

Oriel

Social, Economic and Health Impact Report

Incorporating:

Economic Impact Assessment
Employment and Skills Strategy
Social Impact Assessment
Health Impact Assessment
Equalities Impact Assessment
Academic Needs Assessment

October 2020

File: ORL-INF-XX-XX-RP-PL-210-Social, Economic and Health Impact Report



Oriel
Creating the centre for
advancing eye health



Moorfields
Eye Hospital
NHS Foundation Trust



Moorfields
Eye Charity



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**Moorfields
Eye Hospital**
NHS Foundation Trust



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**Moorfields
Eye Charity**

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Executive Summary



Knowledge & Health

- Bringing together clinical care, research and education expertise in one flexible integrated facility.
- The reduction of preventable vision loss through innovation leading to more effective treatments and better access to world-class services through expanded capacity.
- Encouraging collaboration between patients, clinicians and researchers to enable greater innovation in delivering optimal care, research and education.



Construction

- Investment in construction of circa £79.9 million.
- 512 Full Time Equivalent Construction Jobs (with opportunities for some 2,231 contract workers).
- Opportunities for training and apprentices.



Employment

- The provision of approximately 1,367 to 1,461 jobs.
- Maximise employment and training opportunities for people and businesses, whilst also ensuring equal opportunities for local people.
- Support Camden's STEAM Commission, and its role in developing creative, digital and scientific career opportunities.



Regeneration

- Inclusive, attractive and welcoming urban landscape and environment.
- Creating a new public realm that welcomes the public into the heart of the building and reinforces the new centre's sense of place.
- Creating a place of collaboration and interaction between staff, students, patients and the public.
- Meeting changing needs through an adaptable building that is inherently flexible and future proof.

1. Introduction

Background

- 1.1 This Report has been prepared by Jones Lang LaSalle ('JLL') on behalf of Moorfields Eye Hospital NHS Foundation Trust ('Moorfields'), UCL Institute of Ophthalmology ('IoO') and Moorfields Eye Charity ('MEC') to support an application for Full Planning Permission for the proposed development at Plot 1 St Pancras Hospital, 4 St Pancras Way, London NW1 0PE.
- 1.2 This Report provides a comprehensive assessment of the social, economic and health impacts of the proposed development, with chapters directly addressing the London Borough of Camden's (LBC) distinct validation requirements. JLL recognises that social, economic and health factors are inherently interconnected and therefore the amalgamation of these assessments into one report ensures consistent and comprehensive analysis of the proposed development. This approach was agreed with Camden officers at a pre-application meeting on 19 August 2020.

Structure of the Report

- 1.3 This Report will be structured as follows:
- Section two assesses the planning policy context;
 - Section three assesses the current baseline conditions of the Site and surrounding area;
 - Section four assesses the economic impact of the development;
 - Section five outlines the proposed employment and skills strategy;
 - Section six assesses the social impact of the development;
 - Section seven provides a health impact assessment for the proposed development;
 - Section eight sets out the equalities impact assessment;
 - Section nine assesses the academic needs case;
 - Section ten provides a summary and conclusions.

Oriel

- 1.4 The proposed Oriel development seeks to co-locate Moorfields City Road hospital and the UCL IoO (referred to as the 'Moorfields at City Road') into a purpose-built, integrated facility at the St Pancras Hospital ('SPH') site. The new building will bring together clinical care, research and education expertise in one flexible integrated centre.
- 1.5 The formal description of development for which planning permission is sought is:

“Demolition of one and two storey hospital buildings (Ash House, Bloomsbury Day Hospital, the Camley Centre, Jules Thorn Day Hospital, Kitchen Building and the Post Room & Mortuary) and construction of a part seven,

part ten storey purpose-built eyecare, medical research and educational facility for Moorfields Eye Hospital, the UCL Institute of Ophthalmology and Moorfields Eye Charity.

New building to comprise a mixture of the following uses: clinical, research and education purposes, including accident and emergency (A&E) department, outpatients, research areas, operating theatres, education space, café and retail areas, facilities management, admin space and plant space.”

1.6 Planning permission is sought for:

- Demolition of the existing one and two storey hospital buildings (Ash House, Bloomsbury Day Hospital, Camley Building, Jules Thorn Day Hospital, Kitchen Building and Post Room & Mortuary);
- Efficient use of a central London brownfield site through the erection of a single replacement building comprising part seven, part ten storey, plus enclosed plant;
- Provision of 29,683.7 sqm GIA of purpose-built eyecare, research and education centre for Moorfields, UCL IoO and MEC;
- Introduction of 303 sqm GIA retail floorspace at lower ground and ground levels that is publicly accessible;
- Dedicated vehicular drop-off on St Pancras Way;
- The built form comprises two wings of accommodation around a central atrium – ‘the Oriel’ which provides an extension of the public realm at lower ground and floor, as well as a main vertical circulation space;
- Improve the quality of public realm and remove the high retaining wall to create permeable routes through the site;
- A south facing roof terrace on the sixth floor of the building for use by staff and students;
- Dedicated off-street servicing;
- Provision 390 long stay cycle parking spaces and 112 short stay cycle parking spaces; and
- A car free development, with 3 disabled parking spaces.

Oriel Partners

1.7 Oriel is a joint initiative between Moorfields Eye Hospital NHS Foundation Trust (‘Moorfields’), UCL Institute of Ophthalmology (‘IoO’) and Moorfields Eye Charity (‘MEC’).

Moorfields Eye Hospital NHS Foundation Trust (Moorfields)

1.8 Moorfields is the leading provider of eye health services in the UK and an international centre of excellence for ophthalmic research and education. Moorfields reputation for providing the highest quality of ophthalmic care has developed over 200 years. Moorfields’ focus is the treatment and care of NHS patients with a wide range of eye problems, from common complaints to rare conditions that require treatment not

available elsewhere in the UK. The volume and variety of conditions treated by Moorfields clinicians means that many have a unique range of skills and knowledge.

- 1.9 Moorfields treats people in 30 locations in and around London, enabling provision of first-class care and treatment in the community. Patients are assessed, diagnosed, treated and are able to go home the same day, without being admitted into hospital overnight.

UCL Institute of Ophthalmology ('IoO')

- 1.10 The UCL IoO has a reputation for outstanding research in fundamental and applied vision science and eye disease with key strengths in visual processing, the psychology of vision, molecular and cellular basis of eye disease, translational and experimental ophthalmology and, with Moorfields, clinical studies. The UCL IOO conducts cutting-edge science, attracting researchers and academics of the highest international calibre.
- 1.11 Education and training are also crucial aspects of the work of both the UCL IOO and Moorfields with many of the current key figures in vision and eye research and ophthalmology having spent time lecturing at one or both organisations.

Moorfields Eye Charity (MEC)

- 1.12 MEC evolved through the merging of various charitable and philanthropic activities connection to Moorfields, founded in 2011 and completed in April 2017. The MEC provides financial support to Moorfields, supporting building projects, new equipment, pioneering researching, training opportunities, development of Moorfields staff to ensure the care they provide is outstanding, public education about eye health, and improving the experience for Moorfields patients and their families.
- 1.13 The relationship between Moorfields and UCL with the support of the MEC and the Institute of Ophthalmology is symbiotic. The parties work together to improve the experience for their patients, staff and students across a whole range of activities.



2. Relevant Planning Policy Context

National Planning Policy

- 2.1 The updated National Planning Policy Framework (NPPF) was published in February 2019 and sets out the Government's planning policies for England.
- 2.2 The NPPF provides a framework for achieving sustainable development, which has been summarised as “meeting the needs of the present without compromising the ability of future generations to meet their own needs” (Resolution 42/187 of the United Nations General Assembly). At the heart of the framework is a presumption in favour of sustainable development.
- 2.3 The document states that the planning system has three overarching objectives which are interdependent and need to be pursued in mutually supportive ways:
- a) *An economic objective – to help build a strong, responsive and competitive economy, by ensuring that sufficient land of the right types is available in the right places and at the right time to support growth, innovation and improved productivity; and by identifying and coordinating the provision of infrastructure;*
 - b) *A social objective – to support strong, vibrant and healthy communities, by ensuring that a sufficient number and range of homes can be provided to meet the needs of present and future generations; and by fostering 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; and*
 - c) *An environmental objective – to contribute to protecting and enhancing our natural, built and historic environment; including making effective use of land, helping to improve biodiversity, using natural resources prudently, minimising waste and pollution, and mitigating and adapting to climate change, including moving to a low carbon economy.*
- 2.4 Paragraph 80 sets out that “Planning policies and decisions should help create the conditions in which businesses can invest, expand and adapt. Significant weight should be placed on the need to support economic growth and productivity, taking into account both local business needs and wider opportunities for development. The approach taken should allow each area to build on its strengths, counter any weaknesses and address the challenges of the future. This is particularly important where Britain can be a global leader in driving innovation, and in areas with high levels of productivity, which should be able to capitalise on their performance and potential.”
- 2.5 Paragraph 82 adds that “Planning policies and decisions should recognise and address the specific locational requirements of different sectors. This includes making provision for clusters or networks of knowledge and data-driven, creative or high technology industries; and for storage and distribution operations at a variety of scales and in suitably accessible locations.”
- 2.6 Paragraph 91 sets out that “Planning policies and decisions should aim to achieve healthy, inclusive and safe places which:
- a) *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 neighbourhoods, and active street frontages;

b) 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

c) 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.

1.1 Paragraph 92 goes on to say that in order “to provide the social, recreational and cultural facilities and services the community needs, planning policies and decisions should:

- a) plan positively for the provision and use of shared spaces, community facilities (such as local shops, meeting places, sports venues, open space, cultural buildings, public houses and places of worship) and other local services to enhance the sustainability of communities and residential environments;*
- b) take into account and support the delivery of local strategies to improve health, social and cultural well-being for all sections of the community;*
- c) guard against the unnecessary loss of valued facilities and services, particularly where this would reduce the community’s ability to meet its day-to-day needs;*
- d) ensure that established shops, facilities and services are able to develop and modernise, and are retained for the benefit of the community; and*
- e) ensure an integrated approach to considering the location of housing, economic uses and community facilities and services.”*

2.7 Paragraph 96 established that “Access to a network of high quality open spaces and opportunities for sport and physical activity is important for the health and well-being of communities”.

2.8 Paragraph 122 (e) sets out “Planning policies and decisions should support development that makes efficient use of land, taking into account the importance of securing well-designed, attractive and healthy places”.

2.9 Section 12 of the NPPF is committed to achieving well-designed places. Paragraph 124 stipulates that the creation of high-quality buildings and places is fundamental to what the planning and development process should achieve and that good design is a key aspect of sustainable development, creating better places in which to live and work and helps make development acceptable to communities.

Regional Planning Policy

The London Plan: The Spatial Development Strategy for London Consolidated with Alterations since 2011 (2016)

2.10 The London Plan is the overall strategic plan for London. It sets out a fully integrated economic, environmental, transport and social framework for the development of the capital to 2036 and forms part of the Development Plan for Greater London.

- 2.11 Policy 2.9 (Inner London) seeks to ensure that the potential of inner London is realised in a way that sustains and enhances its economic and demographic growth whilst also improving its distinct environment, neighbourhoods and public realm. It also seeks to ensure an improving quality of life and health for those living, working, studying and visiting.
- 2.12 Policy 3.1 (Ensuring Equal Life Chances for All) sets out that development proposals should protect and enhance facilities and services that meet the needs of particular groups and communities. Proposal involving loss of these facilities without adequate justification or provision for replacement should be resisted.
- 2.13 Policy 3.2 (Improving Health and Addressing Health Inequalities) requires developments to be designed, constructed and managed in way that improve and promote healthy lifestyles to help to reduce health inequalities.
- 2.14 Policy 3.16 (Protection and Enhancement of Social Infrastructure) sets out that development proposals which provide high quality social infrastructure will be supported in light of local and strategic social infrastructure needs assessments. Proposals which would result in a loss of social infrastructure in areas of defined need for that type of social infrastructure without realistic proposals for re-provision should be resisted. The suitability of redundant social infrastructure premises for other forms of social infrastructure for which there is a defined need in the locality should be assessed before alternative developments are considered. Proposed facilities should be accessible to all sections of the community (including disabled and other people) and be located within easy reach by walking, cycling and public transport. Wherever possible the multiple use of premises should be encouraged.
- 2.15 Policy 3.17 (Health and Social Care Facilities) indicates that development proposals which provide high quality health and social care facilities will be supported in areas of identified need, particularly in places easily accessible by public transport, cycling and walking. Where local health services are being changed, the Mayor will expect to see replacement services operational before the facilities they replace are closed, unless there is adequate justification for the change. Relevant development proposals should take into account the Mayor's Best Practice Guidance on Health Issues in Planning.
- 2.16 Policy 3.18 (Education Facilities) sets out that development proposals which enhance education and skills provision will be supported, including new build, expansion of existing or change of use to educational purposes. Proposals which result in the net loss of education facilities should be resisted, unless it can be demonstrated that there is no ongoing or future demand. Development proposals that encourage co-location of services should be encouraged in order to maximise land use and reduce costs.
- 2.17 Policy 4.1 (Developing London's Economy) seeks to promote and enable the continued development of a strong, sustainable and increasingly diverse economy across all parts of London, ensuring the availability of sufficient and suitable workspaces in terms of type, size and cost.
- 2.18 Policy 7.1 (Lifetime Neighbourhoods) indicates that developments should be designed so that the layout, tenure and mix of uses interface with the surrounding land. Development should enable people to live healthy lives and contribute towards people's sense of place, safety, and security. The design of buildings and their surroundings should reinforce or enhance the character, legibility, permeability, and accessibility of the neighbourhood.

- 2.19 Policy 7.2 (An Inclusive Environment) requires the principles of inclusive design to have been integrated into the proposed development. The Mayor promotes world-class, high quality architecture and design. A Design and Access Statement should be submitted in support of a planning application to demonstrate the above.
- 2.20 Policy 7.3 (Designing Out Crime) stipulates that development should be consistent with the principles of ‘Secured by Design’, ‘Designing out Crime’ and ‘Safer Places’ guidance to create safe, secure, and appropriately accessible environments where crime and disorder and the fear of crime do not undermine quality of life or community cohesion. Developments should reduce the opportunities for criminal behaviour and contribute to a sense of security without being overbearing or intimidating.

Mayor of London’s Social Infrastructure SPG (2015)

- 2.21 This Supplementary Planning Guidance, adopted in May 2015, describes a HIA as a practical decision-making tool that enables the potential positive and negative impacts of a proposal on health and wellbeing to be considered in a consistent, systematic and objective way.
- 2.22 The SPG sets out the different types of HIA and when to use each type. HIAs are commonly categorised as ‘full’, ‘rapid’ or ‘desktop’:
- Full: A ‘full’ HIA involves comprehensive analysis of all potential health and wellbeing impacts. It can be demanding in time and resources e.g. requiring an extensive evidence search, expert analysis and primary data collection (including qualitative feedback from local residents and other stakeholders).
 - Rapid: A ‘rapid’ HIA is a less resource-intensive process, involving a more focused investigation of health impacts, and usually takes days or weeks to complete (but still considers both quantitative and qualitative evidence sources, including some consultation with local stakeholders).
 - Desktop: The ‘desktop’ HIA draws on existing knowledge and evidence to complete the assessment, often using published ‘checklists’ developed for this purpose.

2.23 The SPG stipulates that the type of HIA required should be proportionate to the size of the plan or project type and its likely implications for health and social infrastructure. The SPG also provides a suggested approach for deciding when to use different types of HIA.

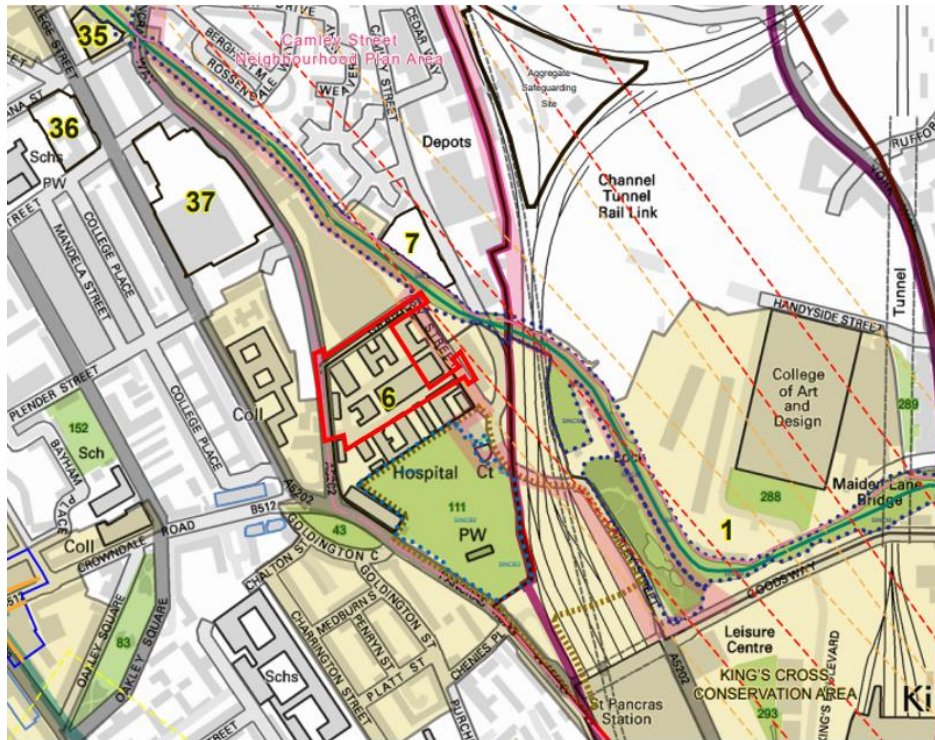
2.24 A Desktop HIA is considered the most appropriate for the Oriel development because it does not include a major infrastructure project nor is it expected to have an overall detrimental impact on the local environment.

