underground services, buses and Overground services. The closest tube station is Chalk Farm located 50m north-west of the site which provides Northern line services. Kentish Town West Overground Station is located 550m north-east of the site and provides regular services to Richmond, Stratford and Clapham Junction.
69. There are several bus stops located near the site providing services in both directions. The closest bus stop being Chalk Farm Stop (bus stop CA) and (bus stop CB) situated along Adelaide Road, providing regular services to Camden Town and White City.
70. Existing pedestrian and cycle facilities and routes are provided in the local area in all directions. Primrose Hill is 450m walking distance (7 minute walk away) from the site. Chalcot Square Gardens is located 320m walking distance (5 minute walk away) from the site. Castlehaven Open Space is located 640m walking distance away from the site (approximately 8 minute walk away).

Health Determinant 6: Crime Reduction and Community Safety

The NHS HUDU Planning for Health (2017) states that “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. Community engagement in development proposals can lessen fears and concerns.”

71. Recorded crime peaked in Camden in 2002-03 with over 53,000 offences but fell to 28,400 by 2014-15. By 2017-18 overall recorded crime increased to 38,653 recorded offences, though has fallen in 2018-19 to 36,843 (-5%)⁴⁰. By type, recorded offences were for: Theft and Handling (15,063; 41%); Violence Against the Person (6,794; 19%); Burglary (3,513; 10%); Robbery (1,693; 5%); Criminal Damage (1,666; 5%); Drugs (1,342; %); Sexual Of-fences (699; 2%); Fraud/Forgery (45; <1%); and all other offences (5,668; 15%).
72. Haverstock Ward has an above average rate of violent crime for London and is consistent with the crime rate for the LBC. Camden is the second most dangerous borough in London according to Metropolitan Police Figures and Haverstock is listed as having one of the highest crime rates in Camden and a hotspot for different types of crime. The closest police station to the site is Kentish Town Police Station located approximately 1km north-east of the site.
73. There is a potential for high number of rough sleepers in the area. This should be verified with the police advisers during the development of the security design for the development. The Proposed Development will take measures to design out crime with control measures (discussed further within the Impact Assessment section of this HIA).
74. The LBC have a ‘Community Safety’ section on their website, which provides links to community safety websites, relevant community safety contacts and a link to Camden’s Community Safety Partnership.
75. The Community Safety Partnership manages crime and public safety issues. It makes sure agencies work together with communities to tackle crime and increase community safety which are important concerns for residents and businesses. The priority is to tackle domestic violence, sexual violence, exploitation, youth violence, the impact of the night time economy on communities, antisocial behaviour, hate crime, preventing extremism and building community cohesion.
76. The nearest fire station to the site is Kentish Town Fire Station located 1.25km north-east of the site.

⁴⁰ Metropolitan Police Service: Notifiable Offences (financial year) to March 2019 via London Datastore.

Health Determinant 7: Access to Healthy Food

As detailed in the NHS HUDU Planning for Health (2017), “Access to healthy and nutritious food can improve diet and prevent chronic diseases related to obesity. People on low incomes, including young families, older people are the least able to eat well because of lack of access to nutritious food. They are more likely to have access to food that is high in salt, oil, energy-dense fat and sugar. Opportunities to grow and purchase local healthy food and limiting concentrations of hot food takeaways can change eating behaviour and improve physical and mental health.”

77. There are many local shops and supermarkets located within proximity of the site. The closest convenience store to the site is Sainsburys Local located approximately 130m east of the site. Morrisons supermarket is located approximately 300m south-east of the site and Tesco Express located approximately 700m north-west of the site. These stores sell a wide range of fresh and frozen food, and have fast food choices, which include healthy ranges such as salads and sandwiches.
78. There are limited ‘fast food’ chains within close proximity to the site with the closest being ‘Chalk Farm Grill’, located 50m north-west of the site. Additionally, ‘KFC’ is located approximately 770m south-east of the site. There are a number of restaurants, including ‘Nandos’ located approximately 250m east of the site. ‘Cottons Camden’, ‘La Porchetta Pizzeria’ and ‘Muang Thai’ are located approximately 260m to the east of the site.
79. There are pubs and bars within proximity to the site including but not limited to The Camden Assembly Pub and The Princess of Wales.

Health Determinant 8: Access to Work and Training

The NHS HUDU Planning for Health (2017) states that *“Employment and income is a key determinant of health and wellbeing. Unemployment generally leads to poverty, illness and a reduction in personal and social esteem. Works aids recovery from physical and mental illnesses.”*

80. Nearly three-quarters of Camden’s residents are working age. On average, it is a relatively young, highly qualified, and diverse population. However, stark inequalities remain with people and families on low and middle incomes affected by high house prices and rental costs.
81. The Annual Population Survey for the year to December 2018 (latest) estimates that 75% of the working-age population of Camden were qualified to NVQ level 4 or above, higher than for London (60%) or Great Britain (44%).
82. Two-thirds of the working age population in LBC are qualified to degree level or above; nearly 70% are employed, three-quarters in professional roles.
83. The median gross pay of people working in Camden is the 7th highest in London and 8th in the UK: median gross annual pay for full-time employees working in Camden was £39,149 in 2018, compared with £38,154 for London. Average pay increased in Camden in 2016-2017 by 2.6%, on a par with that for London⁴¹.
84. The overall employment rate in Camden is relatively low and the economic inactivity rate relatively high in comparison with London and England & Wales (this is supported by findings from the 2011 Census which confirms Cam-den’s employment rate is lower than London or England & Wales, amongst the lowest in London, but consistent with Central London boroughs). Although, students living in the borough account for much of this, but some Camden residents still face significant barriers to accessing employment.
85. Fewer Camden residents are in work as a proportion of the working age population nationally. The Annual Population Survey estimated the Camden employment rate at 72.6% in 2018 Q4, 6.6 percentage points higher than the same quarter last year, but 1.8 percentage points lower compared to Central London comparators⁴².
86. There has been a 20% growth in Camden residents in employment between 2001 to 2011, from 91,900 to 110,200 and a 10% growth in the number of people being employed in Camden from 227,700 to 250,000.
87. Work experience opportunities are provided by the LBC for those aged between 14 and 19 years, as well as work related and learning opportunities, which are managed by the London Borough of Camden Council and are advertised on their website.

⁴¹ ONS Annual Survey of Hours and Earnings, 2018.

⁴² ONS Annual Population Survey, 2018 Q4 (Camden accuracy +/- 4.2%).

88. Health Determinant 9: Social Cohesion and Lifetime Neighbourhoods

The NHS HUDU Planning for Health (2017), states that, “*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. Voluntary and community groups, properly supported, can help to build up networks for people who are isolated and disconnected, and to provide meaningful interaction to improve mental wellbeing. Lifetime Neighbourhoods places the design criteria of Lifetime Homes into a wider context. It encourages planners to help create environments that people of all ages and abilities can access and enjoy, and to facilitate communities that people can participate in, interact and feel safe.*”