Local Planning Policy

Policies Map

- 2.25 LBC adopted their Policies in Map in 2017. The Policies Map reveals the site to be subject to the following site-specific planning designations:
- Site Allocation Proposal Site 6: 4 St Pancras Way (St Pancras Hospital) – mixed-use development comprising health and medical related uses and/or residential development and other complementary uses.

- Kings Cross / St Pancras Conservation Area.



36 Site Allocations proposal site
 Conservation Area

Figure 2.3: Extract from LBC Proposal Map

- 2.26 There are no listed buildings within the site. Seventeen Certificates of Immunity from Listing (COIL) were issued by Historic England in respect of the St Pancras Hospital site, and all seventeen expired on 24th August 2020.
- 2.27 Immediately to the south of the St Pancras Hospital Site lies the St Pancras Gardens, which is a Grade II Registered Park and Garden, it contains a number of listed tomb structures, including the Grade I Listed tomb of Sir John Soane and the Grade II* listed Burdette-Coutts Memorial Sundial.
- 2.28 Also, to the south is the Grade II Listed St Pancras Old Church. These gardens are also designated as public open space, a Borough Grade 2 Site of Importance for Nature Conservation and form part of an Archaeological Priority Area. In addition, the Grade II Listed St Pancras Coroner’s Court lies to the south of the St Pancras Hospital Site, on the Eastern side of the gardens abutting Granary Street.
- 2.29 The Environment Agency’s Flood Map for Planning shows that the site is located in Flood Zone 1 (Low Probability) which is defined as land having a less than 1 in 1,000 annual probability of river or sea flooding.
- Camden Local Plan
- 2.30 Policy C1 (Health and Wellbeing) seeks to improve and promote strong, vibrant and healthy communities through ensuring a high-quality environment with local services to support health, social and cultural wellbeing and reduce inequalities. Measures that will help contribute to healthier communities and reduce health inequalities must be incorporated into developments, where appropriate. LBC require developments

to positively contribute to creating high quality, active, safe and accessible places. Proposals for major development schemes should include a Health Impact Assessment (HIA). Policy C1 supports the provision of new or improved health facilities in line with Camden's Clinical Commissioning Group and NHS England requirements.

- 2.31 Policy C2 (Community Facilities) sets out that the Council will work with its partners to ensure that community facilities and services are developed and modernised to meet the changing needs of the community. The Council will support the investment plans of educational, health, scientific and research bodies to expand and enhance their operations, taking into account the social and economic benefits they generate for Camden, London and the UK. In assessing such proposals, the Council will also balance the impact that proposals may have on residential amenity and transport infrastructure. Development proposals should seek to ensure inclusion of measures which address the needs of community groups and foster community integration.
- 2.32 Policy C5 (Safety and Security) aims to make Camden a safer place. This policy requires developments to demonstrate that they have incorporated design principles which contribute to community safety and security. Where a development has been identified as being potentially vulnerable to terrorism, the Council expect counter-terrorism measures to be incorporated into the design of buildings and associated public areas to increase security.
- 2.33 Policy C6 (Access of all) seeks to promote fair access and remove the barriers that prevent everyone from accessing facilities and opportunities. All buildings and places should meet the highest practicable standards of accessibility and inclusive design so that they can be used safely, easily and with dignity by all. Facilities should be located in the most accessible parts of the borough and spaces/routes between buildings should be designed to be fully accessible. In addition, policy encourages facilities to be accessible via public transport and secure car parking should be provided for disabled people.
- 2.34 Policy E1 (Economic Development) seeks to secure a successful and inclusive economy in Camden by creating conditions for economic growth and harnessing the benefits for local residents and businesses. This policy seeks to support businesses of all sizes, in particular start-up and small and medium enterprises ('SMEs') This policy supports the development of Camden's health and education sectors and promotes the development of the Knowledge Quarter. New office development is directed to the growth areas, Central London and the town centres.
- 2.35 Policy E2 (Employment Premises and Sites) encourages the provision of employment premises and sites in the borough. LBC will consider higher intensity redevelopment of premises or sites that are suitable for continued business provided that: the level of employment floorspace is increased or maintained , the redevelopment retains existing businesses on the site as far as possible in uses that support the local economy, any relocation of existing businesses will not cause harm to the local economy and will be a sustainable location, the proposed premises includes floorspace for start-ups and SMEs (such as managed workspace, where viable), the scheme would increase employment opportunities for local residents, the scheme includes other priority uses that do not prejudice business operations on the site and for larger employment sites, any redevelopment is part of a comprehensive scheme.
- 2.36 Policy DM1 (Delivery and Monitoring) sets out that the Council will work with relevant providers to ensure that necessary infrastructure is secured to support Camden's growth and provide the facilities needed for

the borough's communities. The Council will use planning contributions where appropriate to support sustainable development, secure infrastructure, facilities and services to meet the needs generated by development and to mitigate the impact of development. The Council will seek to secure appropriate scheme implementation and control phasing where necessary.

3. Baseline Assessment

Location of the Site

- 3.1 The Site is located within the administrative boundary of London Borough of Camden (LBC), within the ward of St Pancras and Somers Town, to the south-east of Camden.
- 3.2 The Site forms part of the wider St Pancras Hospital ('SPH') site and currently comprises six buildings located at the north west boundary. The existing SPH site is owned by Camden and Islington NHS Foundation Trust and provides a range of mental health related services.
- 3.3 The SPH site is bounded by Granary Street to the North and East, St Pancras Gardens to the South and St Pancras Way to the West. Further to the East lies the Regents Canal, which provides a link from the Paddington Arm of the Grand Union Canal, 500m north-west of Paddington Basin in the west, to the Limehouse Basin and the River Thames in east London
- 3.4 The site is well connected in terms of public transport and has an excellent Public Transport Accessibility Level ('PTAL') of 6b (measured on a scale of 0 to 6b, where 6b is the highest).
- 3.5 The Site is located within the 'Knowledge Quarter', a cluster of world leading life science and knowledge industry uses positioned along the Euston and Kings Cross area.



Figure 3.1: Aerial Image of the Site and Context (Source: Google)

Existing Use of the Site

3.6 The Site currently comprises six buildings occupied by the Camden and Islington NHS Foundation Trust. These comprise:

- Ash House – Rehabilitation and Recovery Inpatient Services
- Bloomsbury Day Hospital – Mental Health Assessment Services
- Camley Building – Complex Depression, Anxiety and Trauma Services
- Jules Thorn Day Hospital – South Camden Recovery Centre
- Kitchen Building
- Post Room & Mortuary Building

3.7 The existing mental health inpatient wards located on site are planned to move to a new, purpose-built facility next to the existing Highgate Mental Health Centre and the Whittington Hospital.

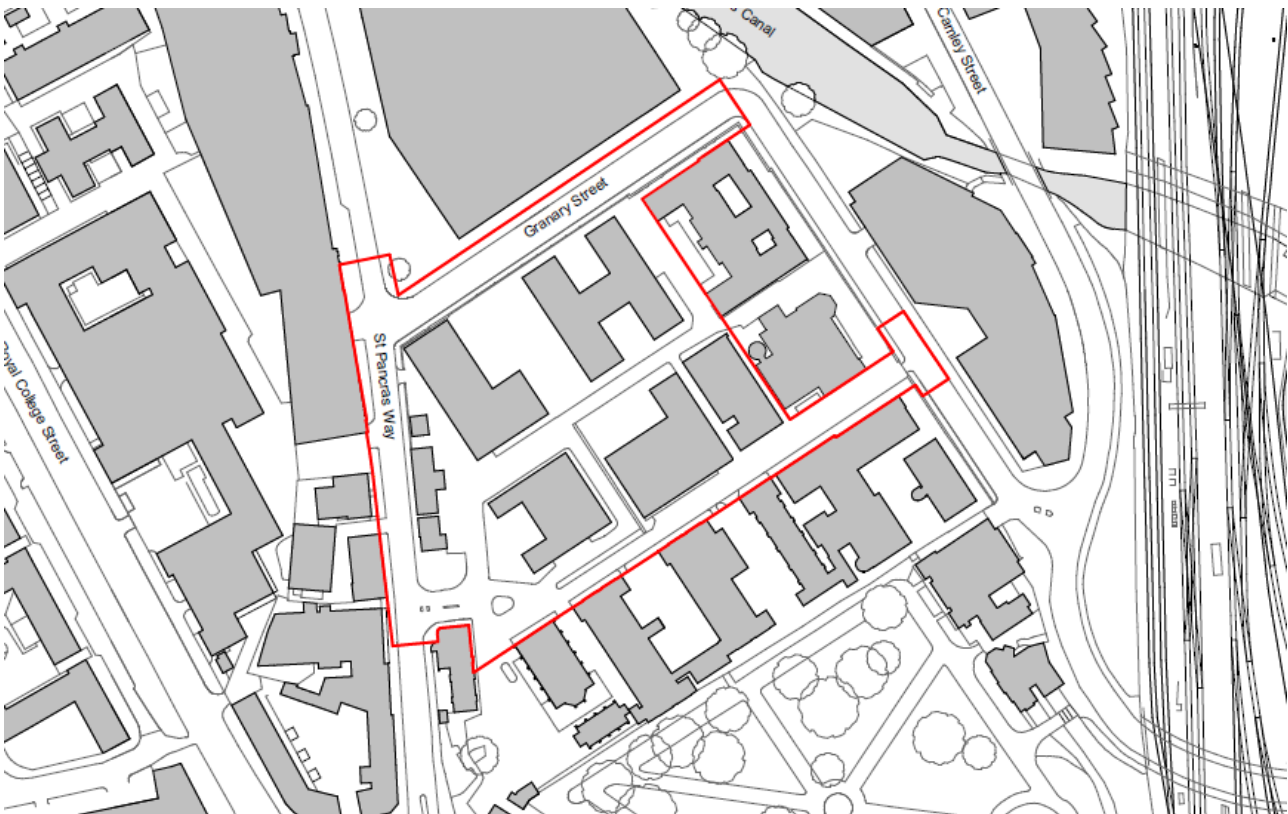


Figure 3.2: Red Line Plan (not to scale)

Demographics

Population

- 3.8 ONS mid-year (2019) population estimates reveal the current resident population of St Pancras and Somers Town ward to be approximately 18,000 people¹. The population density is 129 persons per hectare, ranking 10th highest in Camden. St Pancras and Somers Town's population is projected to increase by 5,400 (30.0%) over the next 10 years to 2029.
- 3.9 The ONS mid-year (2019) population estimate for the Borough of Camden is 270,000. The Borough's population is forecast to increase by 16,800 (6.6%) between 2020 and 2030.
- 3.10 As a central London borough, Camden experiences a high degree of population 'churn'. Camden has the 6th largest population churn in the UK, due to large migration in-and out-flows. In the year to mid-2019, ONS estimates total migration inflow to Camden of 40,700 people, a total outflow of 34,300, with the net effect of an additional 6,400 people.

Age and Gender

- 3.11 Camden's demographic profile is considered typical of a metropolitan city with a university presence. The Borough has a large proportion of students and younger adults, relatively few children and older people compared to the national average: 38% of residents are aged under 30, 65% are aged under 45. 16% of the population are children and young people aged under-18. The average age in Camden is 38.6 years, compared to 37.4 in London and 40.9 nationally.

Cultural Diversity

- 3.12 Camden's population is ethnically diverse. The 2011 Census revealed 34% of Camden residents were from black or minority ethnic groups (increased from 27% in 2001). A further 22% are non-British White residents including Irish and others originating mainly from English-speaking countries in the new world, the EU, Eastern Europe and beyond.
- 3.13 The 2011 Census revealed that in all Camden wards, at least 20% of the population is from black and minority ethnic groups; there are no wards in Camden where White groups form a minority.
- 3.14 Camden's largest communities with a distinctive cultural identity are the Bangladeshi, Black African and Irish communities, followed by Chinese and Indian. In common with other inner London boroughs, there are small but growing communities of migrants who are refugees or seeking asylum, as well as migrants resulting from EU enlargement.

Economic: Employment

- 3.15 Camden is home to the second highest number of businesses in London (after Westminster) and is 3rd highest in the UK. Camden contributes 7.6% of London's GVA and is the fourth highest contributor to GVA in London after the City (£69.1Bn); Westminster (£68.4Bn); and Tower Hamlets (£34.6Bn).
- 3.16 Estimates of equivalised household income for 2019 show that median gross household income in Camden was £36,053, 17% higher than the London average (£30,700). There are sizeable differences across Camden

¹ ONS, Population estimates for the UK mid-year, June 2019

wards however, with St Pancras and Somers Town ward ranking lowest for median gross household income (£24,674) and also lowest for mean household income (£29,371).

- 3.17 Employment growth in the borough is forecast to be good, though this may be at risk from the withdrawal from the EU and the effects of the Coronavirus pandemic. There are a high number of businesses in the borough - large employers to micro enterprises and Small to Medium Sized Enterprises (SMEs). Many of these businesses specialise in highly skilled, high value, employment such as those in Professional, Scientific & Technical and Information & Communication sectors.
- 3.18 The largest industrial sector in Camden is Professional, Scientific & Technical enterprises that make up 29% of enterprises in Camden, compared with 21% in London. The sector includes legal, management consultancy, architectural and engineering practices, scientific research and advertising/market research.
- 3.19 The overall employment rate in Camden is relatively low and the economic inactivity rate relatively high in comparison with London and England & Wales. Students living in the borough account for much of this, but some Camden residents still face significant barriers to accessing employment. Fewer Camden residents are in work as a proportion of the working age population. The Q4 2019 Annual Population Survey estimated the Camden employment rate at 70.2%, 2.4 percentage points lower than the same quarter last year, and 5.4 points lower than Central London boroughs.
- 3.20 'Claimant Count' is a combination of Jobseekers Allowance (JSA) and those in receipt of unemployment-related Universal Credit. The Claimant Count fluctuated over 2016 and 2018, but numbers have increased since this period. In March 2020 the Claimant Count stood at 4,315 – an increase of 32% over the year – and the highest level in over 5 years. The increase was partly due to Universal Credit. At March 2020, just 15% of the Claimant Count was JSA claimants, with the vast majority Universal Credit being claimants. However, these levels have been eclipsed by the rise in claimants resulting from coronavirus, with the Claimant Count reaching 10,450 in June 2020.

Education and Learning

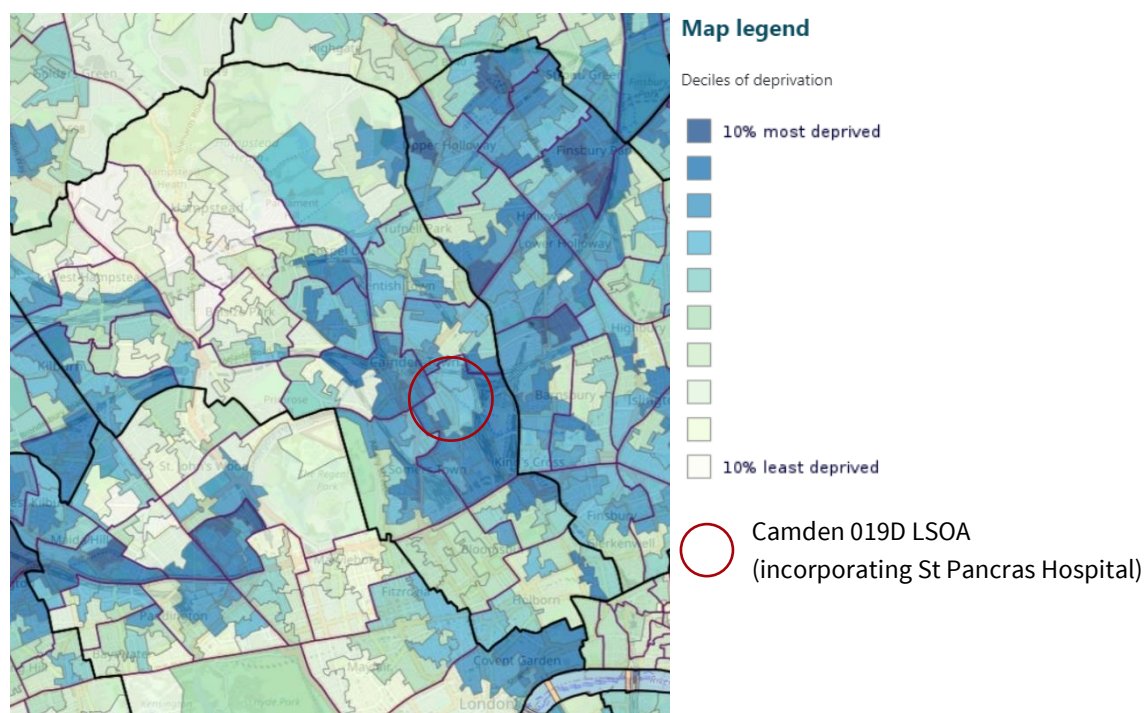
- 3.21 Camden is home to 11 higher education institutions, including University College London (UCL), the School of Oriental and African Studies (SOAS), the London School of Hygiene and Tropical Medicine, Birkbeck and the University of London. Camden is home to the largest student population in London, with more than 27,600 higher education students living in Camden.
- 3.22 The Annual Population Survey (APS) for the year to December 2019 (latest) estimates that 72% of the working-age population of Camden were qualified to NVQ level 4 or above, higher than for London (61%) or Great Britain (45%). The proportions have increased considerably since 2008, by 11.8 percentage points in Camden.
- 3.23 APS estimates 4% of economically active Camden residents of working age have no qualifications; while 8% have no or low-level qualifications (no qualifications or NVQ level 1), significantly disadvantaging them in the London labour market.