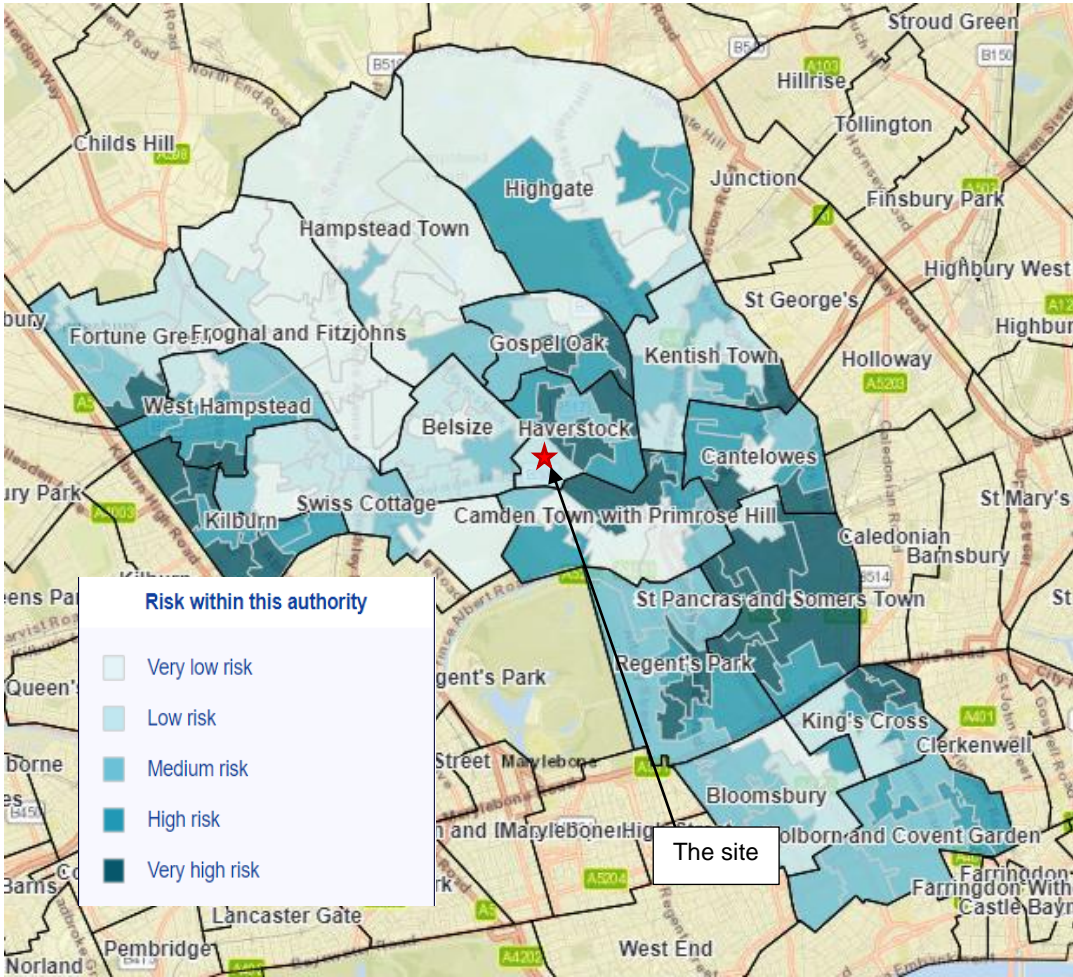
89. There are a number of community groups available to local residents. The groups range in targeted age and interest, from youth clubs, to community garden networks and community groups aimed at keeping the local people of Camden safe. The wide range of local groups available provides the foundations for a strong, diverse and cohesive community network.
90. In addition to these community groups, there are a number of religious groups located within the LBC. The 2011 census identified that the three largest religions / beliefs in the LBC were No Religion (37%) Christian (34%) and Muslim (16.4%). Other religions present include Jewish and Hindu, though in lower numbers.
91. Of the 203 Local Authorities within the UK, Camden ranked 31st for the lowest overall wellbeing inequality. This indicates that the distribution of wellbeing is relatively equal throughout the local area⁴³. According to the Subjective Personal Well-Being (Happiness) surveys⁴⁴, the LBC has a ‘Life Satisfaction’ score (of 7.56) similar to that of the UK, which had a score of 7.69 out of 10, and a happiness score of 7.35 (compared with 7.52 for the UK). The LBC also has a ‘worthwhile’⁴⁵ score of 7.71 which is lower than the 7.88 for the UK, and an anxiety score of 3.38, which is higher than the 2.89 of the wider UK.
92. Particular groups of people are at greater risk of loneliness and isolation, including older people, people living alone, those with disabilities and poor health, minority groups and carers. The Camden JSNA has identified that within the LBC, older people with lower incomes, living alone are at greater risk of loneliness and isolation.
93. The LBC has 42% of older people (over 75) living alone, higher than the London average of 34% and England average of 31%. Additionally, 12% of the population within the LBC are people aged over 65 years, and the number of older people living alone is expected to increase. It is expected that the risk of isolation and loneliness is expected to increase within the LBC as a whole, and the risk surrounding the site is considered to be low, as shown on Figure 9 below.
94. The LBC has many community clubs for older people to encourage social meeting. These clubs run activities and classes for any Camden residents over 50 such as beginners computer club, easy yoga, tai chi, knitting and sewing clubs.

⁴³ What Works Wellbeing, 2017, Measuring wellbeing inequality in Britain. Accessed online 12.02.2019 [url: <https://whatworkswellbeing.org/product/measuring-wellbeing-inequality-in-britain/>]

⁴⁴ London Datastore, (2014); Subjective Personal Well-Being (Happiness), Borough. London Borough Profiles 2011-2014 (Excel Spreadsheet). Accessed Online 07.11.2017 [URL: <https://data.london.gov.uk/dataset/subjective-personal-well-being-borough>]

⁴⁵ The ‘worthwhile’ score measures to what extent the participants feel that the things they do in their life are worthwhile.

Figure 9. Risk of Loneliness for Persons Aged 65 Years and Older.



Health Determinant 10: Minimising the Use of Resources

The NHS HUDU Planning for Health (2017) states that, “Reducing or minimising waste including disposal, processes for construction as well as encouraging recycling at all levels can improve human health directly and indirectly by minimising environmental impact, such as air pollution.”

95. The LBC is one of seven boroughs in the North London Waste Plan⁴⁶, along with the London Boroughs of Barnet, Enfield, Hackney, Haringey, Islington and Waltham Forest. Together the seven boroughs have developed the North London Waste Plan (DPD), which sets out the waste management targets for the individual boroughs and allocates sites suitable for waste handling and management across all of the seven boroughs.
96. At 24.8% in 2015/16, the LBC ranked 25th for recycling rate from households of all 32 of the London boroughs. The average recycling rate across the London boroughs was 32.5%, with Bexley recording the highest recycling rates of 52%⁴⁷. The average recycling rate for London was lower than the average rate for England, which was 45.2%⁴⁸.
97. Through the London Environment Strategy, the Mayor is seeking to make London a zero waste city with no biodegradable or recyclable waste sent to landfill by 2030 and by aiming to achieve 65% recycling from London’s municipal waste, this will be achieved through a 50% recycling rate from LACW by 2025 (Policy 7.2.1) and 75% from business waste by 2030 (policy 7.2.2).
98. The LBC are working to improve their recycling rates, the Camden Local Plan includes Policy CC5 ‘Waste’ which is to “aim to reduce the amount of waste produced in the borough and increase recycling and the reuse of materials to meet the London Plan targets of 50% of household waste recycled/composted by 2020 and aspiring to achieve 60% by 2031” and “make sure that developments include facilities for the storage and collection of waste and recycling..”.

⁴⁶ North London Waste Plan (2015); Joint Waste Plan for the London Boroughs of Camden, Barnet, Enfield, Hackney, Haringey, Islington and Waltham Forest

⁴⁷ Richmond Gov, (2017); Richmond performance tool – Percentage of household waste sent for reuse, recycling and composting

⁴⁸ DEFRA (2018); UK Statistics on Waste

Health Determinant 11: Climate Change

The NHS HUDU Planning for Health (2017) states that *“Planning is at the forefront of both trying to reduce carbon emissions and to adapt urban environments to cope with higher temperatures, more uncertain rainfall, and more extreme weather events and their impacts such as flooding. Poorly designed homes can lead to fuel poverty in winter and overheating in summer contributing to excess winter and summer deaths. Developments that take advantage of sunlight, tree planting and accessible green/brown roofs also have the potential to contribute towards the mental wellbeing of residents.”*

99. UKCP18⁴⁹ gives ‘probabilistic projections’⁵⁰ for a number of atmospheric variables. UKCP18 projections consider the local climate effects arising from four different emissions scenarios. Probabilistic projections give a range of possible climate change outcomes and their relative likelihoods i.e. unlikely, likely or very likely ranging across 10th to 90th percentiles. The RCP6.0 emissions scenario has been used (with the 50th percentile data), as it represents the most reasonable emissions scenario with regards to climate policy, land use and technological development.
100. Future UKCP18 climate change projection data for the 2080s (covering the years 2070 – 2099) has been reviewed in relation to the London area, this is in order to determine the likely climatic conditions in the areas surrounding the Proposed Development in the future. Note that the 2080s (which cover the years 2070 – 2099) have been reviewed, as the indicative lifespan of building structures is 50 years⁵¹, and therefore the 2080s (covering the years 2070 – 2099) have been identified as the most likely ‘end-years’ of new development, and therefore present a worst-case scenario when considering impacts on new development from climate change.
101. A review of the key climatic variables within the UKCP18 projections (for the London area) has identified that:
- By the 2080s, the mean average air temperature is projected to increase by +2.94 °C annually, to 13.39 °C. The mean daily maximum temperature is projected to increase by +3.1°C, and the mean daily minimum temperature is projected to increase by +2.89°C;
 - Annual average precipitation is due to decrease by 0.53%, with a +16.23% increase in the winter average precipitation, and a -26.31% decrease in the summer average precipitation. The autumn and spring averages have small decreases of between 5.1 and 5.25%;
 - Wind annual average wind speed (measured in meters per second (m s⁻¹)) is projected to marginally decrease in speed in the 2080s, by -0.065m s⁻¹; and
 - Total cloud cover is projected to decrease annually by 6.22%, this decrease in total percentage cloud cover is most prevalent in the summer average, where the summer average is due to decrease in the 2080s by 15.21%. There is projected to be a marginal increase (of 0.93%) in the average winter cloud cover.

⁴⁹ UK Climate Projections (UKCP18). Accessed Online 13.02.2019 [URL: <http://ukclimateprojections.metoffice.gov.uk/>]

⁵⁰ Probabilistic projections give a range of possible climate change outcomes and their relative likelihoods i.e. unlikely, likely or very likely ranging across 10th to 90th percentiles.

⁵¹ British Standard BS EN 1990:2002, (2002); Eurocode – Basis of Structural Design

5. Health Impact Assessment

	Assessment Criteria	Relevant?	Details/Evidence	Potential Health Impact?	Recommended Mitigation or Enhancement Measures
1. Housing Quality and Design					
1.1	Does the proposal seek to meet all 16 design criteria of the Lifetime Homes Standard or meet Building Regulation requirement M4 (2)?	Yes	<p>Although the Lifetime Homes assessment criteria are no longer in existence, all aspects and areas of the Proposed Development have still been designed to meet these pre-existing requirements.</p> <p>The proposed residential unit is also fully compliant with the Building Regulations Part M requirements, including Parts M(2) and M(3), which are a London Plan requirement, with particular reference for all adaptable wheelchair user units.</p> <p>In addition to meeting Building Regulations requirements, the Proposed Development has been cross checked against all Mayoral SPG guidance to ensure a compliant and inclusive development.</p>	+ve	N/A
1.2	Does the proposal address the housing needs of older people, i.e. extra care housing, sheltered housing, lifetime homes and wheelchair accessible homes?	Yes	<p>The Proposed Development does not include any 'Extra Care Housing' or 'Sheltered Housing', however the Proposed Development does cater for the needs of older people, details as follows:</p> <ul style="list-style-type: none"> • The single proposed residential unit has been identified and designed as a fully compliant Category 2 Wheelchair M4(3) wheelchair adaptable dwelling. This includes but is not limited to, the building's approach, level access, corridor widths, turning circles, passenger lifts, stairs, balustrades and handrails, and refuge points; • Step-free access to the single residential unit will be achieved by means of the main passenger lift; • Where residents may wish to use stairs, all staircases have been designed with handrails, to provide support; • One blue-bay parking space is provided within the Proposed Development; • Surface textures have been considered with both wheelchair users and guide dogs in mind; • Communal sanitary facilities will be located as follows: 	+ve	N/A

	Assessment Criteria	Relevant?	Details/Evidence	Potential Health Impact?	Recommended Mitigation or Enhancement Measures
			<ul style="list-style-type: none"> - Basement 01: combined accessible shower / toilet / changing room for use of hotel staff; - Ground floor: wheelchair accessible toilet for use of hotel guests; <p>These will be designed to comply with the recommendations set out in Approved Document M Vol.2 2015 and BS 8300-2: 2018. Sanitaryware will be in prescribed positions for practical reasons and should not vary from the recommendations set out in Approved Document M and BS 8300-2: 2018; and</p> <ul style="list-style-type: none"> • The Draft London Plan Policy E10 (Visitor infrastructure), and current London Plan Policy 4.5 (Visitor infrastructure), state that 10% of bedrooms in new hotels should be wheelchair accessible. The hotel will contain seven accessible bedrooms (split between independent-use accessible bedrooms and assisted-use accessible bedrooms) out of 70 keys, achieving the minimum required 10% provision. 		
1.3	Does the proposal include homes that can be adapted to support independent living for older and disabled people?	Yes	Please see above.	+ve	N/A
1.4	Does the proposal promote good design through layout and orientation, meeting internal space standards?	Yes	<p>The Proposed Development has been developed with layout and orientation in mind, and has been designed to meet internal space standards, for example:</p> <ul style="list-style-type: none"> • The proposed building has been designed around a singular core, located in the west façade; • The core has ground level access and includes two lifts to the upper and lower floors; • All hotel rooms have been designed to be south, east or west facing, maximising the number of daylight hours received; • The residential unit has been designed to be quadruple aspect, with the living space south and west facing. The residential terrace is south and west facing also. The design proposals thereby promote good design via layout and orientation of the residential unit; and • As discussed above, the single proposed residential unit has been identified and designed as a fully compliant Category 2 Wheelchair M4(3) wheelchair adaptable dwelling, and seven of the 70 hotel keys have been designed to be accessible. 	+ve	N/A

	Assessment Criteria	Relevant?	Details/Evidence	Potential Health Impact?	Recommended Mitigation or Enhancement Measures
1.5	Does the proposal include a range of housing types and sizes, including affordable housing responding to local housing needs?	Yes	The Proposed Development provides a singular two-bedroomed private residential unit only, in replacement of the existing six-bedroomed private residential unit.	=Neutral	N/A
1.6	Does the proposal contain homes that are highly energy efficient (e.g. a high SAP rating)?	Yes	<p>The Proposed Development consists of one residential unit.</p> <p>SAP calculations have been carried out based on the concept design by Cundall⁵². The results identify that 'be lean' energy reduction measures have been achieved via careful design of the façade and building envelope (there has been a drive to provide efficient glazing to optimise energy gained in winter whilst considering the solar gain impact on comfort in the summer) and the application of low energy lighting.</p> <p>It has been estimated a 61% carbon saving over Part L 2013 will be achieved for the full site-wide development.</p> <p>The hotel and retail development include energy efficient measures with high fabric thermal performance and then further reductions are achieved through use of air source heat pumps to beat the 35% improvement target. The Proposed Development therefore exceeds the 35% reduction over Part L 2013 target for the residential and commercial elements of the Proposed Development.</p>	+ve	N/A
2. Access to Healthcare Services and Other Social Infrastructure					
2.1	Does the proposal retain or re-provide existing social infrastructure?	No	<p>The existing building on-site provides one retail unit (Use Class A1), one restaurant (Use Class A3) and one takeaway (Use Class A5) at ground floor level, office accommodation on the first and second floors, with a six-bedroomed residential unit on the top (third) floor, which share an access core with the office space below.</p> <p>No social infrastructure (i.e. health space, education, community, play space) etc. is currently provided on-site, as such there is no existing social infrastructure to retain or re provide as part of the Proposed Development.</p>	N/A	N/A
2.2	Does the proposal assess the impact on healthcare services?	Yes	This HIA has been undertaken to help define and address any health issues in a systematic way, including the impact of the Proposed Development on healthcare services from the construction workers during the construction of the Proposed Development, and from the hotel and retail workers, and residents during the operation of the Proposed Development.	=Neutral	It is recommended that security operatives at the

⁵² Cundall, (2019); Regents Park Road Hotel Energy Strategy (prepared in support of the July 2019 planning application).

	Assessment Criteria	Relevant?	Details/Evidence	Potential Health Impact?	Recommended Mitigation or Enhancement Measures
			<p>The methodology, baseline health context and health impact assessment are presented in this report.</p> <p>As previously discussed, the Proposed Development is expected generate a population of approximately two people. This is based on the provision of one two-bedroomed private residential unit.</p> <p>Typically, in term of healthcare services, consideration is given to the availability of GPs to serve an incoming resident population.</p> <p>The Proposed Development would support approximately 55 workers during the construction phase.</p> <p>If all the incoming construction workers employed at the site were to use the existing local GP practices, although unlikely, the ratio of patients per FTE GP would increase from an average of 1,830 patients per practitioner across the twelve GP practices within the 2km study area, to an average of 1,835 patients per practitioner. This is only marginally above the HUDU standard of 1,800 patients per practitioner. However, these GPs are not obliged to take on these workers and so the construction phase may have no effect on the primary care services in proximity to the site. All twelve GP practices are currently accepting new patients, suggesting they have the capacity to cater for an increase in list size.</p> <p>Regarding the impact on A&E services, 1.78% of workers across all industries are injured at work per annum. Based on this, it is estimated that there will be less than one additional workplace accidents per year during the construction phase. This would result in a negligible increase in annual A&E visits to the London Commissioning Region Healthcare NHS Trust.</p> <p>The Proposed Development would support approximately 35 FTE workers during the operational phase, equivalent to 45 jobs when taking into account part-time working patterns.</p> <p>If all the incoming workers employed at the site were to use the existing local GP practices, although unlikely, the ratio of patients per FTE GP would increase from an average of 1,830 patients per practitioner across the twelve GP practices within the 2km study area, to an average of 1,834 patients per practitioner. As discussed above, this is only marginally above the HUDU standard of 1,800 patients per practitioner. However, these GPs are not obliged to take on these workers and so the operational phase may have no effect on the primary care services in proximity to the site.</p> <p>Regarding the impact on A&E services, it is estimated that there will be less than one additional workplace accidents per year when operational. This would result in a negligible increase in annual A&E visits to the London Commissioning Region Healthcare NHS Trust.</p> <p>The Proposed Development does not provide new health facilities within the Proposed Development.</p>		<p>site should have complementary training in First Aid which should be helpful in addressing minor healthy issues at work and preventing them from needing to access external outside medical attention.</p> <p>When the construction contract is let, the contractor(s) will confirm in detail their methods of site safety and ways to minimise risk of injury to construction staff. It is expected that a experienced contractor would have robust procedures which ensure the safety of their construction workers to the best of their professional ability. The construction phase of the Proposed Development will comply with the Health and Safety at Work Act 1974.</p>
2.3	Does the proposal include the provision, or replacement of a healthcare facility and does the facility meet NHS requirements?	No	<p>The Proposed Development does not provide a dedicated healthcare facility.</p> <p>There is no existing healthcare provision to retain or re provide as part of the Proposed Development.</p>	N/A	N/A