Social Deprivation

- 3.24 The Indices of Deprivation 2019 allows for the identification of the areas in England with the highest proportion of people and households experiencing deprivation. The data is calculated at LSOA9 level and

takes into consideration relative deprivation across seven factors: income, employment, health and disability, education, skills and training, housing and services, and crime and living environment. The indices are provided as both a score and as a rank position within England. The combined overall index is the Index of Multiple Deprivation (IMD) and, with the LSOA geography, is designed to show hotspots of deprivation that are often masked with ward level measures. However, a ward position can be calculated by averaging the IMD scores – by this, St Pancras and Somers Town is ranked the most deprived ward in Camden. Results for Camden show that there are concentrations of LSOAs within Camden that on the rankings of IMD fall within the highest levels in England. St Pancras and Somers Town ward contains 5 LSOAs that fall within the 20% most deprived LSOAs in England and 1 that falls within the 20-30% most deprived LSOAs in England. St Pancras and Somers Town's most deprived LSOA (E01000959) is the 5th most deprived LSOA in Camden and falls within the 14% most deprived LSOAs in England. Best viewed on a map, Fig.4 shows the LSOAs in Camden ranked within the 10%, 20% and 30% most deprived in England.

- 3.25 Every part of Camden has areas of relative affluence alongside areas of relative poverty. On the average rank summary measure for local authorities, the Indices of Deprivation 2019 ranks Camden 139th most deprived out of 317 districts in England. The most deprived area in Camden (E01000890 in Gospel Oak ward) is within the 13% most deprived areas in England. By contrast, Frognal and Fitzjohns ward is home to the least deprived LSOA in Camden; 4 out of its 8 LSOAs fall within the 10% least deprived LSOAs in England. In 2016 (latest data available) 28.5% of children in Camden live in low income families. Camden ranks 4th highest in London. This compares with a London average of 19.3% and 17.3% in England & Wales.



Source: http://dclgapps.communities.gov.uk/imd/ioid_index.html#

Figure 3.3: Map Showing Indices of Deprivation Data 2019 of the site and surrounding LSOAs

Healthcare and Wellbeing

- 3.26 Camden has a greater proportion of its population stating that day-to-day activities are limited to some degree (14.4%) compared with the Inner London (13.6%) and Greater London (14.2%) averages. Camden

has a higher proportion of its population self-reporting that it is in bad health (5.6%) compared to London averages (Inner London 5.3%, Greater London 4.9%). Although the proportion of the population providing unpaid care has not changed since 2001 the total number of carers has increased. The proportion of Camden's population providing 20 hours or more unpaid care a week has increased from 2.2% to 2.6%. The 2011 Census estimated there were 10,100 one-person households where the person was aged 65+. This represents 10.3% of all house-hold types in Camden and a high proportion of persons aged 65 and over (42%).

- 3.27 Disability-related benefits show 9,103 are in receipt of Employment and Support Allowance; 221 are on Incapacity Benefit or Severe Disablement Allowance; 5,067 on Disability Living Allowance and 6,957 in receipt of Personal Independence Payments. Support payments are also being made for Carers Allowance (2,836) and Attendance Allowance (2,996).
- 3.28 Life expectancy shows that a boy born in Camden can expect to die 4.4 years before a Camden-born girl (82.7 male, 87.0 female), but a Camden-born boy can expect to live 3.4 years longer than the national average and a Camden-born girl, 4.1 years longer. There are health inequalities within Camden by location, gender, deprivation and ethnicity. Men and women from the most deprived areas have a life expectancy of 11.3 years and 9.4 years fewer respectively than those from the least deprived areas²⁸.
- 3.29 Numbers of deaths have been declining in Camden since the 1960s, with 1,149 recorded deaths to Camden residents in 2018. Camden's Standardised Mortality Ratio (SMR) of 69 is 31% lower than the national average (100) and 4th lowest in London. Male and female SMRs are 72 and 66 respectively.
- 3.30 On some health indicators Camden scores significantly worse than the England average, including: diabetes diagnoses, new sexually transmitted infections (STI) and new cases of TB. Camden outperforms the national average on a range of indicators including: under 75 mortality rates for all causes, cardiovascular and cancer; hospital stays for self-harm; and dementia diagnoses in the over 65s.
- 3.31 Personal Wellbeing measures average 'satisfaction with life'; how 'worthwhile' life is; 'happiness'; and 'anxiety', marked out of 10. Self-reported life satisfaction in Camden is 7.48, below the London average (7.58) and UK average (7.71). Camden has been consistently below the national average on this measure. Statistical analysis of wellbeing data shows that people in rural areas have higher well-being scores than Londoners. The survey also shows that people in Camden expressed a lower score that the things they did in their life were 'worthwhile', 7.63 compared to 7.89 nationally. In terms of people's level of 'happiness', people in Camden (7.38) were less happy than the national average (7.56). Levels of anxiety have been falling over time, but Camden (3.30) is higher than the national average (2.87).

Open Space

- 3.32 Camden benefits from a wide range of open spaces including parks, natural or semi-natural green spaces, housing estate amenity areas, playgrounds, historic cemeteries, churchyards, allotments, community gardens, outdoor sports facilities and the Regent's Canal. Hampstead Heath is the largest open space in the Borough, providing nearly half of the total area of open space and a range of outdoor sports facilities. There are over 280 designated public and private spaces shown on the Local Plan Policies Map.

- 3.33 The Borough has a variety of locally significant open spaces performing a range of functions. About two-thirds of all spaces are small parks, linear green space/ green corridors or amenity land used and highly valued by local residents.
- 3.34 St Pancras Gardens borders the SPH site to the south and Goldington Crescent Gardens is located approximately 200m to the south west of the site.

Community Safety

- 3.35 The latest crime data for wards are for the 12 months to November 2019. During the period there were 2,609 notifiable offences relating to St Pancras and Somers Town ward, the 4th highest number of offences by ward, 7% of all offences recorded in Camden. The ward saw a 10% increase in offences compared to the previous year. The most common offences were Theft (1,137; 44%); Violence against the person (577; 22%); and Public Order Offences (148; 6%).
- 3.36 Recorded crime peaked in Camden in 2002-03 with over 53,000 offences but fell to 28,400 by 2014-15. In 2019-20 overall crime has increased to 39,475 recorded offences, an increase of 2,632 (7%) on the previous year. By type, recorded offences were for: Theft and Handling (17,014; 43%); Violence Against the Person (6,762; 17%); Burglary (3,241; 8%); Drugs (2,018; 5%); Robbery (1,962; 5%); Criminal Damage (1,611; 4%); Sexual Offences (677; 2%); Fraud/Forgery (45; <1%); and all other offences (6,145; 17%).

4. Economic Impact Assessment

Introduction

- 4.1 This Chapter sets out the likely Economic Impact of the proposed Oriel development. The key economic benefits of the scheme can be summarised as follows:



Generating approximately 512 Full-time Equivalent (FTE) construction jobs, with opportunities for some 2,231 contract workers.



The estimated gross number of direct jobs generated on site has been estimated at 1,367 to 1,461 employees.



The proposal will provide increased active ground floor frontage, increasing the vibrancy of the area and natural surveillance to reduce crime and the opportunities for committing crime.



The proposed development, by providing quality clinical, research and education outcomes, will have a considerable impact on minimising the economic burden of worsening eye health at national level.



The new development will be key catalyst for the long-term revitalisation of the local neighbourhood and will create an attractive and welcoming urban landscape and environment with public realm improvements for the benefit of the wider community.



The proposed development has the potential to deliver wider strategic economic benefits through knowledge spill over effects.

Temporary Economic Effects

Construction Employment

- 4.2 The construction sector contributed £117 billion to the UK economy in 2018, equating to 6% of the total GDP². Employment in the construction industry has been increasing since 2014, and this has continued in 2018 with construction employment increasing by 2.8% compared with 2017, now totalling approximately 1.36 million workers³.
- 4.3 A Report by the CBI and Oxford Economics, Fixing the foundations of the UK construction business model⁴, found that every £1 spent on UK construction creates £2.92 of value to the economy (i.e. GDP increase) from direct impact (wage income and corporate profit generated in the construction sector plus spend on non-labour inputs), indirect impact (supply chain impacts of construction and their knock on effects, i.e., increase in output and income up and down the supply chain) and induced impact (increase in household income as a result of increased employment / income in construction and other sectors which leads to an increase in spending and demand / output in the overall economy).
- 4.4 Whilst it is difficult to accurately quantify the overall economic impact of the construction spend, research has outlined some interesting findings about the socio-economic characteristics of the construction workforce that should help predict more accurately job creations related to future construction activities. In particular, it was found that there is a significant difference between new jobs created during construction when measured in Full Time Equivalent (FTE) terms, and Non-FTE (on average 6.3 times more). This is a direct reflection of the nature of many construction jobs, which are often temporary and part time contracts. When related to overall construction costs delivered by one Full Time Equivalent, it was found that on average, one Full Time Equivalent job delivers £148,500 of construction spend annually⁴.
- 4.5 The proposals represent a significant financial investment in the local area in support of the continued growth of the UK economy. A proportion of the construction employment is expected to be generated on-site, with the rest being elsewhere in the construction supply chain - typically considered to be around half of the employment. Construction employment is relatively mobile and therefore it is not particularly relevant to assess potential effects at the local level. However, when assessed at the regional London level, the effects of the construction work on employment would be beneficial to the broader regional construction workforce.
- 4.6 Considering the total investment and build cost of the project, the total full time jobs generated per year direct would be 512. This would amount to some 2,231 contractors being employed at the site based on indicative multipliers.
- 4.7 Research from Randstad Construction, Property & Engineering in June 2019 highlighted that average construction pay rose from £42,300 to £45,900 in 2019⁵. Based on this, the generation of 512 full time jobs per year could potentially contribute an additional £23.5 million to the economy per year of the development, or £79.9 million over the full duration of the construction period.

² House of Commons Briefing Paper, Construction industry: statistics and policy

³ ONS, Construction Statistics Great Britain 2018

⁴ CBI and Oxford Economics, Fixing the foundations of the UK construction business model, February 2020

⁵ <https://www.randstad.co.uk/about-us/industry-insight/construction-pay-soars-brexodus-skills-shortage-bites/>

- 4.8 A proportion of the construction employment is expected to be generated on-site, with the rest being elsewhere in the construction supply chain, typically considered to be around half of the employment (see assessment below). Construction employment is relatively mobile in terms of spatial extent and therefore it is not particularly relevant to assess potential effects at the local level. However, when assessed at the regional level (i.e. Workers travelling across London), the effects of the construction works on employment would be beneficial to the broader regional construction workforce.
- 4.9 The construction sector contributes significantly to the national economy in terms of direct and supply chain impacts and the wider economic impacts. The construction of the Proposed Development would make an important contribution to this sector of the economy.

Displacement

- 4.10 Displacement measures the extent to which the benefits of a development project are offset by reductions of output or employment elsewhere. Any additional demand for labour cannot simply be treated as a net benefit – it removes workers from other posts and the net benefit is reduced to the extent that this occurs. This consideration is referred to as displacement.
- 4.11 There were approximately 346,000 construction workers in London in 2019⁶. The average number of construction workers per year at the Proposed Development therefore represents less than 0.2% of the London construction workforce.
- 4.12 Due to the flexibility of the labour market, and the fact that construction workers at the Proposed Development represent a small proportion of the Greater London labour force, displacement effects of the direct (i.e. gross effect) construction employment is estimated at 128 employees per year.

Leakage

- 4.13 Leakage provides a measure for an assessment of the number of jobs to be occupied by local people.
- 4.14 At the local level, it is anticipated that a relatively high level of leakage will occur in terms of jobs going to those residing outside of LBC given the mobility of construction labour in London is estimated at greater than 50%.
- 4.15 At the regional level however, the majority of workers during the construction and operational phases are expected to come from the Greater London area and therefore leakage is assumed to be negligible.
- 4.16 Taking into account displacement and leakage, the construction employment generated by the Proposed Development would be a minor magnitude of impact of a low sensitive receptor which results in a minor effect of negligible significance in the short term (not significant).

Training Opportunities

- 4.17 As part of the proposed development, there will be opportunities to provide training, apprenticeships and work experience in a range of demolition and construction trades. For example, there would be opportunities for local young people to gain National Vocational Qualification (NVQ) Level 2 and Level 3

⁶ ONS, Workforce jobs data 2019

training and practical experience in a range of different demolition and construction, and engineering trades. Further information is set out within the Employment and Skills strategy.

Permanent Economic Effects

- 4.18 The economic benefits of the proposed development will manifest through a number of mechanisms. This section considers the employment effects generated by the operation of the proposed development at the local level and London as a whole. It assesses both direct employment on site and the indirect employment generated through the spending of visitors, employees and the wider economic impact of knowledge spill-over.

Permanent Employment

- 4.19 The proposed development will introduce a number of employment generating uses. The basis for understanding the number of jobs generated from core commercial property typologies is set out in the Homes and Communities Agency ('HCA') 'Employment Density Guide' 3rd edition.
- 4.20 The proposed medical and education facilities on site provide unique facilities do not necessarily lend themselves to assessment using generic employment densities. The HCA Employment Density Guide stipulates that education, health, institutional and infrastructure related activities *"are very complex development types and encompass a wide range of building types, operational models and services which do not have a clear or identifiable relationship between floorspace and employment levels and hence no 'general' employment density"*.
- 4.21 In relation to the medical facilities proposed, the HCA Employment Density Guide states that *"employment levels within a hospital can vary based on any particular specialisms in treatment, teaching and surgery they may have. Where they require higher numbers of operating theatres or specialist care facilities these will have much higher staffing levels than a hospital with more 'general' ward space"*.
- 4.22 Where relevant, the job generation of the proposed development has therefore been estimated through use of the Employment Density Guide, through liaison with the applicant and professional judgement. The estimated employment generation is summarised in Table 4.1 below.
- 4.23 It is also recognised that the majority of the jobs generated will transfer from existing premises into the new buildings. Whilst it is likely that there will be some overall increase in employment, it is therefore important to note that the jobs identified within this assessment do not necessarily demonstrate new jobs.
- 4.24 The estimated gross number of direct jobs generated on site has been estimated at 1,367 to 1,461 employees. In terms of contribution to the economy, if these roles are assumed to earn the minimum London living wage of £10.75 per hour, they would therefore would have earning of some £28 to £30 million per annum⁷. This figure is likely to increase significantly when taking into account the earnings of highly skilled and professional roles.

⁷ Based on total ONS data for average actual weekly hours of work for full-time workers (seasonally adjusted). Dec 2019 – Feb 2020 = 36.9 hours

Table 4.1 Employment Generation

Proposed Use	Proposed Floorspace	HCA Density Guide (3 rd Edition)	Employment Density Matrix	Approximate Generation (Rounded to 1d.p.)	Job
Medical Facility	19,819.7 sqm GIA	<i>Not defined in HCA Guide</i>		991 ⁸	
		<i>Estimated 20 sqm GIA based on unique operational requirements</i>			
Research and Development Facility	7,925 sqm GIA 5,309.25 sqm NIA ⁹	40-60 sqm NIA		89 - 133	
Education Facility	1,939 sqm GIA	<i>Not defined in HCA Guide</i>		277 - 323 ¹⁰	
		<i>Estimated 6 - 7 sqm GIA based on unique operational requirements</i>			
Café/ Restaurant Facility	175 sqm GIA 117.25 sqm NIA	15-20 sqm NIA		6 - 8	
Retail	128 sqm GIA 85.76 sqm NIA	15 - 20 sqm NIA		4 - 6	
Total:				1,367 - 1,461	

Net Additional Employment

- 4.25 The site currently comprises six buildings occupied by the Camden and Islington NHS Foundation Trust ('C&I Trust'). These comprise a range of medical related uses. It is understood that these services are to be re-located by the C&I Trust, however at the time of the assessment, it has not been possible to ascertain the future status of the employment status of these workers.
- 4.26 The proposed development, once complete, will provide significant employment on this site. Therefore, any jobs lost to this site as a result of the proposed development would be a temporary loss of employment at this location.