	Assessment Criteria	Relevant?	Details/Evidence	Potential Health Impact?	Recommended Mitigation or Enhancement Measures
2.4	Does the proposal assess the capacity, location and accessibility of other social infrastructure, e.g. schools, social care and community facilities?	No	As discussed in the Methodology section of this HIA, the proposed residential unit is smaller than that existing (there are fewer bedrooms), and as such the anticipated population is smaller than the existing population. Given this, the impacts upon primary and secondary school capacity has not been considered; whilst the Proposed Development offers a reduction in population, the reduction is negligible and will neither have a positive nor negative impact on the local social infrastructure.	= Neutral effect on primary and secondary schools = Neutral effect on social care or community facilities	N/A
2.5	Does the proposal explore opportunities for shared community use and co-location of services?	Yes	Whilst the Proposed Development does not include provision for specific community uses or the co-location of services, the Proposed Development includes communal areas, such as the ground floor lobby, which is conducive to communal gatherings and encourages interaction amongst users, as well as the café and bar area of the hotel, which will be available to hire for functions, classes or community gatherings, for example. Also, the landscaping strategy provides usable publicly accessible areas, at ground level outside the entrance to the Proposed Development.	=Neutral	N/A
2.6	Does the proposal contribute to meeting primary, secondary and post 19 education needs?	No	The Proposed Development does not provide any education provision.	N/A	N/A
3. Access to Open Space and Nature					
3.1	In areas of deficiency, does the proposal provide new open or natural space, or improve access to existing spaces?	Yes	A new private south and west facing terrace is proposed as amenity space for the residential unit. This will be planted and landscaped providing a biodiverse green roof. There will be a small area of public realm seating space outside the entrance of the Proposed Development, to the east of the site. The proposed building footprint is similar to that of the existing building, as such access to open space is not significantly different to that of the existing situation, and is neither improved nor worsened.	=Neutral	N/A
3.2	Does the proposal provide a range of play spaces for children and young people?	Yes	The Proposed Development does not provide play space for children and young people.	-ve	N/A
3.3	Does the proposal provide links between open and natural spaces and the public realm?	Yes	The Proposed Development provides a link to the small area of public realm outside the entrance, to the east of the building. The proposed building footprint is similar to that of the existing building, as such access to open space is not significantly different to that of the existing situation, and is neither improved nor worsened.	=Neutral	N/A

	Assessment Criteria	Relevant?	Details/Evidence	Potential Health Impact?	Recommended Mitigation or Enhancement Measures
3.4	Are the open and natural spaces welcoming and safe and accessible for all?	Yes	<p>The landscaped terrace will be provided as part of the private residential unit, and will be private and thus won't be accessible to all.</p> <p>The public realm area outside the entrance to the Proposed Development will be accessible to all. Users with disabilities are not segregated and are able to move through the public realm.</p> <p>In order for the Proposed Development to provide a secure environment, it will follow the principles of the Crime Prevention Through Environment Design (CPTED) framework in order to incorporate crime precautions within design of the built environment, aiming to reduce the opportunity to commit crime.</p> <p>The four key principles to CPTED are:</p> <ul style="list-style-type: none"> • Surveillance – people are seen and can be seen; • Access management – users of an area are passively directed to some places, whilst being restricted from others; • Territoriality – ownership of spaces is defined by clear boundaries; and • Environment quality – well maintained and high-quality environments to attract users and aid surveillance. <p>The Proposed Development will have well designed security features:</p> <ul style="list-style-type: none"> • Target hardening measures, such as, doors, windows and pedestrian and vehicle gates recommended for Secure by Design (SBD) accreditation in order to reduce the opportunity to enter and exit the property illegally or remove property; • Warning signs, notices and potentially high visibility of security staff; • Electronic security measures in order to provide layers of redundancy into the site's security architecture; and • Video surveillance system throughout the building supported by uniform lighting. 	+ve	N/A
3.5	Does the proposal set out how new open space will be managed and maintained?	Yes	<p>The Design and Access Statement indicates that the public realm area and the private residential landscaped space will be maintained and landscaped.</p> <p>The Proposed Development will be designed with management and maintenance in mind, in order to discourage crime. Key recommendations for management and maintenance, as per the Crime Impact Assessment prepared for the planning application⁵³, are:</p> <ul style="list-style-type: none"> • Building lines should be kept as simple as possible; 	+ve	N/A

⁵³ Cundall, (2019); Crime Impact Assessment, prepared for the Planning Application

	Assessment Criteria	Relevant?	Details/Evidence	Potential Health Impact?	Recommended Mitigation or Enhancement Measures
			<ul style="list-style-type: none"> Avoid hiding places and congregation points leading to violence or rough sleeping; Provide appropriate and uniform lighting to deter potential intruders and reduce the fear of crime. Pedestrian routes and streets, footpaths and alleyways around the development should have good illumination; and Landscaping should not impede natural surveillance. 		
4. Air Quality, Noise and Neighbourhood Amenity					
4.1	Does the proposal minimise construction impacts such as dust, noise, vibration and odours?	Yes	<p>During construction works associated with the Proposed Development, standard management controls will be in place to minimise construction impacts from dust, noise, vibration and odours. These standard measures have been included within the Construction Logistics Plan (CLP), which has been prepared and will be submitted in support of the planning application. Measures include, but are not limited to:</p> <ul style="list-style-type: none"> Measures to minimise noise, dust and vibration levels e.g. the dampening down of hard surfaces will reduce the dispersal of dust generated during construction activities; The site will be registered to the Considerate Constructors Scheme (CCS) - one of the Applicant's commitments commits all live construction sites registered with CCS to achieve a minimum score of 38 points in each site audit; Any site person receiving a concern or complaint from adjacent properties or passing pedestrians shall refer the matter immediately to the site manager, who will record the fact and refer the matter to the management team who will subsequently carry out an investigation; The site will follow best practice measures in accordance with GLA guidance for air quality, which will be agreed with the LBC prior to the commencement of demolition/construction works; The prohibition of any unauthorised burning of material on-site; Use of dust-suppressed tools for all operations; and Ensuring that all construction plant and equipment is maintained in good working order and not left running when not in use. <p>Properly controlled construction works, compliant with Local Authority requirements and using best practicable mitigation / noise control measures are unlikely to cause significant adverse health effects.</p>	= Neutral	Preparation of the CLP, submitted in support of the planning application, with dust, noise, vibration and odour mitigation measures included.

	Assessment Criteria	Relevant?	Details/Evidence	Potential Health Impact?	Recommended Mitigation or Enhancement Measures
			During construction works associated with the Proposed Development, standard management controls will be in place to minimise construction impacts from noise and vibration.		
4.2	Does the proposal minimise air pollution caused by traffic and energy facilities?	Yes	<p>Emissions from operational traffic associated with the Proposed Development are not expected to significantly affect local air quality as the Proposed Development is effectively 'car-free'. The site is located close to many public transport amenities, cycling and pedestrian links. This promotion of an active lifestyle will help to minimise emissions caused by traffic flows from future residents of the Proposed Development, as residents are being actively encouraged to utilise other forms of transport.</p> <p>The air quality assessment report provided by Cundall (as the air quality specialists) has identified that the change in pollutant concentrations attributable to traffic emissions during the operation phase of the Proposed Development (i.e. impacts on local air quality) are negligible and not significant for all pollutants, and therefore, no mitigation is required. The impacts on annual mean NO₂ concentrations at all existing receptors are negligible; and the predicted PM₁₀ and PM_{2.5} concentrations are below national objectives.</p> <p>The Proposed Development is expected to be air quality neutral in terms of transport emissions, as such, no specific mitigation measures will be required to offset the emissions. However, the following mitigation strategy has been proposed by the Project Transport Consultant WSP and this will assist in further minimising any transport related impacts:</p> <ul style="list-style-type: none"> • Short-stay and long-stay cycle parking spaces will be provided in line with local and regional policy to further encourage the use of sustainable travel; • A Framework Travel Plan, prepared for the planning application by WSP, identifies an appropriate package of measures aimed at promoting sustainable travel, with an emphasis on promoting alternatives to cars; • A marketing strategy will be employed with the aim of increasing sustainable travel by the residents, visitors and employees of the Proposed Development: a travel pack, detailing information on local public transport options, route maps, and information on nearby amenities and services; and • The Proposed Development will be subject to a 'permit free' agreement, whereby residents will not be able to apply for on-street residents parking permits. <p>The Proposed Development will aim to minimise site-related emissions:</p> <ul style="list-style-type: none"> • Heating and cooling to the Proposed Development will be provided by a refrigerant based VRF heat pump system; • External condensers will be mounted at roof level these will be coupled with buffer vessels to store the hot water; • The systems will be powered by electricity; and 	+ve	N/A