⁸ The nature of the work involved at Moorfields means that staff work interchangeably across Moorfields sites during the week. Very high level estimates Moorfields staff occupancy in the building on any given day is 1,500.

⁹ 67% of GDA = NIA

¹⁰ It is estimated that there are approximately 300 IoO staff employed on site

Knowledge Spill-over Effects

- 4.27 The proposed development has the potential to deliver wider strategic economic benefits. Primary amongst these are the benefits to healthcare and to clinical research and consequentially the health of the local and wider population however in addition to this, the proposed development has the potential to bring significant wider economic benefits in the form of knowledge spill-over.
- 4.28 Knowledge spill-over and the importance of this for innovation and growth of an economy is heavily discussed in economic literature. In the context of research and development, this spill-over is often referred to as a positive externality, as there is a positive gain on both the private level and social level. Research and development is recognised to increase the private profits of a company but also has the added benefit of increasing the general level of knowledge within a society.
- 4.29 The proposed development would provide significant opportunities for research, which in turn secure the availability of, and access to, the top research talent and integrating research with service delivery so that the benefits of research are translated more quickly into patient care. Dedicated to undertaking clinical trials, performing ground-breaking first-in-human treatments and creating novel drugs, diagnostics and therapies, the work at the clinical research facility will dramatically increase the speed at which basic science from the UCL Institute will be transferred into treatments to benefit many more patients at Moorfields and those suffering from eye diseases in the UK and beyond. This will create a major step change in the translational pathway at the UCL Institute and Moorfields.
- 4.30 The site's location within the recognised Knowledge Quarter, a hub of some of the most exciting innovation and enterprise in the UK, serves to further enhance the likely economic benefits of this knowledge spill-over. The benefits of significant agglomeration of these major organisations and institutions (such as British Library, DeepMind, The Francis Crick Institute, Alan Turing Institute, Wellcome Trust and the other facilities of UCL) are significant. The proposed development will further support the functions of the Knowledge Quarter by providing quality clinical, research and education outcomes and as such, will further enhance Camden's significance as a centre for the creative, digital and scientific industries.
- 4.31 Whilst it is difficult to accurately quantify the economic impact of knowledge spill-over on an economy, the Office of Health Economics ('OHE') suggests that for every £1 spent in public medical research, a potential social rate of return of between 20% and 67% could be expected¹¹. In light of this, the economic impact of the knowledge spillover has the potential to represent a significant contribution to the wider economy, in addition to the clear economic benefits generated directly by the proposals.

Business Rates Generation

- 4.32 The proposed development is expected to result in the generation of 46,468 sqm GIA, which will in turn generate additional revenue for LBC through non-domestic business rates. It is estimated that once operational, the proposed development could generate approximately £2.76 million (gross) in business

¹¹ Health Economics Research Group, Office of Health Economics and RAND Europe (2008) - Medical Research: What's it Worth? – Estimating the economic benefits from medical research in the UK

rates. This is based on LBC's average rateable value (per sqm)¹² and assumes application of the charitable rate relief of 80%¹³.

Health Effects

- 4.33 Eye health is both a growing public health concern and an economic concern for the UK. It is estimated that partial sight and blindness in adults costs the UK economy approximately £22bn per year¹⁴.
- 4.34 By 2030 an extra 194,000 Londoners are predicted to be living with a sight-threatening eye health condition and an extra 74,000 living with sight loss. The Royal National Institute of Blind People (RNIB) estimates that there are already 680,000 people – around one in 12 of the adult population – living with a sight-threatening eye health condition in London alone¹⁵. The economic impact of this public health issue is therefore significant.
- 4.35 The proposed development, by providing quality clinical, research and education outcomes, will have a considerable impact on minimising the economic burden of worsening eye health at national level.

Conclusion on Economic Impacts

- 4.36 The proposals represent a significant financial investment in the local area in support of the continued growth of the UK economy.
- 4.37 Considering the total investment and build cost of the project¹⁶, the total full time jobs generated per year direct would be 512. This would amount to some 2,231 contractors being employed at the site based on indicative multipliers. The generation of 512 full time jobs per year could potentially contribute an additional £23.5 million to the economy per year of the development, or £79.9 million over the full duration of the construction period.
- 4.38 The estimated total number of direct jobs generated on site would be approximately 1,367 to 1,461 employees. In terms of contribution to the economy these roles are assumed to earn the minimum London living wage of £10.75 per hour and therefore would have earning of some £28 to £30 million per annum.
- 4.39 The proposed development could generate approximately £2.76 million (gross) in business rates.
- 4.40 The proposed development has the potential to deliver wider strategic economic benefits. Primary amongst these are the benefits to healthcare and to clinical research and consequentially the health of the local and wider population however in addition to this, the proposed development has the potential to bring significant wider economic benefits in the form of knowledge spill-over.
- 4.41 The proposed development, by providing quality clinical, research and education outcomes, will have a considerable impact on minimising the economic burden of worsening eye health at national level.

¹² Valuation Office Agency (VAO) LBC Average Rateable Value of £297 per sqm

¹³ Gov.UK, Charities and community amateur sports clubs can apply for charitable rate relief of up to 80% if a property is used for charitable purposes.

¹⁴ Moorfields-Eye-Hospital-Pre-Consultation-Business-Case 2019

¹⁵ Eye Health – preventing sight loss in London, London Assembly, November 2017

¹⁶ Approximate build cost of £260 million over 41 months



Figure 4.1: CGI of the Proposed Scheme

5. Employment and Skills Strategy

Introduction

5.1 In line with Camden's requirements, this Chapter sets out the Employment and Skills Plan for proposed Oriel development. Specifically, this Plan highlights the opportunities that will be delivered as part of the proposed development both during and after construction, including:

- Construction apprenticeships;
- Local employment during the construction phase;
- Construction work experience opportunities;
- End use apprenticeships;
- Local procurement opportunities.

5.2 This Plan also outlines how the applicant intends on delivering the Employment and Skills Plan in cooperation with LBC.

Vision and Priorities

5.3 The proposed development will introduce a number of employment generating uses, including:

- 19,819.7 sqm GIA of medical;
- 7,925 sqm GIA of research;
- 1,939 sqm GIA of education; and
- 303 sqm GIA of café/ retail.

5.4 The applicant is committed to ensuring the proposed development contributes in every way possible to maximise the employment and training opportunities for people and businesses, whilst also ensuring equal opportunities for local people through information and support.

5.5 The applicant is also keen to support the ambitions of Camden's STEAM Commission, and its role in developing creative, digital and scientific career opportunities within the Borough.

Demolition and Construction Phase

5.6 The UK construction industry is a key contributor to the economy. Construction output generates economic activity (i.e. GDP increase) from direct impact (wage income and corporate profit generated in the construction sector plus spend on non-labour inputs), indirect impact (supply chain impacts of construction and their knock on effects, i.e. increase in output and income up and down the supply chain) and induced impact (increase in household income as a result of increased employment/ income in construction and other sectors which leads to an increase in spending and demand/ output in the overall economy).

5.7 The Proposed Development would be built out over an approximate 41-month programme. There would be opportunities to provide training, apprenticeships and work experience in a range of demolition and

construction trades, through the Kings Cross Construction Skills Centre. For example, there would be opportunities for local young people to gain National Vocational Qualification (NVQ) Level 2 and Level 3 training and practical experience in a range of different demolition and construction, and engineering trades.

- 5.8 The temporary demolition and construction employment benefits have been assessed based on the anticipated build cost for the Proposed Development. Considering the total investment and build cost of the project¹⁷, it is estimated that the total full time jobs generated per year direct would be 512. This would amount to some 2,231 contractors being employed at the site based on indicative multipliers. Further detail on the proposed development's Economic Impact is set out in Chapter 4 of this Report.
- 5.9 In line with LBC's Planning Guidance on employment sites and business premises, the applicant will enter into a legal agreement, pursuant to Section 106 of the Town and Country Planning Act 1990 and as part of this, agree obligations relating to construction apprentices, work experience placements and local recruitment appropriate to the nature of the development.
- 5.10 Specifically, the applicant proposes the following in line with LBC's planning guidance:
- Registering all construction job vacancies in local venues and/or online forums at the same time or prior to promoting the vacancies more widely, for example through the Kings Cross Construction Skills Centre. This will be done in liaison with Camden's Economic Development service.
 - Work towards Construction Industry Training Board (CITB) benchmarks for local employment when recruiting construction-related jobs.
 - Introduce measures intended to achieve a suitable provision of construction apprentices.
 - Introduce measures intended to achieve a suitable provision of construction phase work experience placements, specific to the scheme factors.
 - Commit to follow the Local Procurement Code during the construction phase.

Operation Phase

- 5.11 Camden's geographic position in Central London and the business environment created has enabled it to become one of the most important business locations in the country. Despite this, many Camden residents have no or low qualifications that are increasingly disadvantaged in a high skills economy.
- 5.12 The overall employment rate in Camden is relatively low and the economic inactivity rate relatively high in comparison with the regional and national level. This can in part, be attributed to the number of students living in the Borough however it is recognised that there are also residents that face significant barriers to accessing employment. Further detail of the employment baseline is set out in Chapter 3 of this Report
- 5.13 The applicant understands that Camden Council is working closely with partners to help address some of these barriers and the applicant is keen to support the Council with this where possible.

¹⁷ Approximate build cost of £260 million over 41 months

- 5.14 The proposed development will seek to improve the educational attainment and skills, as well as raise the aspirations of local people. For the occupation phase this is likely to include:
- Introduce measures intended to achieve the recruitment and provision of a specified number of end use apprenticeships per year, to be agreed through negotiations with LBC.
 - Introduce measures intended to achieve the recruitment and provision of a specified number of end use work placements per year, to be agreed through negotiations with LBC.
 - The knowledge ‘spill-over’ effects on the wider UK economy, whilst not quantified, are likely to be considerable.

STEAM Commission

- 5.15 The applicant is aware that LBC, in partnership with the Knowledge Quarter, launched a STEAM (science, technology, engineering, arts and maths) Commission to bring together the borough’s businesses, schools and other key institutions. The proposed development will further support the functions of the Knowledge Quarter by providing quality clinical, research and education outcomes and as such, will further enhance Camden’s significance as a centre for the creative, digital and scientific industries.
- 5.16 The applicant understands that the Commission seeks to improve career opportunities for young people, and ensure businesses are able to benefit from the range of talent in the borough, namely through enabling higher level apprenticeship and work experience offer with companies working within Camden’s Knowledge Quarter. The applicant is therefore keen to discuss potential future opportunities with the Commission and LBC.

Athena Swan Charter

- 5.17 The UCL IoO is committed to pursuing the aims of the Equality Challenge Unit's Athena Swan Charter, which recognises advancement of gender equality. The Athena SWAN Charter recognises and celebrates good employment practices for women working in higher education and research.
- 5.18 The IoO was awarded a Bronze Athena SWAN Award in October 2018. This recognises the applicant’s commitment to advancing women’s careers in science, technology, engineering, maths and medicine (STEMM) academia.

SMEs

- 5.19 The applicant recognises that small businesses may find it difficult to do business with the public sector, including the NHS, and are often deterred by excessive burdens imposed through the procurement process and lack of visibility of opportunities. Recent revised Public Contracts Regulations introduced reforms to tackle these issues. These reforms make public procurement more accessible to SMEs and will help ensure a simpler and more consistent approach to procurement across all public sector authorities.

Good Work Camden

- 5.20 The Mayor of London’s Good Work Standard brings together best employment practice and links to resources and support from across London to help employers improve their organisations. Camden Council is one of the first official Mayor's Good Work Standard employers in London and as part of this, are keen to work with all of the key stakeholders in the local labour market, and in wider London in bringing

employment support, business and education partners together to create a joined up and inclusive support offer.

- 5.21 The applicant will work with Camden to understand how the proposed development can adopt the principles of the Good Work Standard where appropriate, helping to realise the vision set out in Camden’s 2025 vision.

Monitoring and Delivery in cooperation with Camden

- 5.22 Camden Local Plan policy E1 requires large schemes with significant job creation potential to submit an Employment and Training Strategy, to be secured via a legal agreement pursuant to Section 106 of the Town and Country Planning Act 1990. The applicant is willing to engage with LBC to prepare an Employment and Training Strategy suitable to the development.

- 5.23 The Employment and Training Strategy will provide a range of specific targets for local employment and skills training, both during the construction phase, and once the scheme is complete and operational. This will be determined following consultation with the applicant and the Economic Development and Strategy & Change Team at LBC.

- 5.24 The Employment and Training Strategy will include specific and measurable outputs, as well as key delivery partners and details on the timeframe within which each output will be delivered once this level of detail is known. The strategy will also highlight the named contact who will be responsible for managing the delivery of the strategy.

Summary and Conclusions on Employment and Skills

- 5.25 The proposed development has the potential to deliver wider significant benefits to the local community and wider due to its contribution to employment and skills.

- 5.26 In line with LBC’s Planning Guidance on employment sites and business premises, the applicant will enter into a legal agreement, pursuant to Section 106 of the Town and Country Planning Act 1990 and as part of this, agree obligations relating to construction apprentices, work experience placements and local recruitment appropriate to the nature of the development, as discussed above.



Figure 5.1: CGI of the Proposed Scheme

6. Social Impact Assessment

Introduction

6.1 This Chapter has been prepared by JLL on behalf of the applicant in order to assess the likely social impacts of the proposed development. Specifically, this Chapter will consider a number of social factors relevant to the development, including:

- Skills and Employment Opportunities
- Enhanced Innovation
- Healthy, Safe and Resilient Communities
- Cleaner, Greener Environments

Skills and Employment Opportunities

Employment floorspace

6.2 The proposal will generate a wide variety of employment opportunities through the demolition and construction phase.

Training

6.3 The applicant is committed to working with their contractors, suppliers and occupiers to get the most from this development. Training opportunities for local people will be provided, particularly through the construction period.

6.4 As part of the proposed development, the applicant has committed to working with local schools and the Francis Crick Institute to further understand the delivery of engagement programmes, supporting education and training.

Equal opportunities

6.5 The applicant promotes equal chance to apply and be selected for posts, to be trained and/or promoted and to have their employment terminated equally and fairly.

6.6 The proposed development has carefully considered the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities. Further information is set out in the Equalities Impact Assessment.

6.7 Promoting equality and addressing health inequalities are at the heart of the NHS's values. Since the NHS Act 2006, the NHS has had a duty to reduce inequalities in accessing services and in clinical outcomes, and to ensure that services offer the same outcomes and same experience to patients regardless of their backgrounds.

6.8 The UCL IoO is committed to pursuing the aims of the Equality Challenge Unit's Athena Swan Charter, which recognises advancement of gender equality. The Athena SWAN Charter recognises and celebrates good employment practices for women working in higher education and research. The IoO was awarded a Bronze

Athena SWAN Award in October 2018. This recognises the applicant's commitment to advancing women's careers in STEMM academia.

Enhanced Innovation

State of the art research facility

- 6.9 A key benefit of the proposed development is the reduction of preventable vision loss through innovation leading to more effective treatments and better access to world-class services through expanded capacity. These are key benefits for the population of London, the UK and internationally, as people travel from around the world to access the clinical expertise of Moorfields.
- 6.10 The new facility will encourage collaboration between patients, clinicians and researchers to enable greater innovation in delivering optimal care, research and education
- 6.11 The provision of this new facility will strengthen the existing UK and International impact and profile of Moorfields and UCL IoO. Together they provide globally recognised research, excellent education and outstanding clinical care. The world-leading collaboration between the Oriel Partners will enable the largest ophthalmic research programmes in the world and cutting-edge studies into the care of eye disorders and diseases. Moorfields and UCL IoO have a long history of expertise in eye care, research and education – they are the only hospital-university partnership that is ranked number one globally in any medical field.

Innovation in design

- 6.12 As set out in the submitted Design and Access Statement, four key concepts underpin the design:
- Creating a new public realm that welcomes the public into the heart of the building and reinforces the new centre's sense of place.
 - The form of the building and the way it relates to its site urban context and routes will give it a clear identity as part of the knowledge quarter.
 - Creating a place of collaboration and interaction between staff, students, patients and the public.
 - Meeting changing needs through an adaptable building that is inherently flexible and future proof.
- 6.13 The following principles also underpin the internal design:
- Visual, thermal and acoustic comfort and a calm, compassionate but also stimulating, multi-sensory environment.
 - Displaying and representing heritage.
 - Communicating inspirational stories of research, and the value of the integration of science and medicine together with the Institute's and Hospital's world-wide leading stature.
- 6.14 The building has been designed to be adaptable over its lifetime. This has led to the building being designed in two parts: firstly, the shell and core which comprises of the public realm, structure, façade, core and building wide plant and secondly, the internal fit-out which comprises the departmental layouts, internal finishes and department specific plant.