	Assessment Criteria	Relevant?	Details/Evidence	Potential Health Impact?	Recommended Mitigation or Enhancement Measures
			<ul style="list-style-type: none"> Additionally, domestic hot water will be provided by an air source heat pump system. <p>A backup diesel sprinkler pump will be selected to provide power during emergency situations. This is likely to be tested on a weekly basis for a short duration (e.g. 30 mins) and it is anticipated that emissions from this equipment will not be significant.</p>		
4.3	Does the proposal minimise noise pollution caused by traffic and commercial uses?	Yes	<p>The Proposed Development is unlikely to cause a significant increase to noise from traffic in the area. Traffic in the area, notably on Haverstock Hill Road, is relatively heavy and as such a significant existing source of noise pollution. Any increase in traffic is anticipated to have negligible impact.</p> <p>The Proposed Development has an appropriate glazing strategy for dwellings and hotel rooms, which will minimise noise intrusion from traffic and commercial uses.</p> <p>Internal noise criteria for the scheme, currently based on BS 8233:2014 criteria, are still likely to be met as it is understood that ventilation will be provided by mechanical means. The Proposed Development's building envelope acoustic performances can in principle be maintained by suitably selected building constructions of the walls, roof, ventilation products and glazing systems.</p> <p>The acoustic design associated with the Proposed Development will be designed closely with the MEP design, so as to ensure that external building services noise emission limits, as required by the local authority, will be achieved.</p> <p>The Proposed Development will be designed in line with relevant standards, guidance and Local Authority requirements for dwellings. At this stage, criteria from BS 8233:2014 has been used for both residential and hotel dwellings. More onerous criteria for hotel rooms may be sought by the hotel operator.</p>	=Neutral	N/A above and beyond that incorporated during the design of the Proposed Development
5. Accessibility and Active Travel					
5.1	Does the proposal prioritise and encourage walking (such as through shared spaces?)	Yes	<p>The Proposed Development will provide hotel street seating, public realm seating, and the private residential terrace.</p> <p>The cycle parking will be located in the courtyard at the rear of the building. This new space creates a 'thoroughfare' which will encourage walking through or around the site.</p> <p>These shared open spaces encourage walking and outdoor activities.</p>	+ve	N/A
5.2	Does the proposal prioritise and encourage cycling (for example by providing secure cycle parking, showers and cycle lanes)?	Yes	<p>The Proposed Development provides secure and covered cycle storage and facilities for the hotel and for the residential unit:</p> <ul style="list-style-type: none"> 3 long stay spaces for the residential unit and 5 long stay spaces for the hotel are provided in the courtyard at the rear of the building; and 5 short stay spaces for residential unit and hotel are provided in the public realm area in front of the building main entrance. 	+ve	N/A

	Assessment Criteria	Relevant?	Details/Evidence	Potential Health Impact?	Recommended Mitigation or Enhancement Measures
			Shower and lockers will be provided on the basement level. These spaces will encourage residents and workers to cycle, thereby reducing reliance on cars.		
5.3	Does the proposal connect public realm and internal routes to local and strategic cycle and walking networks?	Yes	The Proposed Development sits on a junction and next to cycle paths and pedestrian crossings. The new landscape design and the positioning of short stay cycle parking on the public realm in front of the building will facilitate the walk and cycle strategy.	+ve	N/A
5.4	Does the proposal include traffic management and calming measures to help reduce and minimise road injuries?	No	The Proposed Development has limited highway proposals. There is no traffic calming within the vicinity of the site, and there is not a need for it to be implemented as part of the scheme, as there is limited traffic impact as a result of the Proposed Development.	= Neutral Effect	NA
5.5	Is the proposal well connected to public transport, local services and facilities?	Yes	<p>The site is bound to the north by Adelaide Road, to the east by Haverstock Hill and south by Regents Park Road, and to the west by residential uses.</p> <p>The site has a TfL Public Transport Accessibility Level (PTAL) of 6a with good transport links such as Underground services, buses and Overground services. The closest tube station is Chalk Farm located 50m north-west of the site which provides Northern line services. Kentish Town West Overground Station is located 550m north-east of the site and provides regular services to Richmond, Stratford and Clapham Junction.</p> <p>There are several bus stops located near the site providing services in both directions. The closest bus stop being Chalk Farm Stop (bus stop CA) and (bus stop CB) situated along Adelaide Road, providing regular services to Camden Town and White City.</p> <p>Existing pedestrian and cycle facilities and routes are provided in the local area in all directions.</p> <p>Thus, the Proposed Development will connect the new residential population, and users of the site with public transport, and as such will have a potential positive impact on the connectivity of the Proposed Development with the local transport network.</p> <p>With regards to accessibility to local conveniences, there are many local shops and supermarkets located within proximity of the site. The closest convenience store to the site is Sainsburys Local located approximately 130m east of the site. Morrisons supermarket is located approximately 300m south-east of the site and Tesco Express located approximately 700m north-west of the site.</p>	+ve	N/A
5.6	Does the proposal seek to reduce car use by reducing car parking provision, supported by the controlled parking zones, car clubs and travel plans measures?	Yes	<p>The Proposed Development is car-free, with the exception of provision of a single blue badge parking space for the hotel use, as per Camden Planning Guidance.</p> <p>By providing no standard car parking spaces, residents, hotel visitors and employees are encouraged to use sustainable modes of travel. The car-free nature of the development will restrict travel by private car for all users with the exception of blue badge users.</p> <p>The Framework Travel Plan, prepared for the planning application by WSP, identifies an appropriate package of measures aimed at promoting sustainable travel, with an emphasis on promoting alternatives to cars.</p>	+ve	Implementation of the Framework Travel Plan as a pre-commencement condition

	Assessment Criteria	Relevant?	Details/Evidence	Potential Health Impact?	Recommended Mitigation or Enhancement Measures
			<p>The Travel Plan will be a 'living document' requiring monitoring, regular reviews and revisions to ensure it remains relevant to the site and those using the site and provides continuous improvements for its duration. A Travel Plan Coordinator (TPC) will be appointed to take responsibility for the management of the plan, and for ensuring its delivery. The TPC role for the site will be fulfilled by an appointed consultant or by the Proposed Developments management team.</p> <p>A marketing strategy will be employed with the aim of increasing sustainable travel by the residents, visitors and employees of the Proposed Development, in the form of a travel pack, detailing information on local public transport options, route maps, and information on nearby amenities and services.</p> <p>In addition to this, the site is located within a controlled parking zone (CPZ) and will be subject to a 'permit free' agreement, whereby residents will not be able to apply for on-street residents parking permits. Visitor parking is not permitted on-site.</p> <p>Short-stay and long-stay cycle parking spaces will be provided in line with local and regional policy to further encourage the use of sustainable travel.</p> <p>These arrangements would significantly restrict travel by private car and therefore encourage the use of sustainable forms of transport. Further encouragement of the use of public transport, walking and cycling is set out in the Travel Plan.</p>		
5.7	Does the proposal allow people with mobility problems or a disability to access buildings and places?	Yes	<p>The building and approaches have been designed to Approved Document M and BS 8300:</p> <ul style="list-style-type: none"> • Users of the Proposed Development will access and be guided through the building and the site, without discrimination or limitation; • The single proposed residential unit has been identified and designed as a fully compliant Category 2 Wheelchair M4(3) wheelchair adaptable dwelling. This includes but is not limited to, the building's approach, level access, corridor widths, turning circles, passenger lifts, stairs, balustrades and handrails, and refuge points; • Step-free access to the single residential unit will be achieved by means of the main passenger lift; • Where residents may wish to use stairs, all staircases have been designed with handrails, to provide support; • One blue-bay parking space is provided within the Proposed Development; and • Surface textures have been considered with both wheelchair users and guide dogs in mind. 	+ve	N/A
6. Crime Reduction and Community Safety					
6.1	Does the proposal incorporate elements to help design out crime?	Yes	See Details / Evidence to Questions 3.4 and 3.5, in addition, Cundall's Crime Impact Assessment provides recommendations for the design layout, including:	+ve	N/A

	Assessment Criteria	Relevant?	Details/Evidence	Potential Health Impact?	Recommended Mitigation or Enhancement Measures
			<ul style="list-style-type: none"> Design pedestrian routes to be integrated and easy to direct and intuitive through the application of inclusive design and natural surveillance; Develop a zoned approach to the security of the development, with clear demarcation between private and public spaces to control permitted circulation around the Proposed Development; Develop physical measures to physically control movement of people into areas; and Ensure that the landscape and lighting strategy coordinate in order to avoid conflict between lighting and vegetation. 		
6.2	Does the proposal incorporate design techniques to help people feel secure and avoid creating 'gated communities'?	Yes	See Details / Evidence to Questions 3.4, 3.5 and 6.1. With regards to 'gated communities'. there is only one residential unit proposed within the Proposed Development and this is not 'gated' due its location within the single proposed building it is not considered to be 'gated'.	+ve	N/A
6.3	Does the proposal include attractive, multi-use public spaces and buildings?	Yes	The Proposed Development includes communal areas, such as the ground floor lobby, which is conducive to communal gatherings and encourages interaction amongst users, as well as the café and bar area of the hotel, which will be available to hire for functions, classes or community gatherings, for example, and the landscaping strategy provides usable publicly accessible areas, at ground level outside the entrance to the Proposed Development. The Proposed Development has been designed to be an attractive building, improving on the aesthetic appearance of the existing building on-site.	=Neutral	