- 6.15 The buildings inherent ability to adapt ranges from small adaptations to individual departmental layouts to the reduction or expansion of a department through wholesale adjustments to the building. The flat slab concrete frame provides flexibility in the arrangement of the structural grid and floor to floor heights which allows for the diversity of uses to occur anywhere in the building, subject to plant requirements.
- 6.16 In addition to the reasons set about above, the adaptability of the building is in part a response to the urgent climate crisis and the need to minimise waste and maximise the potential for reuse and recycling of elements or indeed the whole building. This concept of the circular economy is a key design principle for the building.
- 6.17 Further details on the adaptability of the building are set out within the Design and Access Statement and the Circular Economy Statement.
- 6.18 A landscaped roof terrace, accessible to all staff and students of the facility will be available between core times. Out of hours, this terrace will be available for planned events and functions with access required by invitation.
- 6.19 Improvements are proposed to the local environment, including replacing and upgrading the immediate public realm and enhancing permeability across the site. This includes the removal of the existing high brick wall that surrounds the site and greater connections to the Canal and St Pancras Gardens and the wider masterplan.

World leaders in healthcare

- 6.20 The provision of this new facility will strengthen the existing UK and International impact and profile of Moorfields and UCL IoO. Together they provide globally recognised research, excellent education and outstanding clinical care. The world-leading collaboration between the Oriel partners will enable the largest ophthalmic research programmes in the world and cutting-edge studies into the care of eye disorders and diseases. Moorfields and UCL IoO have a long history of expertise in eye care, research and education – they are the only hospital-university partnership that is ranked number one globally in any medical field¹⁸.

The Knowledge Quarter

- 6.21 The site sits within London's Knowledge Quarter, an area which has one of the highest densities of knowledge based, cultural and scientific businesses of anywhere in the world. The proposed facility will be a welcome contribution to this existing cluster and will result in an increase in high quality research outputs through better collaboration.
- 6.22 The Knowledge Quarter already boasts a wider ranging consortium of 100 academic, cultural, research, scientific and media organisations of differing sizes and interests: from the British Library, UCL; Google and the Wellcome Trust to Arts Catalyst, Scriberia and the Wiener Library. As part of the aims to maintain and strengthen Camden's economy and competitiveness, further development of this quarter as a nation hub for knowledge industries is encouraged whilst also harnessing benefits for local communities. The proposed development will support this approach.

¹⁸ Moorfields Eye Hospital NHS Foundation Trust Annual Report and Accounts 2017/18

Healthy, Safe and Resilient Communities

Community facilities

- 6.23 The public role of the building refers to the way in which the new facility will interact with, and contribute to, the local community of LBC, London and beyond. As part of this public role, the proposals include:
- A dedicated exhibition space to be used flexibly for displays and events will be provided on the ground floor;
 - Static displays throughout the building showcasing historical and educational exhibits;
 - A digital offering to widen the partner's reach to LBC residents not in the direct vicinity of the facility and more globally, and support the applicant's wider ambitions for the public role of the facility;
 - Local schools' engagement; and
 - A commitment to liaise with the Francis Crick Institute to understand how they deliver their engagement programme.
- 6.24 Also located at the lower ground floor, will be a café accessible to all visitors, serving hot and cold drinks and a limited range of food.
- 6.25 In addition to the above, the applicant actively promotes awareness about eye health and as such, the proposed development will encourage the continuation of exhibitions, focus groups and sessions with scientists at the facility. Research days are occasionally hosted for patients, relatives, friends and researchers to learn about people's experiences of different eye conditions; hear about ongoing and future research for those conditions; to consider the priorities and challenges of developing new diagnostics and treatments. Science engagement also includes off site projects in local schools as well as exhibitions such as Science of Sight at the Science Museum a sensory exploration into the science of the eye. These projects in different ways are engaging people in vision research. A future aspiration of the proposal is to build on existing projects, associated science engagement initiatives involving creative practitioners could include workshops and events as further ways of actively engaging staff, students and patients and broadening participation in research activity.
- 6.26 It is recognised that developing partnerships and coordinating programmes with organisations such as the Francis Crick Institute could lead to a large-scale science engagement programme for public audiences coinciding with national initiatives such as Science Week.
- 6.27 Furthermore, teaching has been a core function at Moorfields for over two hundred years and is central to its vision to provide excellence in research and education. Moorfields will continue to educate patients and their relatives about their eye conditions, empowering them to identify problems and manage their conditions with support.

Community safety and crime

- 6.28 The proposal will introduce active ground floor frontages, giving better natural surveillance and thus assisting in reducing the opportunities for committing crime and antisocial behaviour. The proposal has been designed in accordance with 'Secured by Design' principles.

Accessibility

- 6.29 The proposed development will be welcoming, comfortable and reassuring for patients and their carers, students, visitors and staff. Innovative wayfinding design needs to be considered to make the circulation of the building as simple as possible for users to allow straightforward and safe navigation.
- 6.30 It is anticipated that people will arrive to the new centre from a number of different routes using various modes and combinations of transport - by train and tube, bus, by cycle and by foot. Many patients will arrive by vehicle, either private taxi, driven by a friend or family, or via Moorfields' non-emergency patient transport system. While most people will easily find their way to the building, navigation for some people will present a challenge. At the existing Moorfields at City Road a 'green line' drawn on the pavement leads people from the underground to the hospital. Navigating the 'Last Half Mile'¹⁹ to the Oriel presents a bigger challenge due to the multiple directions from which people will be arriving.
- 6.31 Oriel has devised a strategy to engage with patients, charity organisations such as the RNIB and Guide dogs, and Transport for London to ensure the journey from station or bus stop to Oriel is as seamless and easy to navigate as possible. This may include technological solutions such as 'intelligent signage', haptic mobile phone technology as well as non-technological solutions such as clear wayfinding and signage.

Cleaner, Greener Environments

Sustainable design

- 6.32 Sustainable technologies and renewable energy will be incorporated into the proposals to drive environmental performance.
- 6.33 The proposed development demonstrates an estimated carbon dioxide saving of 27%. This is against a target emission reduction of 35% over Building Regulations Part L 2013 for new non-domestic buildings. The Energy Strategy sets out several energy efficiency measures that have been incorporated to achieve the 27% carbon dioxide saving. A summary is provided below, for further details please refer to the full report.
- Be Lean – A wide range of passive design measures have been incorporated within the building including; efficient building fabric with U-values optimised to reduce heating and cooling loads, solar control glazing to optimise daylighting and thermal gains whilst minimising cooling demand, service routes minimised to reduce heat loss and solid panels/shading in the building façade to manage solar gains.
 - Be Clean – The potential for connecting the development to an existing or planned heat network has been investigated. At present, connection to a network is not considered viable. This is a result of a number of factors including; difficulty connecting across the canal and railway lines, the existing pipe infrastructure being too small at the likely connection point and the heating being provided by CHP engines with no decarbonisation strategy in place. The proposed development will be designed to enable connection to a district heating network in future if one is developed.
 - Be Green – A detailed assessment of renewable energy opportunities has been undertaken and has determined that renewable energy will be provided in the form of PV panels on the roof (864 sqm),

¹⁹ The 'last half mile' is the pedestrian journey from public transport nodes to the centre's entrance.

a ground source heat pump system to provide base load heating and cooling and an air source heat pump system to meet remaining heating, cooling and hot water demands.

- 6.34 It has been demonstrated that the minimum improvement over the Target Emission Rate outlined in National Building Regulations cannot be achieved on site. The shortfall in savings relative to a 35% saving target is expected to be addressed through offsetting. This results in an estimated payment to LBC of approximately £191,936.
- 6.35 A comprehensive monitoring and metering system will be installed to measure the actual energy and carbon performance. These operational demands will be reported to the Mayor for at least five years via an online portal.
- Open space
- 6.36 Physical or visual access to green spaces, water or natural light has a powerful direct impact on subjective wellbeing.
- 6.37 A landscape strategy has been prepared by White Arkitekter for the site. This demonstrates that the proposal will open up new publicly accessible spaces within the site and new public connections across it. The landscaping has been designed to respond to the layout of the development, the topography of the site and the characteristics of the site and the local context.
- 6.38 The hard landscaping is considered to be of high quality and the proposed layout of steps, beds and benches and the interaction between them is varied and informal in nature, adding character to the open spaces. Soft landscaping is proposed in the form of planters located around the site together with new tree planting.
- 6.39 Two new squares are proposed in front of the building entrances. The square to the southwest corner will connect the entrance to St Pancras Gardens. The public realm surrounding the southwest entrance comprises a variety of planters and benches. The external route from south to north is interspersed with trees and benches, this terminates in the second square by the northeast entrance with the presence of a large planter with integrated seating. The square to the northeast entrance provides a crossroads with Granary Street and routes leading through the consented Ted Baker development, as well as connecting through to the canal and the proposed new bridge that will link to the Kings Cross Central to the east. A number of street trees are proposed along St Pancras Way at either end of the drop-off bay, meanwhile Granary Street will be used for servicing the building.
- 6.40 The atrium forms a new internal public realm, during the buildings opening hours it will provide a publicly accessible route through the site from the south western corner to the north eastern corner, connecting the new Heritage Square with the new Oriel Square. Rising up through the centre of the atrium is 'the Oriel', a rising stack of floorplates containing the main public lifts and stairs, connecting to the various departments via bridges at each level. As well as facilitating connections between departments, 'the Oriel' also provides small waiting areas and informal meeting spaces at the various levels depending on the department it serves.
- 6.41 At sixth floor level, the building steps back to create a roof terrace on the south west of each wing. This roof terrace is for use by staff and students and can be accessed from the staff café to the north or the education suite to the south. The space will be used for working outdoors, outdoor teaching, relaxing, urban gardening

and social events. The roof terrace will contain a variety of perennial plants, shrubs and small trees. The selected plants will be suitable for the harsher living conditions of the roof.

6.42 The elevator shaft of the west core will be covered with a brown roof with PV panels to maximise the biodiversity and ecological value. In order to further increase the biodiversity of the site, it is proposed to install a series of artificial habitats for birds, bats and insects on the green roofs.

6.43 Further details on the landscaping and public realm are set out in the Design and Access Statement and Landscaping Design Report.

Conclusion on social impact

6.44 The proposed development has the potential to deliver significant and far-reaching socio-economic benefits, ultimately making a positive contribution to the vibrancy and health of the wider neighbourhood, promoting wellbeing.

6.45 The social impact assessment considers in turn, how the development will contribute towards the following social factors:

- Skills and Employment Opportunities
- Enhanced Innovation
- Healthy, Safe and Resilient Communities
- Cleaner, Greener Environments

6.46 The impact assessments demonstrates that the likely benefits of the proposal far outweigh the obvious health related benefits of the proposal, but also include placemaking, innovation, equal opportunities, community facilities and safety.

7. Health Impact Assessment

Introduction

- 7.1 This Health Impact Assessment ('HIA') has been prepared by JLL on behalf of the applicant to accompany the full planning application for the proposed Oriel redevelopment.
- 7.2 The purpose of this HIA is to assess and identify the potential positive and negative impacts and likely effects of the proposed development on health and wellbeing in accordance with the National Planning Policy Framework, The London Plan and the Draft London Plan, and LBC planning policy.
- 7.3 National Planning Practice Guidance (PPG) states that local planning authorities should ensure that the healthcare infrastructure implications of any relevant proposed local development are considered. The PPG also refers to HIA as a useful tool to assess and address the impacts of development proposals (paragraph ref 53-005-20190722).
- 7.4 In accordance with the Mayor of London's Social Infrastructure SPD and Camden's Planning Guidance on Planning for Health and Wellbeing, this HIA includes assessment using the NHS London Healthy Urban Development's Rapid Health Impact Assessment Tool, which allows for a focused investigation of health impacts in relation to development. This Rapid HIA is one of three types of HIA and is a "more resource intensive process, involving a more focused investigation of health impacts and recommending mitigation and enhancement measures". Camden's Planning Guidance stipulates that this assessment tool is required for schemes of between 10 and 99 dwellings and with 1,000 – 9,999 sqm of additional commercial or visitor floorspace.

The Principle of Health Impact Assessment

- 7.5 A Desktop HIA is considered the most appropriate for the Oriel development because it does not include a major infrastructure project nor is it expected to have an overall detrimental impact on the local environment.
- 7.6 In order to provide an appropriate level of assessment and in accordance with guidance in the Mayor's SPG, the NHS London Healthy Urban Development's Rapid Health Impact Assessment Fourth Edition (October 2019) Tool has been used.
- 7.7 The assessment tool helps identify those determinants of health which are likely to be influenced by a specific development proposal. Specifically, the rapid HIA tool provides an assessment matrix based on 11 broad determinants:
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 Neighbourhood 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 Neighbourhoods;
- 10. Minimising the Use of Resources; and
- 11. Climate Change.

- 7.8 Due to the nature of the proposed development, JLL has adapted the determinants set out within the matrix to ensure continued relevance. Therefore, unrelated determinants (such as those relating to housing quality and design) have been omitted from the Matrix. The HUDU Rapid HIA guidance stipulates that the ‘user is encouraged to add other criteria where necessary’ and therefore this approach has been adopted.
- 7.9 The health impacts relating to the relevant health determinants have been assessed against the proposed development, in the context of the site location, using the 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 below. Where an impact is identified, proposed mitigation or enhancement measures are also included within the matrix.

Assessment Methodology

- 7.10 The World Health Organisation (WHO) Europe defines health as ‘a state of complete physical mental and social well-being and not merely the absence of disease or infirmity. Factors that have the most significant influence on the health of a population are called ‘determinants of health’ defined by WHO as ‘the range of personal, social, economic and environmental factors which determine the health status of individuals and populations’.
- 7.11 Information has been obtained from a number of established and reliable sources to provide the baseline conditions, which inform assessments of the likely health impact effects. The full analysis of baseline conditions is set out in Chapter 3 of this Report, however repeated in this HIA where relevant.
- 7.12 The London HUDU Planning for Health Rapid HIA Tool Fourth Edition (October 2019) recommends the assessment of potential health impacts under 11 different broad health determinants. It does not identify all issues related to health and wellbeing but focuses on the built environment and issues directly or indirectly influenced by planning decisions. The health matters which have been considered in this Report Chapter and consideration of their relevance is set out in Table 7.1 below.

Table 7.1 Health Determinants from the HUDU Rapid Impact Assessment Tool, October 2019, Fourth Edition

	Health Determinant	Potential Health Impacts	Relevance to Proposed Development
1	Housing quality and design	Environmental factors, overcrowding and sanitation in buildings as well as unhealthy urban spaces have been widely recognised as causing illness since urban planning was	No residential accommodation is proposed and therefore determinants relating specifically to housing quality are not considered relevant.

Health Determinant	Potential Health Impacts	Relevance to Proposed Development
	formally introduced. Post-construction management also has impact on community welfare, cohesion and mental wellbeing.	Determinants relating to high quality design remain relevant.
2 Access to healthcare services and other social infrastructure	<p>Strong, vibrant, sustainable and cohesive communities require good quality, accessible public services and infrastructure.</p> <p>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 and community facilities has a direct positive effect on human health.</p> <p>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.</p>	This determinant is directly relevant to the proposal.
3 Access to open space and nature	<p>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.</p> <p>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</p>	This determinant is relevant to the proposal however as no residential accommodation is proposed, policy requirements for open space are not significant.

Health Determinant	Potential Health Impacts	Relevance to Proposed Development
	<p>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.</p>	
<p>4 Air quality, noise and neighbourhood amenity</p>	<p>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.</p>	<p>This determinant is relevant to the proposal.</p>
<p>5 Accessibility and active travel</p>	<p>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.</p>	<p>This determinant is relevant to the proposal.</p>

	Health Determinant	Potential Health Impacts	Relevance to Proposed Development
6	Crime reduction and community safety	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.	This determinant is relevant to the proposal.
7	Access to healthy food	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.	This determinant is relevant to the proposal.
8	Access to work and training	Unemployment generally leads to poverty, illness and a reduction in personal and social esteem. Works aids recovery from physical and mental illnesses.	This determinant is relevant to the proposal.
9	Social cohesion and lifetime neighbourhoods	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	This determinant is relevant to the proposal. Determinants specific to residential development are not relevant to this proposal.

Health Determinant	Potential Health Impacts	Relevance to Proposed Development
	<p>and/or ethnicity, which can lead to isolation, insecurity and a lack of cohesion.</p> <p>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.</p> <p>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.</p>	
10 Minimising the use of resources	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.	This determinant is relevant to the proposal.
11 Climate change	<p>There is a clear link between climate change and health. The Marmot Review is clear that local areas should prioritise policies and interventions that ‘reduce both health inequalities and mitigate climate change’ because of the likelihood that people with the poorest health would be hit hardest by the impacts of climate change.</p> <p>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</p>	This determinant is relevant to the proposal.

Health Determinant	Potential Health Impacts	Relevance to Proposed Development
	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.	

Source: HUDU Rapid Impact Assessment Tool, 2019, Fourth Edition

Spatial Boundaries of the Assessment

- 7.13 The baseline assessment in Chapter 3 of this Report considers the current health and wellbeing conditions at different spatial levels.
- 7.14 The potential impacts on existing health conditions varies by spatial scale. This is due to the sensitivity of the matters being assessed. A table outlining the spatial scales of the extent of impacts which is most likely to be experienced for each of the health and wellbeing matters is provided in Table 7.2 below.
- 7.15 As the proposed development will not generate a new residential population, this HIA focuses on the potential positive and negative impacts and likely effects of the proposed development on health and wellbeing in accordance with the 11 broad determinants. This HIA does not address future additional demand for social infrastructure (such as schools, GPs, dentists, open/ amenity space) from a newly introduced population.

Table 7.2 Spatial Boundaries of the Assessment

Matters	Spatial Level
Housing quality and design	Site
Access to healthcare services and other social infrastructure	Local, Borough and Regional
Access to open space and nature	Site and Local
Air quality, noise and neighbourhood amenity	Site, Local and Borough
Accessibility and active travel	Site and Local
Crime reduction and community safety	Local
Access to healthy food	Site and Local
Access to work and training	Local and Borough
Social cohesion and lifetime neighbourhoods	Site and Local
Minimising the use of resources	Site
Climate change	Site, Borough and Global

Rapid HIA Tool

- 7.16 The HUDU Tool has been designed to look at the positive and negative health impacts and likely effects of a development as well as assessing the indirect implications for the wider community.
- 7.17 The Rapid HIA Tool covers a wide range of health determinants and is largely a qualitative assessment, rather than quantitative. There is no formal or statutory requirement to assess or measure the scale and so the significance of effects within a standalone HIA and for the most part, it is not possible to quantify the severity or extent of the effects which give rise to these impacts. Indeed, HUDU notes ‘it may not be possible to quantify the impacts as many of the effects on an individual’s or community’s health are not easily measurable and many health effects are indirect and take many years to manifest themselves’. To this end, the potential health impacts are described as outlined in Table 7.3 below, based on broad categories for the identified qualitative impacts.

Table 7.3 HIA Impact Categories

Positive	A beneficial impact is identified
Neutral	No discernible health impact is identified
Negative	An adverse impact is identified
Uncertain	Where uncertainty exists as to the overall impact

Source: HUDU Rapid Impact Assessment Tool, 2019, Fourth Edition

- 7.18 Whilst HIA is not an exact science and is made on the basis of many assumptions of a complex reality into a simple model. This report has also sought to provide a simplified methodology for this assessment based on the standard impact assessment methodology. Any assessments in terms of the sensitivity of receptor and the magnitude of impacts are made using the assessor’s best professional judgement and are considered accurate at the time of writing.



Table 7.4: Rapid HIA Tool Matrix

Assessment Criteria	Relevant	Details / Evidence	Potential Health Impact (Positive, Negative, Neutral, Uncertain)	Recommended Mitigation or Enhancement Measures
Housing Design and Affordability				
Does the proposal seek to meet all 16 design criteria of the Lifetime Homes Standard or meet Building Regulation requirement M4 (2)?	No	N/A	N/A	N/A
Does the proposal address the housing needs of older people, i.e. extra care housing, sheltered housing, lifetime homes and wheelchair accessible homes?	No	N/A	N/A	N/A
Does the proposal include homes that can be adapted to support independent living for older and disabled people?	No	N/A	N/A	N/A
Does the proposal promote good design through layout and orientation, meeting internal space standards?	Yes	<p>The proposals are designed by a leading architectural practice and deliver high quality design, architecture and layout, utilising innovative materials.</p> <p>The proposed development will be welcoming, comfortable and reassuring for patients and their carers, students, visitors and staff. Innovative wayfinding design needs to be considered to make the circulation of the building as simple as possible for users to allow straightforward and safe navigation.</p>	Positive	No mitigation proposed.

Does the proposal include a range of housing types and sizes, including affordable housing responding to local housing needs?	No	N/A	N/A	N/A
Does the proposal contain homes that are highly energy efficient (e.g. a high SAP rating)?	No	N/A	N/A	N/A
Access to health and social care services and other social infrastructure				
Does the proposal retain or re-provide existing social infrastructure?	Yes	The proposals co-locate Moorfields City Road Hospital and the UCL Institute of Ophthalmology (IoO) into a purpose built, integrated facility that will bring together clinical care, research and education expertise. The existing buildings at the Old Street campus (City Road and Bath Street) are more than 125 years old and are no longer suited to the provision of 21st-century clinical care, research or education.	Positive	No mitigation proposed.
Does the proposal assess the impact on health and social care services and has local NHS organisations been contacted regarding existing and planned healthcare capacity?	Yes	Yes. The proposal has been designed as a partnership between Moorfields Eye Hospital NHS Foundation Trust, Moorfields Eye Charity and UCL (IoO).	Positive	No mitigation proposed.
Does the proposal include the provision, or replacement of a healthcare facility and does the facility meet NHS requirements?	Yes	The existing mental health inpatient wards located on site are planned to move to a new, purpose-built facility next to the existing Highgate Mental Health Centre and the Whittington Hospital. The proposal will provide a specialist building for Ophthalmology, that will enable the partners unprecedented quality of clinical, research and education outcomes. The new facility will offer the best experience for	Positive	No mitigation proposed.

		<p>patients and staff, as well as speed up the development of new research and treatments.</p> <p>The proposals have been informed by an extensive consultation process with NHS Camden Clinical Commissioning Group and NHS England Specialised Commissioning, in partnership with Moorfields.</p>		
Does the proposal assess the capacity, location and accessibility of other social infrastructure, e.g. schools, social care and community facilities?	No	N/A	N/A	N/A
Does the proposal explore opportunities for shared community use and co-location of services?	Yes	The proposals co-locate Moorfields City Road Hospital and the UCL IoO into a purpose built, integrated facility that will bring together clinical care, research and education expertise. The new facility will provide a valuable resource to the local community.	Positive	No mitigation proposed.
Access to open space and nature				
Does the proposal retain and enhance existing open and natural spaces?	Yes	<p>The existing site comprises 6 buildings in medical use. There is no open or natural space currently on site.</p> <p>Immediately to the south of the site lies the St Pancras Gardens, which is a Grade II Registered Park and Garden. The Church Gardens are also designated as public open space, a Borough Grade 2 Site of Importance for Nature Conservation and form part of an Archaeological Priority Area.</p>	Negligible	No mitigation proposed.

<p>In areas of deficiency, does the proposal provide new open or natural space, or improve access to existing spaces?</p>	<p>Yes</p>	<p>Improvements are proposed to the local environment, this includes replacing and upgrading the immediate public realm and enhancing permeability across the site. This includes the removal of the existing high brick wall that surrounds the site and greater connections and more permeable routes to the Canal and St Pancras Gardens.</p>	<p>Positive</p>	<p>No mitigation proposed.</p>
<p>Does the proposal provide a range of play spaces for children and young people?</p>	<p>Yes</p>	<p>At sixth floor level, the staff and students will have access to a south facing roof garden with spectacular views over London. The rooftop can be divided into two main spaces: a more open part next to the elevator in the west and a more intimate part in the east.</p> <p>Vegetation of perennial plants, shrubs and small trees are planted in the edges and in islands on the open floor. By doing so a sequence of rooms are created, suitable for different activities and needs. Next to entrances more open flexible spaces are located for events and social gatherings. In between the green islands you will find more intimate seating areas where one can rest, eat lunch, meet a friend, relax and play. Many of the plantings can be used for urban gardening.</p> <p>No dedicated play space is proposed; however, this is not a requirement due to the type of development proposed.</p>	<p>Negligible</p>	<p>No mitigation proposed.</p>

<p>Does the proposal provide links between open and natural spaces and the public realm?</p>	<p>Yes</p>	<p>The proposal has been designed to allow people to move freely, and to create spaces for both social activities and rest. Direction and movement should be easy and there should always be places to sit down, close to vegetation or the shade of a tree.</p> <p>Tactile materials such as wood and stone create a warm and natural feeling in harmony with the surrounding buildings.</p> <p>Three main approaches are developed to erase the border between the inside and outside. These steps let the public realm flow into the atrium of the building and vice versa.</p>	<p>Positive</p>	<p>No mitigation proposed.</p>
<p>Are the open and natural spaces welcoming and safe and accessible for all?</p>	<p>Yes</p>	<p>The proposal will be designed for everyone, using materials, colour, tactility and technology to aid wayfinding and navigation around the building.</p> <p>Throughout the design process, focus has been placed on patient journeys, addressing issues such as the ease of arrival, accessibility, clarity of wayfinding, and provision of pleasant places for waiting, in ready reach of the destinations.</p> <p>Within the project Andy Baker an Access Consultant registered with the National Register of Access Consultants has been supervising the design. Consultation during the project has also included specialists</p>	<p>Positive</p>	<p>No mitigation proposed.</p>

		from the Moorfields Eye Hospital, UCL, Guide Dogs and RNIB, amongst others		
Does the proposal set out how new open space will be managed and maintained?	Yes	To be confirmed at a later stage.	Negligible	The landscape maintenance will likely be secured via planning condition, in the form of a landscape management plan.
Air quality, noise and neighbourhood amenity				
Does the proposal minimise construction impacts such as dust, noise, vibration and odours?	Yes	<p>The proposal will be built in accordance with the Considerate Constructors Scheme (CCS).</p> <p>The CCS is designed to encourage environmentally and socially considerate ways of working, to reduce any adverse impacts arising from the construction process. The aims are as follows:</p> <ul style="list-style-type: none"> • Enhancing the appearance; • Respecting the community; • Protecting the environment; • Securing everyone’s safety; and • Caring for the workforce. <p>During the construction processes, control procedures will be put in place to minimise noise and dust pollution and roads will be kept clean through a Construction Environmental Management Plan which will be agreed with LBC.</p> <p>The Principal Contractor shall provide details describing arrangements for</p>	Negligible	These standard measures will be included within a Construction Environmental Management Plan (CEMP) which will be agreed as pre-commencement condition.

		<p>monitoring of noise and vibration, including instrumentation to be used, locations of monitors and trigger levels where appropriate. Given the scale of the Proposed Development it can be defined as Major Works.</p> <p>In accordance with the LBC’s Minimum Requirements for Building Construction, a continuous noise monitoring regime shall be implemented against agreed baselines with real-time monitoring equipment employed to ensure that the levels of noise and where applicable vibration, are being maintained to a minimum.</p> <p>The Principal Contractor shall provide details on how dust nuisance arising from dusty activities, on site, will be prevented. Proposed site layouts will be planned to locate machinery and dust-causing activities away from sensitive receptors, where reasonably practicable.</p> <p>Further detail is set out in the submitted Outline Construction Management Plan.</p>		
<p>Does the proposal minimise air pollution caused by traffic and energy facilities?</p>	<p>Yes</p>	<p>The submitted Air Quality Report prepared by Aecom has assessed the impact of the proposal at both the construction and operation phases.</p> <p>The results of the assessment of impacts associated with the demolition and construction phase indicate that, in the absence of</p>	<p>Negligible</p>	<p>The submitted Air Quality Report includes proposed mitigation measures to ensure the proposal is acceptable during the construction phase.</p> <p>No mitigation measures are required for the proposal to</p>

mitigation, impacts associated with the proposal, such as removal / demolition of existing structures, earthworks, construction and track-out, can be described as medium to high risk with regard to dust soiling, and low risk in terms of human health impacts. A range of mitigation measures can be followed to reduce the nuisance and human-health impacts of the dust and PM10 which, if effectively implemented, would reduce impacts to an insignificant level.

The impacts of the complete and operational proposal on local air quality have been assessed at receptor locations representing existing sensitive receptors.

Concentrations of NO2 are predicted to be below the annual mean air quality objective of 40 µg/m3 at receptors except R6 (Goldington Building Flats 1-3), R5 (Goldington Crescent Gardens) and R18 (Margaret Toker Flats) both without and with the Proposed Development. Likewise, annual mean PM2.5 and PM10 concentrations are predicted to be below the respective objectives of 25 and 40 µg/m3 at all modelled receptors both without and with the Proposed Development. The impact of the Proposed Development at all existing receptor locations is therefore considered to be negligible, in

be acceptable during the operation phase of the development.

		accordance with the IAQM/EPUK significance criteria.		
Does the proposal minimise noise pollution caused by traffic and commercial uses?	Yes	<p>Reducing noise pollution helps to improve the quality of life for residents, particularly in urban locations.</p> <p>Good industry standards, guidance and practice procedures (i.e. compliance with the CCS) will be followed in order to minimise noise and vibration effects during construction. Noise and vibration arising during the construction works will be managed to avoid and minimise impacts.</p> <p>Noise and vibration generated by construction activities associated with the proposal are likely to exceed the lowest observable adverse effect level at nearby sensitive receptors throughout the construction programme. Noise emissions during demolition and substructure works may result in exceedances of the significant observed adverse effect level at existing receptors that are part of the wider St Pancras Hospital site.</p> <p>Changes in road traffic noise due to both construction and operational traffic associated with the Proposed Development have been identified as negligible and not significant.</p> <p>Building services plant will be required to achieve noise levels set to 10 dB below the measured background</p>	Negligible	<p>As set out in the submitted Noise Report, prepared by Aecom, Noise mitigation measures and noise management plans to implement BPM will be put into place to ensure that noise is minimised at all times throughout the construction programme.</p> <p>Mitigation measures will be documented within a CEMP which will be prepared by the Principal Contractor.</p> <p>A construction noise monitoring strategy will be agreed with the LBC once a Principal Contractor has been appointed.</p>

noise level with temporary limits during emergencies set at 10dB above the measured background noise level. Building services plant will be designed to achieve the specified noise limits at nearby sensitive receptors.

Accessibility and active travel

Does the proposal address the ten Healthy Streets indicators?	Yes	<p>The submitted Transport Assessment, prepared by Aecom, has been prepared in accordance with the TfL Healthy Streets Transport Assessment Guidance. Table 4.1 within the Transport Assessment reviews the proposal against the Health Streets indicators.</p> <p>This confirms that the proposal will include the headline policy objectives of ‘Increasing the proportion of trips made by walking, cycling or public transport’ and ‘Good Growth: as supporting the relationship between public realm and buildings’, putting Healthy Streets at the centre of the development proposals.</p>	Positive	No mitigation proposed.
Does the proposal prioritise and encourage walking (such as through shared spaces?)	Yes	The proposed development will have no car parking (aside from disabled parking). This will have benefits for the air quality and traffic congestion in the surrounding area.	Positive	No mitigation proposed.
Does the proposal prioritise and encourage cycling (for example by providing secure cycle parking, showers and cycle lanes)?	Yes	390 long stay and 112 short stay cycle spaces will be provided along with showering, changing and storage facilities to encourage workers and visitors to cycle to improve health and	Positive	No mitigation proposed.

		<p>well-being and reduce congestion and air pollution.</p> <p>The proposal will include cycle parking in line with the emerging Draft New London Plan standards. The long-stay cycle parking requirement will be provided within the building, and short-stay parking will be provided within the public realm.</p>		
Does the proposal connect public realm and internal routes to local and strategic cycle and walking networks?	Yes	Improvements are proposed to the local environment, including replacing and upgrading the immediate public realm and enhancing permeability across the site.	Negligible	No mitigation proposed.
Does the proposal include traffic management and calming measures to help reduce and minimise road injuries?	Yes	The submitted Travel Plan confirms that a Travel Plan Coordinator will be appointed for the delivery, monitoring and review of the Travel Plan with reference to their operations and will report to the management and Developer.	Negligible	The submitted Travel Plan confirms that a Travel Plan Coordinator will be appointed for the delivery, monitoring and review of the Travel Plan with reference to their operations and will report to the management and Developer.
Is the proposal well connected to public transport, local services and facilities?	Yes	The site is located in close proximity to King’s Cross, St Pancras, Euston and Mornington Crescent Stations, providing excellent connections to large parts of the UK as well as access to six London Underground Lines and the Overground.	Negligible	No mitigation proposed.
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	In line with LBC’s policy on parking and the highly sustainable location of the site, the proposed development will have no car parking (aside from disabled parking and drop-off). This will	Positive	No mitigation proposed.

		have benefits for the air quality and traffic congestion in the surrounding area.		
Does the proposal allow people with mobility problems or a disability to access buildings and places?	Yes	The applicant has commissioned Buro Happold to provide support and accessibility leadership for the ‘Last Half Mile’ project. This study relates to the journey and user experience between the public transport links and vehicular drop-off to the entrance to the Oriel building in the Proposed Development. The study focusses on the accessibility needs of patients and visitors with a range of disabilities and conditions, and in particular the challenges faced by people with a range of visual impairments, from the point of arrival by public transport to entering the Oriel building.	Positive	No mitigation proposed.
Crime reduction and community safety				
Does the proposal incorporate elements to help design out crime?	Yes	The scheme has been designed in accordance with ‘Secured by Design’ principles. The scheme will bring forward uses that activate the ground floor, giving better natural surveillance and thus assisting in reducing the opportunities for committing crime and antisocial behaviour.	Positive	No mitigation required.
Does the proposal incorporate design techniques to help people feel secure and avoid creating ‘gated communities’?	No	N/A	N/A	N/A
Does the proposal include attractive, multi-use public spaces and buildings?	Yes	The proposal includes new public realm that welcomes the public into	Positive	No mitigation required.