	Assessment Criteria	Relevant?	Details/Evidence	Potential Health Impact?	Recommended Mitigation or Enhancement Measures
6.4	Has engagement and consultation been carried out with the local community?	Yes	<p>A Statement of Community Involvement has been prepared by Kanda Consulting in support of the planning application⁵⁴.</p> <p>Activates undertaken as part of the consultation process included:</p> <ul style="list-style-type: none"> • 807 letters sent to neighbouring addresses introducing the developer, contact details, and the potential development of the site; • Invitations to discuss the scheme sent to ward members for Haverstock Ward (where the site lies) and Camden Town with Primrose Hill Ward (where the site borders); • 1,719 letters sent to neighbouring address inviting recipients to a public exhibition; • A public exhibition held in May 2019; • Attendance of the public exhibition by Cllr Allison Kelly; • Provision of a feedback form and ballot of attendees regarding design choice; • 1, 719 letters sent to neighbouring address detailing the scheme's pre-application process and inviting recipients to a second public exhibition; • A second public exhibition held in July 2019; and • Provision of feedback forms. <p>The Statement of Community Involvement demonstrates that public consultation has been undertaken and has:</p> <ul style="list-style-type: none"> • Informed local residents, businesses, councilors and other stakeholders about the redevelopment aspirations for the site; and • Helped gain a full understanding of local views of the proposal and engaged with the local and wider community. 	+ve	N/A
7. Access to Healthy Food					
7.1	Does the proposal facilitate the supply of local food, i.e. allotments, community farms and farmers' markets?	Yes	There are no plans for any allotments or community farms.	-ve	N/A

⁵⁴ Kanda Consulting, (2019); Statement of Community Involvement, prepared in support of the planning application.

	Assessment Criteria	Relevant?	Details/Evidence	Potential Health Impact?	Recommended Mitigation or Enhancement Measures
7.2	Is there a range of retail uses, including food stores and smaller affordable shops for social enterprises?	Yes	The Proposed Development will provide a single retail (Use Class A1) unit.	=Neutral	N/A
7.3	Does the proposal avoid contributing towards an overconcentration of hot food takeaways in the local area?	Yes	The Proposed Development will not provide any A5 retail (hot food takeaways), and the existing takeaway (Use Class A5), restaurant (Use Class A3) and retail (Use Class A1) unit on site will be replaced by a single retail (Use Class A1) unit.	+ve	N/A
8. Access to Work and Training					
8.1	Does the proposal provide access to local employment and training opportunities, including temporary construction and permanent 'end-use' jobs?	Yes	<p>As discussed within Section 1 of this HIA, the Proposed Development will support approximately 80 gross job years' worth of employment directly on site. This translates to an average of 55 construction workers situated on-site throughout the 18-month construction period.</p> <p>When operational, the Proposed Development is anticipated to generate approximately 35 FTE jobs when, equivalent to 45 jobs when considering part-time working patterns.</p> <p>As outlined within Volterra's Employment and Skills Strategy, the Applicant is proposing to set a local employment target for the construction phase, based on targets that have been set in previous LBC planning applications and targets outlined in employment & skills policies for other Central London Forward boroughs. Based on this, the Applicant intends to use reasonable endeavours to achieve a minimum of 20% of construction employees to go to local LBC residents. This would equate to 16 construction jobs over the course of the entire construction period. This represents a fourfold increase over what might naturally be expected given commuting patterns in this sector.</p> <p>If this local labour target is not fulfilled wholly by Camden residents, the Applicant will undertake reasonable endeavours to ensure that the target is met by residents of the Central London Forward boroughs, in line with LBC policy.</p> <p>In order to further develop the skills of local residents, the Applicant will commit to providing a number of apprenticeship positions through the demolition and construction phase.</p> <p>The Applicant has committed to a partnership with the Roundhouse Trust, located in the Roundhouse arts and entertainment venue nearby. The partnership will aim to build on the successes achieved by the Roundhouse Trust in encouraging diversity by providing young people experiencing social or economic disadvantage with employment skills and personal development experience. The Applicant will promote apprenticeships offered through the Roundhouse Trust to ensure disadvantaged local residents are best placed to access the opportunities offered by the charity.</p>	+ve	N/A

	Assessment Criteria	Relevant?	Details/Evidence	Potential Health Impact?	Recommended Mitigation or Enhancement Measures
			The Applicant will additionally commit to paying at least the London Living Wage (LLW) to all directly employed full and part-time employees.		
8.2	Does the proposal provide childcare facilities?	Yes	The Proposed Development will not provide any childcare facilities.	-ve	N/A
8.3	Does the proposal include managed and affordable workspace for local businesses?	No	The retail space could be occupied by a local business. However, there is no dedicated space within the Proposed Development which provides managed and affordable workspace for local businesses.	=Neutral	N/A
8.4	Does the proposal include opportunities for work for local people via local procurement arrangements?	Yes	See Details/Evidence to Question 8.1.	+ve	N/A
9. Social Cohesion and Lifetime Neighbourhoods					
9.1	Does the proposal connect with existing communities, i.e. layout and movement which avoids physical barriers and severance and land uses and spaces which encourage social interaction?	Yes	The Proposed Development has been designed with layout conducive to social interaction in mind. The layout of the Proposed Development avoids severance, thus keeping future users connected to the space. The Proposed Development includes communal areas, such as the ground floor lobby, which is conducive to communal gatherings and encourages interaction amongst users, as well as the café and bar area of the hotel, which will be available to hire for functions, classes or community gatherings, for example.	+ve	N/A
9.2	Does the proposal include a mix of uses and a range of community facilities?	Yes	The Proposed Development includes Use Classes A1 (retail space); C1 (hotel space) and C3 (dwelling house). The Proposed Development includes communal areas, such as the ground floor lobby, which is conducive to communal gatherings and encourages interaction amongst users, as well as the café and bar area of the hotel, which will be available to hire for functions, classes or community gatherings, for example.	+ve	N/A
9.3	Does the proposal provide opportunities for the voluntary and community sectors?	Yes	The Proposed Development provides a space (the café and bar area on the ground floor of the Proposed Development) available to hire for functions, classes or community gatherings, for example.	+ve	N/A
9.4	Does the proposal address the six key components of Lifetime Neighbourhoods?	Yes	The six key components of Lifetime Neighbourhoods ⁵⁵ are: 1) Access; and 2) Services and Amenities The site is well connected (PTAL Rating of 6a). It is:	+ve	N/A

⁵⁵ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/6248/2044122.pdf

	Assessment Criteria	Relevant?	Details/Evidence	Potential Health Impact?	Recommended Mitigation or Enhancement Measures
			<p>Located near the junction of three main roads (Chalk Farm Road to Camden; Haverstock Hill to Belsize Park and Hampstead Heath; and Adelaide Road to Swiss Cottage and Regent's Park) all of which benefit from regular bus services. The site is also next to the Chalk Farm Underground Station which is on the London Underground Northern Line service.</p> <p>The proposed residential unit has been identified as Adaptable Wheelchair units and have been specifically designed for those who are visually impaired, ambulant disabled and wheelchair bound.</p> <p>3) Social Networks / well-being; and 4) Residents Empowerment</p> <p>The Proposed Development includes communal areas, such as the ground floor lobby area, which encourages interaction, and the forming of social networks, amongst users.</p> <p>5) Housing;</p> <p>The Proposed Development provides a single two-bedroomed private residential unit, which has been identified as an Adaptable Wheelchair unit.</p> <p>6) Built and Natural Environments</p> <p>The Proposed Development has been designed to encourage social and personal interaction. These spaces include the lobby area and the outside entrance area. The residential unit includes a landscape terrace with a biodiverse roof.</p> <p>The Proposed Development therefore addresses the six key components of Lifetime Neighbourhoods.</p>		
10. Minimising the use of Resources					
10.1	Does the proposal make best use of existing land?	Yes	The proposals seek to develop the currently underutilised building which is in need of refurbishment to re-provide an existing residential unit and deliver a new hotel. There are significant socio-economic benefits associated with the new hotel including the proposed job creation and local spend.	+ve	N/A
10.2	Does the proposal encourage recycling (including building materials)?	Yes	The Proposed Development will implement a CEMP during the demolition and construction phases. This CEMP will outline construction management measures, including measures specific to waste. The CEMP will be implemented during the demolition and construction works, as a component of the Demolition and Construction Management Plan. This will include the management of wastes in accordance with the Waste Hierarchy. As part of the hierarchy, the emphasis is firstly on waste avoidance and minimisation, and subsequently recycling, with landfill the final (and least desirable) option.	+ve	Preparation of a CEMP as a pre-commencement condition. Implementation of an operational Refuse, Recycling and Servicing Strategy