		<p>the heart of the building and reinforces Oriel’s sense of place.</p> <p>The form of the building and the way it relates to its site urban context and routes will give it a clear identity as part of the knowledge quarter. The proposal will create a place of collaboration and interaction between staff, students, patients and the public</p>		
Has engagement and consultation been carried out with the local community?	Yes	Public consultation has occurred throughout the pre-application process and is summarised in the Statement of Community Involvement which is submitted as part of the planning application.	Positive	No mitigation required.
Access to healthy food				
Does the proposal facilitate the supply of local food, i.e. allotments, community farms and farmers’ markets?	Yes	The proposal does not provide or facilitate the provision of these uses.	Negligible	No mitigation required.
Is there a range of retail uses, including food stores and smaller affordable shops for social enterprises?	Yes	The proposal does not provide or facilitate the provision of these uses.	Negligible	No mitigation required.
Does the proposal avoid contributing towards an overconcentration of hot food takeaways in the local area?	Yes	Hot food takeaways and similar outlets selling fast food can harm the vitality and viability of local centres and undermine attempts being made in a locality to promote the consumption of healthy food, particularly where schools are located nearby. The proposal does not include any retail outlets such as hot food takeaways and fast food restaurants.	Negligible	No mitigation required.
Access to work and training				

Does the proposal provide access to local employment and training opportunities, including temporary construction and permanent 'end-use' jobs?	Yes	<p>As identified within the LBC Planning Obligations SPD, funding towards apprentices, work placement schemes and measures towards encouraging local employment during both the construction and operational phases of the development will be secured through a section 106 agreement.</p> <p>The final contractor for the Proposed Development is yet to be appointed. The procurement process will ensure that considerable apprenticeship and employment opportunities for local people will be offered during the construction phase.</p> <p>In terms of temporary construction jobs considering the total investment and build cost of the project, the total Full Time jobs generated per year directly would be 512. This would amount to some 2231 contractors being employed at the site based on indicative multipliers.</p> <p>The new retail and employment floorspace will have capacity to accommodate approximately 11-13 jobs on site.</p>	Positive	No mitigation required.
Does the proposal provide childcare facilities?	Yes	The proposal does not include childcare facilities.	Negligible	No mitigation proposed.
Does the proposal include managed and affordable workspace for local businesses?	Yes	The Proposed Development does not provide or facilitate the provision of these uses.	Negligible	No mitigation required.
Does the proposal include opportunities for work for local people via local procurement arrangements?	Yes	The applicant is committed to working with their contractors, suppliers and	Positive	Camden Local Plan policy E1 requires large schemes with

		<p>occupiers to get the most from this development. Training opportunities for local people will be provided, particularly through the construction period.</p> <p>Further information is set out within the Employment and Skills Plan.</p>		<p>significant job creation potential to submit an Employment and Training Strategy, to be secured via a legal agreement pursuant to Section 106 of the Town and Country Planning Act 1990.</p>
Social cohesion and inclusive design				
Does the proposal consider health inequalities by addressing local needs through community engagement?	Yes	A wide range of consultation has taken place during the design evolution of this scheme. This has included engagement with LBC and GLA Officers, Local Councillors, local residents and community groups.	Positive	No mitigation proposed.
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	<p>The proposed development will be welcoming, comfortable and reassuring for patients and their carers, students, visitors and staff. Innovative wayfinding design needs to be considered to make the circulation of the building as simple as possible for users to allow straightforward and safe navigation.</p> <p>It is understood that people will arrive to the Oriel from a number of different routes using various modes of transport - by train and tube, bus, by cycle and by foot. Many patients will arrive by vehicle, either private taxi, driven by a friend or family, or via Moorfields' non-emergency patient transport system. While most people will easily find their way to the building, navigation for some people will present a challenge. At the</p>	Positive	No mitigation proposed.

		<p>existing Moorfields Eye Hospital a 'green line' drawn in the pavement leads people from the underground to the hospital. Navigating the 'Last Half Mile' to the Oriel presents a bigger challenge due to the multiple directions from which people will be arriving.</p> <p>The design and client team have devised a strategy to engage with interested stakeholders and patient groups to ensure the journey from station or bus stop to Oriel is as seamless and easy as possible. This may include technological solutions such as 'intelligent signage', haptic mobile phone technology as well as non-technological solutions such as clear wayfinding and signage.</p>		
Does the proposal include a mix of uses and a range of community facilities?	Yes	The future aspiration of the proposal is to build on existing projects, associated science engagement initiatives involving creative practitioners could include workshops and events as further ways of actively engaging staff, students and patients and broadening participation in research activity.	Positive	No mitigation proposed.
Does the proposal provide opportunities for the voluntary and community sectors?	Yes	The new facility will provide a valuable resource to the local community.	Negligible	A community outreach plan will be secured via condition.
Does the proposal take into account issues and principles of inclusive and age-friendly design?	Yes	The applicant promotes equal chance to apply and be selected for posts, to be trained and/or promoted and to	Positive	No mitigation proposed.

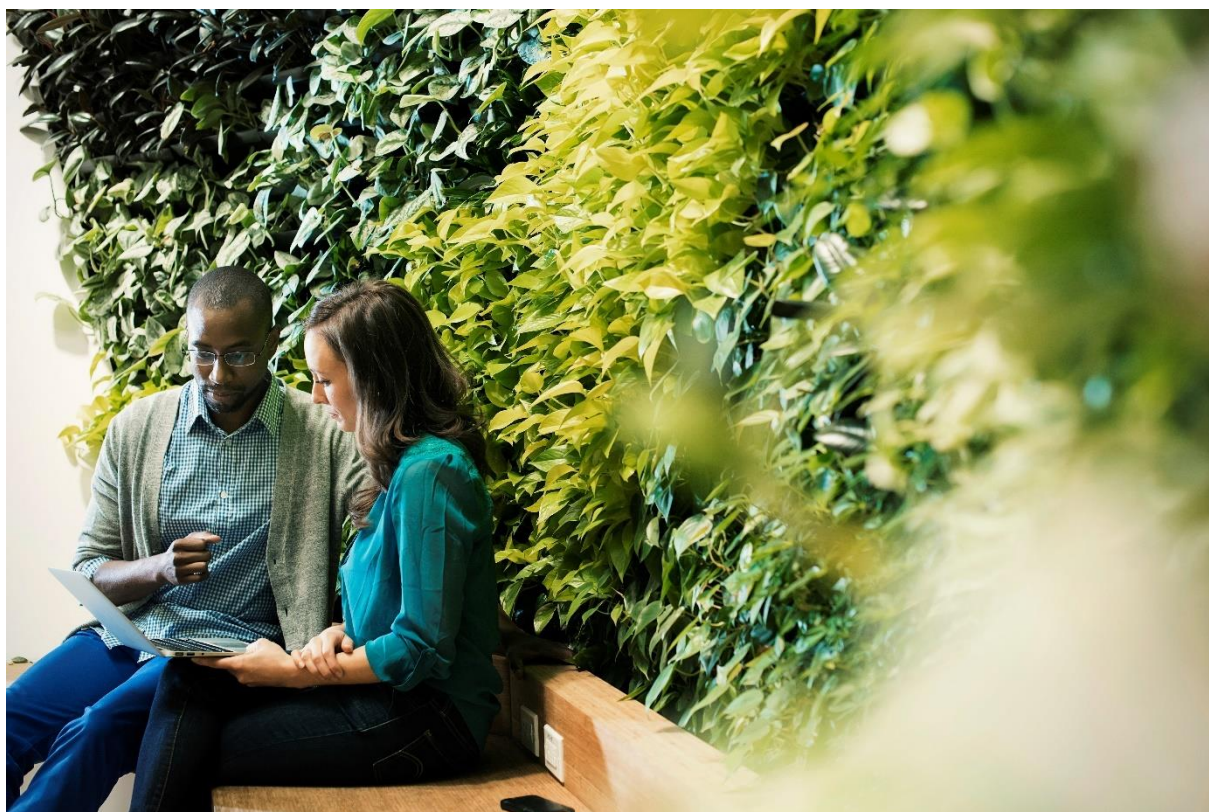
		<p>have their employment terminated equally and fairly.</p> <p>The proposed development has carefully considered the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities. Further information is set out in the Equalities Impact Assessment.</p>		
Minimising the use of resources				
Does the proposal make best use of existing land?	Yes	In conformity with sustainable planning principles, this development is on previously developed land.	Positive	No mitigation proposed.
Does the proposal encourage recycling (including building materials)?	Yes	<p>Yes, as part of the proposals, the recycling of building materials will be encouraged.</p> <p>In addition, the building has been designed to minimise waste and maximise the potential for reuse and recycling of elements or indeed the whole building. This concept of the circular economy is a key design principle for the building.</p>	Positive	No mitigation proposed.
Does the proposal incorporate sustainable design and construction techniques?	Yes	The Proposed Development will incorporate sustainable design and construction techniques where feasible and these will be explored as part of the preparation of the CEMP.	Positive	These standard measures will be included within a CEMP which will be agreed as pre-commencement condition.
Climate change				

Does the proposal incorporate renewable energy?	Yes	A detailed assessment of renewable energy opportunities has been undertaken and has determined that renewable energy will be provided in the form of PV panels on the roof (864 sqm), a ground source heat pump system to provide base load heating and cooling and an air source heat pump system to meet remaining heating, cooling and hot water demands.	Positive	The building is proposing to install comprehensive monitoring and metering systems to measure the actual energy and carbon performance. These operational demands will be reported to the Mayor for at least five years via an online portal. An energy metering strategy will be developed to ensure that the Building Management System (BMS) has the capability to allow for this reporting requirements to meet the final step in the energy hierarchy under the New London Plan.
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	Yes, overheating risk has been considered throughout the design development and an overheating risk analysis is set out within the submitted Energy Strategy. The buildings are mechanically ventilated, but the type of building means that it is expected by users that Mechanical cooling will be included. Efficient cooling plant is specified to reduce energy used for mechanical cooling.	Positive	The submitted Energy Strategy confirms that due to noise and air quality concerns, openable windows or natural ventilation are not suitable options. Mechanical cooling is therefore part of the design of the building.
Does the proposal maintain or enhance biodiversity?	Yes	Opportunities will be taken to enhance the ecological value of the site, through features such as planting and biodiverse landscaping.	Positive	No mitigation required.

		Green and biodiverse roofs will be integrated where possible as part of the design.		
Does the proposal incorporate sustainable urban drainage techniques?	Yes	<p>The foul and surface water drainage strategy for the proposal has been developed with reference to current best practice and requirements.</p> <p>The Proposed Development will have separate foul and surface water drainage networks.</p> <p>The drainage strategy has been designed to accommodate an allowance of 40% for climate change. This is based on the requirements of the Environment Agency and the LLFA regarding designing drainage and SUDs.</p> <p>Further detail is set out within the submitted Drainage and SUDs Strategy.</p>	Positive.	Further detail of the proposed SUDs techniques will likely be conditioned.

Conclusion on Health Impacts

- 7.19 This Health Impact Assessment has been prepared by JLL on behalf of the applicant to accompany a full planning application for the proposed Oriol redevelopment.
- 7.20 The proposals co-locate Moorfields City Road and the UCL IoO into a purpose built, integrated facility that will bring together clinical care, research and education expertise. The existing buildings at the Old Street campus (City Road and Bath Street) are more than 125 years old and are no longer suited to the provision of 21st-century clinical care, research or education.
- 7.21 The employees, patients and other users of the operational development would benefit from a specialist building for Ophthalmology, that will enable the partners unprecedented quality of clinical, research and education outcomes. The new facility will offer the best experience for patients and staff, as well as speed up the development of new research and treatments.
- 7.22 The applicant wishes to give a high priority to helping improve the end occupier's health and enhance community cohesion. They are committed to ensuring that the proposed development contributes where possible to promote sustainable development and travel, enhancing green spaces, reducing pollution and protecting neighbourhood amenity.
- 7.23 The proposal will bring significant health and social benefits to the local and regional area, achieving the overarching objective of improving standards of health in the community.



8. Equalities Impact Assessment

Introduction

- 8.1 Promoting equality and addressing health inequalities are at the heart of the applicant's values. The proposed development has carefully considered the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.
- 8.2 The Equality Act 2010 mandates an integrated equality duty on all public bodies to consider how they can:
- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act.
 - Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
 - Foster good relations between persons who share a relevant protected characteristic and those who do not share it.
- 8.3 Due regard is demonstrated by considering the likely impact of the change on different groups in the community, in particular the nine protected characteristics as defined under the Equality Act 2010.
- Age
 - Disability
 - Gender reassignment
 - Marriage and Civil Partnership
 - Pregnancy and Maternity
 - Race
 - Religion or Belief
 - Sex
 - Sexual Orientation.

Moorfields Eye Hospital NHS Foundation Trust

- 8.4 Since the NHS Act 2006, the NHS has had a duty to reduce inequalities in accessing services and in clinical outcomes, and to ensure that services offer same outcomes and same experience to patients regardless of their backgrounds.
- 8.5 The NHS promotes equal chance to apply and be selected for posts, to be trained and/or promoted and to have their employment terminated equally and fairly.

8.6 The NHS Constitution also adds a social duty to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population (eg, through deprivation).

UCL Equal Opportunity Policy Statement

8.7 UCL is committed to fostering a positive culture where all staff, students, and visitors can flourish, where no-one will feel compelled to conceal or play down elements of their identity for fear of being stigmatised.

8.8 UCL aims to be a university where people are encouraged to be authentic and their unique perspective, experiences, and skills are seen as valuable assets.

8.9 UCL commits to promoting equality, diversity, and inclusion:

- In the recruitment, selection, education, and assessment of students
- In the recruitment, selection, training, appraisal, development, and promotion of staff and in the way in which it welcomes and treats all visitors to UCL and external organisations with which it works.

8.10 To do this, UCL commit to provide a learning, working, and social environment in which the rights and dignity of all are respected, and which is free from unlawful discrimination, prejudice, intimidation, and all forms of harassment including bullying.

8.11 UCL is committed to a programme of action to ensure that equality, diversity, and inclusion initiatives are implemented and monitored at organisational, faculty, and departmental levels.

8.12 All staff, students, and visitors to UCL are expected to abide by the principles set out in this policy and to support UCL in its delivery.

*“Practising **equality of opportunity** can sometimes mean treating people differently in order to treat them fairly, e.g. being flexible to meet the needs of working parents.*

***Diversity** recognises, values, and celebrates the differences between people or communities. These can be visible and non-visible differences. Our differences may mean we have different cultures, needs, wants, and ways of doing things.*

***Inclusion** means actively considering the diversity of individuals and groups to understand their needs and changing the way we do things where necessary in order to ensure that each member of the UCL community is included and feels valued.”* (UCL Equal Opportunity Policy Statement, January 2017)

8.13 The IoO is committed to pursuing the aims of the Equality Challenge Unit's Athena Swan Charter, which recognises advancement of gender equality. The Athena SWAN Charter recognises and celebrates good employment practices for women working in higher education and research. The IoO was awarded a Bronze Athena SWAN Award in October 2018. This recognises the applicant's commitment to advancing women's careers in STEMM academia.

Oriel - Equalities Impact Desktop Analysis

- 8.14 The applicant understands from listening to people that they are apprehensive about how any change to Moorfields would be managed with minimal disruption, smooth transition and continuity of service. To make sure that concerns are addressed, the applicant has considered how issues of equality affect service users in the proposed changes and is analysing these through a series of assessments.
- 8.15 As part of the pre-consultation process for the proposed relocation of Moorfields Eye Hospital's City Road services, an initial equalities impact pre-consultation desktop analysis was undertaken focusing on ensuring that the proposal does not discriminate against any disadvantaged or vulnerable people or groups.
- 8.16 All public authorities are required to have due regard to the aims of the Public Sector Equality Duty (PSED) of the Equality Act 2010 in exercising their functions, such as when making decisions and when setting policies. To meet this due regard, throughout the development of Moorfields' proposal, the applicant has consciously considered the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it.
- 8.17 The applicant is also giving regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.
- 8.18 The applicant is committed to ongoing engagement with patients, carers, staff and residents and as part of this, ensuring the importance of equality is addressed at every stage. Consultation to-date has included:
- January 2019: An initial desktop research analysis which assessed the equality impact of proposed change.
 - May 2019: Interim equality impact analysis to determine, at a high level, the likely positive or negative impact that the proposed service changes may pose, and to develop initial thinking on possible mitigations.
 - May 2019: Update on engagement with people with protected characteristics to identify potential issues of equality associated with the proposed service change, further inform the equality impact assessment, and highlight potential issues for the consideration of decision-makers.
 - February 2020: The final Equalities Impact Assessment was completed and considered as part of the approval of relocation of services by NHS commissioners²⁰.

²⁰ Decision Making Business Case that summarises the consultation is available online.