	Assessment Criteria	Relevant?	Details/Evidence	Potential Health Impact?	Recommended Mitigation or Enhancement Measures
			<p>During construction works, waste can arise from a number of activities and actions (such as the over-ordering of materials). This plan will implement a range of measures to manage and minimise the creation of waste, and encourage recycling:</p> <ul style="list-style-type: none"> • There will be no stockpiling of construction materials on site; • Construction materials will be stored appropriately, so as to prevent damage e.g. from adverse weather conditions; and • Construction materials required will be carefully quantified so as to help prevent overordering of materials. <p>Once the Proposed Development is completed and occupied, waste recycling (from operational waste arisings) will be encouraged, via the provision of waste recycling bins. This will be managed by a Refuse, Recycling and Servicing Strategy.</p>		
10.3	Does the proposal incorporate sustainable design and construction techniques?	Yes	<p>The Proposed Development will incorporate sustainable design and construction techniques.</p> <p>Both the residential and hotel have dedicated cycle parking which is compliant with local and regional parking standards and encourages adoption of sustainable and green travel.</p> <p>In line with the above philosophy, the application of low energy lighting and passive improvements to building fabric are proposed.</p> <p>The primary method for heating, cooling and providing hot water uses air source heat-pump technology to limit pollution from fossil fuel boilers whilst maximising the heat / cooling output for energy used. Ensuring the GLA target is met.</p> <p>The Proposed Development has been designed to minimise CO₂ emissions associated with their operational energy consumption.</p> <p>Construction materials will be selected with sustainability in mind, with the aim to efficiently use of natural resources and consider potential environmental impacts.</p>	+ve	N/A
11. Climate Change					
11.1	Does the proposal incorporate renewable energy?	Yes	<p>The Proposed Development includes LZC (low and zero carbon) technologies, air source heat-pump provisions for both the hotel and residential unit. This includes the use of air source heat-pump for providing hot water. Thus, eliminating the need for fossil-fuel and supporting the decarbonising of the grid supplied electricity.</p> <p>Photo-voltaic panels (PV) have been considered but due to the limited available roof space this technology is not deemed suitable for the Proposed Development.</p>	+ve	N/A

	Assessment Criteria	Relevant?	Details/Evidence	Potential Health Impact?	Recommended Mitigation or Enhancement Measures
11.2	Does the proposal ensure that buildings and public spaces are designed to respond to winter and summer temperatures, i.e. ventilation, shading and landscaping?	Yes	<p>The Proposed Development has been designed with passive energy reduction measures in place, and include thermal insulation, air tightness, maximising daylighting, and passive solar gain.</p> <p>The residential unit incorporates a centralised air source heat pump to provide space heating, hot water generation and tempered cooling.</p> <p>The commercial hotel space will include a variable refrigerant flow system, providing simultaneous space heating and cooling, with mechanical ventilation with heat recovery to provide the fresh air requirements to the building.</p> <p>The design has considered the impacts of varying temperatures and included measures to manage these variations within the commercial part of the Proposed Development.</p> <p>The Proposed Development provides new planting areas in the landscaped front square and terraced areas.</p>	+ve	N/A
11.3	Does the proposal maintain or enhance biodiversity?	Yes	<p>A new private south and west facing terrace is proposed as amenity space for the residential unit. This will be planted and landscaped providing a biodiverse green roof.</p> <p>The proposed landscaping measures will provide an improvement upon the existing situation, thus enhancing existing biodiversity on-site.</p>	+ve	
11.4	Does the proposal incorporate sustainable urban drainage techniques?	Yes	<p>The proposed surface water drainage strategy for the site has been developed to utilise sustainable drainage techniques (SuDS) to attenuate surface water at source and reduce the risk of downstream flooding of the Thames Water sewer network in the local area. The Proposed Development provides a biodiverse green roof within the private residential unit.</p>	+ve	N/A

6. Conclusions

- 102.** This Rapid HIA has been prepared in line with relevant legislation, policy and guidance. A baseline review has identified information relating to the following 11 key determinants of health:
1. Housing Quality and Design;
 2. Access to Healthcare Services and other Social Infrastructure;
 3. Access to Open Space and Nature;
 4. Air Quality, Noise and Neighborhood Amenity;
 5. Accessibility and Active Travel;
 6. Crime Reduction and Community Safety;
 7. Access to Healthy Food;
 8. Access to Work and Training;
 9. Social Cohesion and Lifetime Neighborhoods;
 10. Minimising the Use of Resources; and
 11. Climate Change.
- 103.** The health impacts relating to the above 11 health determinants have been assessed against the Proposed Development, in the context of the site location, using the 'HUDU Rapid Health Impact Assessment Matrix'. Impacts on the future residents of the Proposed Development, and the local community, have been identified and are detailed in the Assessment Matrix in Section 5 of this HIA.
- 104.** The primary health benefits identified, include but are not limited to:
- The new 70-keys hotel and retail (Use Class A1) unit;
 - The replacement of the existing fast-food takeaway unit (Use Class A5) on-site with an A1 retail unit;
 - The new wheelchair accessible two-bedroomed residential unit;
 - Well-designed accessible spaces within the Proposed Development, that cater for the needs of the disabled as well as for the able-bodied;
 - Improvement of the existing site, with better quality spaces provided;
 - The inclusion of LZC technologies, air source heat-pump provisions for both the hotel and residential unit. This includes the use of air source heat-pump for providing hot water. Thus, eliminating the need for fossil-fuel and supporting the decarbonising of the grid supplied electricity;
 - The provision of short-stay and long-stay cycle parking spaces in line with local and regional policy to further encourage the use of sustainable travel;
 - The provision of a new private south and west facing terrace as amenity space for the residential unit. This will be planted and landscaped providing a biodiverse green roof; and
 - The jobs that will be created during the construction phase, and when the Proposed Development is complete and occupied.
- 105.** A number of measures have been developed as part of the Proposed Development to promote health and wellbeing which include: implementation of the Residential Travel Plan to promote sustainable travel for the residents of the Proposed Development; complementary First-Aid training of security operatives on-site during the construction works; implementation of a construction logistics plan and a Construction and environmental management plan to reduce adverse health risks from demolition and construction activities.

Appendix A Policy and Legislation Summary

The Localism Act 2011

1. The Localism Act 2011 is an Act to “make provision about the functions and procedures of local and certain other authorities; to make provision about the functions of the Commission for Local Administration in England; to enable the recovery of financial sanctions imposed by the Court of Justice of the European Union on the United Kingdom from local and public authorities; to make provision about local government finance; to make provision about town and country planning, the Community Infrastructure Levy and the authorisation of nationally significant infrastructure projects; to make provision about social and other housing; to make provision about regeneration in London; and for connected purposes.”
2. In short, the Act enshrines the ‘neighbourhood plan’, a new layer of development plan. Neighbourhood Development Plans are initiated by communities and become part of the Local Plan and the policies contained within them are then used in the determination of planning applications. Neighbourhood Development Orders and Community Right to Build Orders allow communities to grant planning permission either in full or in outline for the types of development they want to see in their areas.

Health and Social Care Act 2012

3. “An Act to establish and make provision about a National Health Service Commissioning Board and clinical commissioning groups and to make other provision about the National Health Service in England; to make provision about public health in the United Kingdom; to make provision about regulating health and adult social care services; to make provision about public involvement in health and social care matters, scrutiny of health matters by local authorities and co-operation between local authorities and commissioners of health care services; to make provision about regulating health and social care workers; to establish and make provision about a National Institute for Health and Care Excellence; to establish and make provision about a Health and Social Care Information Centre and to make other provision about information relating to health or social care matters; to abolish certain public bodies involved in health or social care; to make other provision about health care; and for connected purposes.”
4. The Health and Social Care Act 2012 was introduced following the Health and Social Care Bill 2011 . The Act was established in order to promote and improve the NHS.

National Planning Policy Framework (2019)

5. The National Planning Policy Framework (NPPF), which was adopted in February 2019, sets out the Government’s planning policies for England and how these are expected to be applied. The NPPF provides a framework for which local people and their respective councils can produce their own local and neighbourhood plans, which are relevant to the needs and priorities of their communities.
6. The achievement of sustainable development is a key theme within the NPPF, and the three key themes to sustainable development (economics, social and environmental) are present throughout the NPPF. The NPPF states that the following objectives are required from the planning system when considering the social dimension of sustainable development: “...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 a well-designed and safe built environment, with accessible services and open spaces that reflect current and future needs and support communities’ health, social and cultural well-being”.
7. Section 8 of the NPPF revolves around ‘Promoting Healthy and Safe Communities’. This section of the NPPF states that:

“Planning policies and decisions should aim to achieve healthy, inclusive and safe places which:

- promote social interaction, including opportunities for meetings between people who might not otherwise come into contact with each other – for example through mixed-use developments, strong neighbourhood centres, street layouts that allow for easy pedestrian and cycle connections within and between neighborhoods and active street frontages;
- are safe and accessible, so that crime and disorder, and the fear of crime, do not undermine the quality of life or community cohesion – for example through the use of clear and legible pedestrian routes, and high-quality public space, which encourage the active and continual use of public areas; and
- 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.”

Planning Practice Guidance (2014)

Health and Wellbeing

8. The Planning Practice Guidance (PPG) is an online resource which collates planning guidance on various topics into one place. The PPG was launched in March 2014.
9. Of relevance to Health and Wellbeing (updated 2017), the PPG states that “Local planning authorities should ensure that health and wellbeing, and health infrastructure are considered in local and neighbourhood plans and in planning decision making...”
10. The PPG provides guidance on a range of health and wellbeing issues, including: the links between health and planning, and how to effectively incorporate these into local plans, development proposals etc.; how planning can help create a healthier food environment; who the main health organisation are that a local authority should contact; how the health and well-being and health infrastructure should be considered in planning decision making; and what a healthy community is.

The London Plan – The Spatial Development Strategy for London, Consolidated with Alterations Since 2011

11. The London Plan was updated in March 2016 from the previous 2011 London Plan. The London Plan is the strategic plan for London with sets out the framework for the development of London over the next 20-25 years. Health and wellbeing is a constant theme throughout the London Plan Policies of specific relevance to health and wellbeing include:

‘Policy 3.1 Ensuring equal life chances for all’

12. This policy aims to strengthen the already existing diversity of London, and to ensure that Londoners from all backgrounds have equal opportunities in life. The key means to achieving this aim include: includes helping people, groups or communities to find common grounds on how they can develop and sustain cohesive communities; making London more ‘age-friendly’; and understanding the key barriers to success, and individuals reaching their potential, so as to tackle these issues.

‘Policy 3.2 Improving Health and Addressing Health Inequalities’

13. This policy details that the Mayor will work in conjunction with the NHS in London, boroughs and the community and voluntary centre to improve health and reduce health inequalities. Part D of the policy states that “*New developments should be designed, constructed and managed in ways that improve health and promote healthy lifestyles to help to reduce health inequalities.*”

‘Policy 7.1 Lifetime Neighbourhoods’

14. As stated in Paragraph 7.4A of this policy of the London Plan:

“Three principles have been developed to help frame the concept of lifetime neighbourhoods as places

where people at all stages of their lives:

- can get around – neighbourhoods which are well-connected and walkable;
 - as far as possible, can have a choice of homes, accessible infrastructure and services, places to spend time and to work, with a mix of accessible and adaptable uses; and
 - belong to a cohesive community which fosters diversity, social interaction and social capital.”
15. This policy advises that development should be designed with social and community infrastructure in mind, and that development should help reinforce or enhance the character, legibility permeability of the neighbourhood.
16. This policies in Chapter 7 of The London Plan provide the context within which the targets set out in other chapters of the Plan should be met.
17. Other London Plan policies relevant to the HIA include, but are not limited to: ‘Policy 3.5 Quality and Design of Housing Development’; ‘Policy 3.9 Mixed and Balanced Communities’; ‘Policy 3.16 Protection and Enhancement of Social Infrastructure’; ‘Policy 4.12 Improving Opportunities for All’; and ‘Policy 7.2 An Inclusive Environment’.

The Draft New London Plan – Consolidated Suggested Changes Version July 2019

18. The Draft New London Plan was published for consultation in December 2017. The Examination in Public (EiP) commenced on 15 January 2019. The final Plan will take account of the comments received during the consultation process and the recommendations of the panel that conduct the Examination in Public. It is anticipated that the plan will be published and adopted in 2019. As the Plan is due to be adopted this year, the HIA has given weight to the draft policies outlined within the Plan. The key ones of which are outlined below.

Policy GG1 Building strong and inclusive communities

19. This policy puts onus on those involved in planning and development to seek to ensure that London continues to generate a wide rand of economic and other opportunities that everyone is able to benefit from, as well as ensuring that good quality services, public places and open space, buildings and streets are designed well, to promote and build strong and inclusive communities.

Policy GG3 Creating a healthy city

20. This policy states that “To improve Londoners’ health and reduce health inequalities, those involved in planning and development must:
- A) Ensure that the wider determinants of health are addressed in an integrated and co-ordinated way ...;
 - B) Promote more active and healthy lives for all Londoners...;
 - C) Use the Healthy Streets Approach to prioritise health in all planning decisions;
 - D) Assess the potential impacts of development proposals and development plans on the mental and physical health and wellbeing of communities ...for example through the use of Health Impact Assessments;
 - DA) plan for appropriate health and care infrastructure to address the needs of London’s changing and growing population;
 - DB) seek to improve London’s air quality, reduce public exposure to poor air quality and minimise inequalities in levels of exposure to air pollution.
 - E) Plan for improved access to and quality of green spaces, the provision of new green infrastructure, and space for play, recreation and sports;

F) Ensure that new buildings are well-insulated and sufficiently ventilated to avoid the health problems associated with damp, heat and cold.

G) Seek to create a healthy food environment, increasing the availability of healthy food and restricting unhealthy options.”

Fair Society, Healthy Lives (the Marmot Review) (2010)

21. The Marmot Review, published in 2010, was undertaken by Prof. Sir Michael Marmot in 2008. The Review is an independent review aimed at proposing the most cost-effective evidence-based strategies for reducing health inequalities in England. The Review had four main tasks:

- “Identify, for the health inequalities challenge facing England, the evidence most relevant to underpinning future policy and action
- Show how this evidence could be translated into practice
- Advise on possible objectives and measures, building on the experience of the current PSA target on infant mortality and life expectancy
- Publish a report of the Review’s work that will contribute to the development of a post- 2010 health inequalities strategy”

22. The review states that reducing health inequalities will require action on six policy objectives:

- “Give every child the best start in life
- Enable all children young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention”

Healthy Lives, Healthy People: Our strategy for Public Health in England (2010)

23. This document focuses on public health in England, with regard to its current state, and the commitment to protecting the population from serious health threats; helping people live longer, healthier and more fulfilling lives; and improving the health of the poorest, fastest.

24. This document was produced in response to The Marmot Review, and adopts its framework for tackling the wider social determinants of health.

25. As stated in paragraph 7 of the document, “...People living in the poorest areas will, on average, die 7 years earlier than people living in richer areas and spend up to 17 more years living with poor health. They have higher rates of mental illness; of harm from alcohol, drugs and smoking; and of childhood emotional and behavioural problems. Although infectious diseases now account for only 1 in 50 deaths, rates of tuberculosis and sexually transmitted infections (STIs) are rising and pandemic flu is still a threat.”

Camden’s Joint Strategic Needs Assessment (JSNA) 2015/16

26. The JSNA is a continual process of pulling together a wide range of information about the health and social care needs of people in Camden. JSNA projects focus on individual topics, such as Population (e.g. life expectancy), particular health problems (e.g. cardiovascular disease), unhealthy lifestyles (e.g. smoking), sexual health (e.g. STI’s) and specific groups of the population with additional need (e.g. people with learning disabilities).

27. The findings of JSNA work are published online through the council website by the health and

wellbeing board, which summarises JSNA findings, factsheets and needs assessment reports.

28. The JSNA provides key information as a basis for the improvement of existing services and planning of future services, with the ultimate aim of improving health and wellbeing of people in the LBC.

Camden's Joint Health and Wellbeing Strategy Refresh (2019)

29. The LBC's Joint Health and Wellbeing Strategy aims to build on the achievements and aspiration of Camden's Health and Wellbeing Board. The Strategy is split into various chapters with carefully selected actions, which will be reviewed on an annual basis: 'Healthy Weight, Healthy Lives', which recognises the impacts of obesity and the need to maintain a healthy lifestyle; 'Live Well', which tackles the four main unhealthy behaviours of smoking, overconsumption of alcohol, poor diet and lack of physical activity, and poor emotional and mental wellbeing; and 'Age Well', which recognises the disparity between the number of people in the borough living longer with a diminished quality of life.

Camden Local Plan (2017)

30. The Local Plan was adopted by the LBC. The Council's Local Plan sets the policies and guidance for the development of the LBC up to 2031, and identifies where the main developments will take place, and how places within the borough will change, or be protected from change.
31. The policies set out in the Local Plan follow the approach of the presumption in favour of sustainable development and show how it is expressed locally. The Plan states that the Council will ensure that planning applications that accord with policies in the adopted Local Plan and the London Plan will be approved without delay, unless material considerations indicate otherwise.
32. The Local Plan has three inter-related strategic objectives of 'reducing inequality and improving health and wellbeing', 'creating conditions for and harnessing the benefits of economic growth' and 'investing in communities and ensuring sustainable neighbourhoods'. These three strategic objectives form the basis of the Local Plan Strategic Vision, which describes what the borough will be like in 2031.
33. Policy C1 Health and Wellbeing of the Local Plan discusses that the council will require; A) "developments to positively contribute to creating high quality, active, safe and accessible places" and B) "major development schemes to include a Health Impact Assessment must be submitted".

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Project Reference: TEC0094