Table 8.1: Oriel - Equalities Impact Desktop Analysis

Protected group	Relevance Yes/No	Evidence of impact <i>(Note: consider groups that have greater and/or specific needs)</i>	Nature of potential impact <i>(positive/negative/unknown)</i>	Recommendations/mitigating actions <i>(Note: consider how equity can be achieved)</i>
Age	Yes	Access to clinical services will continue to be accessible to everyone, regardless of their age. Planned and emergency eye care will continue to be provided to children, young people and adults.	Neutral	The proposed changes will have a neutral impact on overall accessibility.
		Most eye disease manifests as a long-term condition and current patients receiving care at the City Road hospital will often have attended the site over many years. Relocating services from a site that patients are very familiar with will present challenges, including navigating new public or private transport routes and accessing the new hospital site.	Negative	Early and active engagement with patients, families and carers to inform them of the proposed relocation. Co-design with patients, families and carers to ensure easy navigation with appropriate signage within the building. Provide detailed information, in advance, to all patients to enable them to plan and understand route to the new hospital site.
		Eye diseases are more prevalent in older people. The distance patients are expected to walk from transport links to the proposed new site may impact on older patients and their families.	Negative	Early and active engagement with patients, families and carers to understand their concerns. Work with the local authority to design accessible

Protected group	Relevance Yes/No	Evidence of impact <i>(Note: consider groups that have greater and/or specific needs)</i>	Nature of potential impact <i>(positive/negative/unknown)</i>	Recommendations/mitigating actions <i>(Note: consider how equity can be achieved)</i>
Disability	Yes	<p>A significant proportion of current patients attending the City Road site are under 18 years of age. The distance patients are expected to walk from transport links to the proposed new site may impact on children and their families.</p>	Negative	<p>routes from public transport links that are free of obstacles, safe and easy to navigate.</p> <p>Early and active engagement with patients, families and carers to understand their concerns.</p>
		<p>Some areas of the City Road site are not Equality Act 2010 compliant (for example, in some staff areas there is no step-free access). The new facility will be built to be fully compliant with Equality Act 2010 requirements.</p>	Negative	<p>Work with the local authority to design accessible routes from public transport links that are free of obstacles, safe and easy to navigate.</p> <p>Co-design with patients, families and carers to ensure easy navigation with appropriate signage within the building.</p>

Protected group	Relevance Yes/No	Evidence of impact <i>(Note: consider groups that have greater and/or specific needs)</i>	Nature of potential impact <i>(positive/negative/unknown)</i>	Recommendations/mitigating actions <i>(Note: consider how equity can be achieved)</i>
		The main public transport link to the current hospital site (Old Street tube station) is not step-free. The proposed new facility will benefit from King’s Cross and St Pancras International stations as the main public transport link, both of which are step-free.	Positive	Provide detailed information, in advance, to all patients to enable them to plan and understand route to the new hospital site.
		The distance patients are expected to travel from transport links to the proposed new site may impact on people with disabilities.	Negative	Review these distances, including what options are available and how accessible the route(s) are, to further understand the impacts on people with disabilities gaining equitable access to the new site. Work with the local authority to design accessible routes from main transport and other hubs.
Gender reassignment	No	The services will remain accessible to all.	Neutral	The proposed changes will have a neutral impact on overall accessibility.
	Yes	No provision has been made at the City Road site to meet the needs of patients or staff who identify as gender non-binary. Consideration will be given to this	Positive	No mitigating actions – impact is positive.

Protected group	Relevance Yes/No	Evidence of impact <i>(Note: consider groups that have greater and/or specific needs)</i>	Nature of potential impact <i>(positive/negative/unknown)</i>	Recommendations/mitigating actions <i>(Note: consider how equity can be achieved)</i>
		patient and staff group when designing the proposed new facility		
Marriage and civil partnership	No	Services will remain accessible for patients' partners to visit.	Neutral	The proposed changes will have a neutral impact on overall accessibility.
Pregnancy and maternity	No	The services will remain accessible to all.	Neutral	The proposed changes will have a neutral impact on overall accessibility.
Race	No	The services will remain accessible to all.	Neutral	The proposed changes will have a neutral impact on overall accessibility.
Religion or belief	No	The services will remain accessible to all. The new proposed facility will include areas to support both staff and service user faith needs.	Neutral	The proposed changes will have a neutral impact on overall accessibility.
Sex	No	The services will remain accessible to all.	Neutral	The proposed changes will have a neutral impact on overall accessibility.
Sexual orientation	No	The services will remain accessible to all.	Neutral	The proposed changes will have a neutral impact on overall accessibility.

Conclusions relating to Equalities Impacts

- 8.20 The proposed development has carefully considered the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.
- 8.21 Promoting equality and addressing health inequalities are at the heart of the NHS's values. Since the NHS Act 2006, the NHS has had a duty to reduce inequalities in accessing services and in clinical outcomes, and to ensure that services offer same outcomes and same experience to patients regardless of their backgrounds. Furthermore, UCL is committed to fostering a positive culture where all staff, students, and visitors can flourish, where no-one will feel compelled to conceal or play down elements of their identity for fear of being stigmatised.
- 8.22 The applicant had regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities and as part of the pre-consultation process for the proposed development, an initial equalities impact pre-consultation desktop analysis was undertaken focusing on ensuring that the proposal does not discriminate against any disadvantaged or vulnerable people or groups.

9. Academic Needs Assessment

Introduction

- 9.1 This Academic Needs Report has been prepared by JLL on behalf of the applicant in connection with the proposal to deliver a facility that would integrate Moorfields' City Road site at City Road and the UCL Institute of Ophthalmology ('IoO') in a new purpose-built environment on the St Pancras hospital site in Camden. This would enable integrated delivery of world-leading eye care, education, research, and treatments for patients; delivering organisational and macro-economic benefit.
- 9.2 Moorfields Eye Hospital, UCL, the UCL IoO and Moorfields Eye Charity work in close partnership towards the same objective of improving the experience for patients, staff and students across a range of activities. The partnership is also committed to education, knowledge and training future experts in the field.
- 9.3 As world leaders in eye care and research, Moorfields and UCL IoO are in a unique position to strengthen integration between research, specialist clinic care, and primary and community care.

Moorfields Eye Hospital NHS Foundation Trust ('Moorfields')

- 9.4 Moorfields is the leading provider of eye health services in the UK and an international centre of excellence for ophthalmic research and education. Moorfields reputation for providing the highest quality of ophthalmic care has developed over 200 years. Moorfields' main focus is the treatment and care of NHS patients with a wide range of eye problems, from common complaints to rare conditions that require treatment not available elsewhere in the UK. The volume and variety of conditions treated by Moorfields clinicians means that many have a unique range of skills and knowledge.
- 9.5 Moorfields treats people in 30 locations in and around London, enabling provision of first-class care and treatment in the community, closer to where people live and work.

UCL Institute of Ophthalmology ('IoO')

- 9.6 The UCL IoO has a reputation for outstanding research in fundamental and applied vision science and eye disease with key strengths in visual processing, the psychology of vision, molecular and cellular basis of eye disease, translational and experimental ophthalmology and, with Moorfields, clinical studies. The UCL IoO conducts cutting-edge science, attracting researchers and academics of the highest international calibre.
- 9.7 Education and training are also crucial aspects of the work of both the UCL IoO and Moorfields with many of the current key figures in vision and eye research and ophthalmology having spent time lecturing at one or both organisations.

Moorfields Eye Charity ('MEC')

- 9.8 The MEC evolved through the merging of various charitable and philanthropic activities connection to Moorfields, founded in 2011 and completed in April 2017. The MEC provides financial support to Moorfields, supporting building projects, new equipment, pioneering researching, training opportunities, development of Moorfields staff to ensure the care they provide is outstanding, public education about eye health, and improving the experience for Moorfields patients and their families.

The Need for Change

9.9 There are a number of national, regional and local factors driving the need for change. These factors were set out in the Oriel Pre-Consultation Business Case²¹ ('PCBC') and subsequently in the Oriel Decision-Making Business Case²² ('DMBC') which formed part of the NHS service consultation process, and are summarised below:

- *The Care Quality Commission ('CQC') highlighted the impact of the current ageing estate at City Road on patient experience, specifically in relation to privacy and dignity. Patient feedback from the Friends and Family Test and other sources has also highlighted factors associated with the environment and specifically waiting times in clinics, availability of refreshments, communication, distractions, and waiting environment. This has been confirmed through the public consultation – 73% of people agreed that a new centre is needed.*
- "We need spaces that will improve our lives, that build independence and confidence. We want to leave a building feeling empowered."*

Patient Testimonial
- *The rising incidence of eye disease requires the development of new techniques and technology to diagnose and treat conditions more effectively. The City Road site constrains scientists and clinicians, with ageing facilities and a configuration that hinders rather than facilitates interaction. An integrated building presents an opportunity to integrate clinical services, research and education, thereby enabling Moorfields and UCL to work together to train the best staff, and develop new treatments. It will also enable the Trust to accommodate future changes.*
 - *More patients will need treatment for eye conditions in the future, placing increased pressure on space, services and facilities. This requires organisations to be agile, adapting their service models in response to changing clinical and technological advances.*
 - *Exemplar organisations have demonstrated opportunities to generate efficiency and financial benefits by tackling unwarranted variation in care across hospital eye services. Delivering significant improvements in operational efficiency requires optimal configuration of physical estate.*
 - *The buildings at City Road will require significant investment in the future – it is therefore considered better value for money to invest funds into a new fit-for-purpose building.*

UCL Strategy

9.10 UCL was established in 1826 in order to open up education in England for the first time to students of any race, class or religion. The founding principles of academic excellence and research aimed at addressing real-world problems continue to inform UCL's ethos to this day.

²¹ Pre-Consultation Business Case Oriel: creating the centre for advancing eye health, Version 9, 28 February 2019

²² Decision-Making Business Case Oriel: creating the centre for advancing eye health, Version 2.0, February 2020

- 9.11 UCL operates in a global context and is committed to excellence, innovation, and the promotion of global understanding in all its activities: research, teaching, learning, enterprise and community engagement. UCL's central location in the capital offers close interaction with Bloomsbury's cultural and intellectual vibrancy, Westminster and Whitehall, the City and significantly its world-class hospital partners.
- 9.12 In December 2019, UCL reported a total of 43,836 students across all faculties (including undergraduate and postgraduate) and 14,307 employees (including academic, research, teaching and other staff).
- 9.13 UCL developed their 20 year strategy 'UCL 2034' in 2014. UCL 2034 sets out UCL's vision, mission, principal themes and key enablers. UCL's Estate Strategy is aligned with UCL 2034 and considers UCL's buildings, physical estate and the opportunities for growth. UCL 2034 highlights one of their estate objectives as being:
- "From our foundation in 1826, UCL has had a proud tradition of building innovative and high-quality buildings, many of which have broken new ground in university architecture. Not all of the estate, however, is of high quality – functionally or aesthetically – and investment in maintenance and upgrades has been inadequate for some years. This must be remedied.*
- We acknowledge the importance of the quality of our estate in terms of contributing to our reputation and to the pride, morale and wellbeing of our staff and students. It is, therefore, a very high priority. The remodelling of the estate will also enable us to better substantiate our commitment to sustainability."*
- 9.14 The UCL 2020 review reports that UCL remains committed to a research-led, student-centred learning experience. The review notes that in partnership, with UCL Business Limited, UCLH, Great Ormond Street Hospital and Moorfields, UCL has created a number of spinout partnerships, reinforcing their position as a world leader in the clinic translation of cell, gene and regenerative therapies.
- 9.15 UCL's estate has developed over a period of close to 200 years and now encompasses a property portfolio of over 250 buildings. UCL's 'Transforming UCL' programme, the largest capital programme in the University's history, has and will continue to see substantial investment (totalling over £1.25 billion) over a 10 year period from 2014 to 2024. The programme looks to refurbish and develop some of UCL's most iconic buildings whilst also bringing forward new world class buildings.
- 9.16 The proposed new centre will form part of the Transforming UCL programme, providing a new purpose-built centre of excellence to enable UCL IoO and Moorfields to develop world-leading research and treatments, including artificial intelligence and sight-restoring stem cell therapies.
- Integrating Teaching Facilities and Service Delivery
- 9.17 Together, the UCL IoO and Moorfields form one of the largest ophthalmic research sites in the world, with the largest patient population in Europe or the USA. They publish more scientific papers than any other eye and vision research site and have an extensive joint research portfolio. UCL IoO is one of a number of specialised research centres within UCL and the combination of the Institute's research resource with the resources of Moorfields Eye Hospital, which has the largest ophthalmic patient population in the Western World, opens the way for advances at the forefront of vision research.
- 9.18 The UCL IoO has an integral partnership with Moorfields, maximising the impact of the IoO's cutting-edge fundamental research and allowing the IoO to deliver eye education from world-leading experts. The new

education floorspace will form part of the wider complementary academic uses that will further strengthen London's cluster of academic institutions that form part of its Knowledge Quarter, whilst also collaborating with ophthalmic research.

- 9.19 By integrating teaching facilities alongside UCL and service delivery, the education and training capability would be both enhanced and expanded, as well as supporting the development of staff and students to meet the increased demand for eye care professionals in the future. Moorfields has the unique ability to combine clinical excellence and patient outcomes with outstanding, internationally recognised research and education. The proposed purpose-built facility will allow effective service delivery, teaching and research.
- 9.20 The proposed development has the potential to accelerate scientific research and discoveries with educational and research partners in London and more widely, to improve the prevention, diagnosis and treatment of eye disease to meet rising demand, through improved facilities and more interaction between scientists and clinicians.
- Moorfields' Existing Estate – Old Street Campus, City Road
- 9.21 Moorfield's Old Street campus, located on City Road, London, focuses on delivery of Moorfields' most specialist and complex clinical services.
- 9.22 Whilst the Old Street campus is supported by a portfolio of district hubs, local surgical centres and community clinics and other partnerships and networks, the existing buildings are more than 125 years old and are no longer suited to the provision of 21st-century clinical care, research or education. 45 percent of the estate was built prior to 1948 and only 31 percent of the estate was built within the last 20 years.
- 9.23 Moorfields commissioned a six-facet survey to inform its estates strategy in 2008, which is summarised in the PCBC and confirms that the existing accommodation is functionally unsuitable, with issues such as overcrowding, not satisfactory and very poor facility being raised. A report in 2010 also highlighted issues with maintenance backlogs, heating, ventilation and water installation replacement.
- 9.24 The physical environment of the existing campus is challenging to navigate for patients and carers with visual impairments, floor to ceiling heights have been reduced in some areas in order to install modern cabling, creating dark corridors. Furthermore, a significant proportion of the existing estate does not meet the requirements of the 2010 Equality Act, specifically in relation to physical access. Due to the age and configuration of the estate, there are many departments which do not have step-free access which creates difficulties both for patients and staff. Adaptations have been made to ensure that patients and staff are still able to access clinical care and all employment opportunities, but these fall short of current best practice.
- 9.25 The CQC and public consultation feedback emphasised the impact of the current ageing estate at City Road on current patient experience, specifically in relation to wayfinding, lighting, privacy and dignity²³.

²³ Decision-Making Business Case Oriel: creating the centre for advancing eye health, Version 2.0, February 2020

9.26 Following a thorough appraisal of the options of either redeveloping the existing Old Street campus or moving to a new site, in 2013 it was determined that development of a new, purpose-built facility on another site would provide the most optimum solution.

Proposed New Site – St Pancras Hospital

9.27 An initial options appraisal undertaken in 2013²⁴ by Moorfields examined how best to meet the project's critical success factors. This identified that the preferred option was to relocate Moorfields ophthalmology services from City Road to a purpose-built site at St Pancras Hospital. This was considered to be the only viable option that achieved the project objectives, delivered the required benefits and represented best value for public money. The benefits of this option include:

- *A purpose-designed centre would achieve fully the partners' strategic objectives to bring together eye care with research and education for the best possible patient care.*
- *A purpose-designed centre offers the space and flexibility to meet changing patient and service needs in the future.*
- *Creating the centre at a new location allows continuation of services at City Road until the proposed new centre is ready, offering greater potential for a smooth transition for patients, carers, staff and students.*
- *A new site scenario has the additional cost of purchasing the land, however this is more than offset by fully investing the sales proceeds from vacating the City Road site.*
- *The St Pancras site has good public transport links and can be purchased for a guaranteed price from Camden and Islington NHS Foundation Trust. The guaranteed price has been secured through an option on the land. Moorfields' professional advisors have confirmed that the price secured represents good value for money.*
- *The St Pancras site is relatively close (2.3 miles) to the existing City Road site, meaning the average patient journey to the site would only increase by three minutes (see travel time analysis in PCBC and on the Oriel website).*

9.28 Following the initial options appraisal, the proposals were further developed alongside the latest guidance and consideration was awarded to other currently available sites. All of the options and success criteria were reviewed at a number of consultation events/ stages.

The Knowledge Quarter

9.29 The Knowledge Quarter is a partnership of 73 knowledge-based institutions in the mile-wide neighbourhood around King's Cross, Bloomsbury and Euston and is home to the world's greatest knowledge cluster. Within this cluster, there are 8 higher education institutions, 22 museums and galleries, and 34 libraries and archives, 580 research centres, 3,000 scientists, 13,700 academics, 57,000 staff and 98,500 students.

²⁴ Decision-Making Business Case Oriel: creating the centre for advancing eye health, Version 2.0, February 2020

- 9.30 The Knowledge Quarter’s aims to maintain and strengthen Camden’s economy and competitiveness, further development of this quarter as a nation hub for knowledge industries is encouraged whilst also harnessing benefits for their local communities. The proposed development will support this approach; offering welcome contribution to this existing cluster and will result in an increase in high quality research outputs through better collaboration.
- 9.31 The proposed development will further support the functions of the Knowledge Quarter by providing quality clinical, research and education outcomes and as such, will further enhance Camden’s significance as a centre for the creative, digital and scientific industries.

Map of the Knowledge Quarter



Map Source: <https://www.knowledgequarter.london/> [edited by author]

Clinical Case for Change

- 9.32 The number of people likely to develop common eye diseases such as cataracts, glaucoma, macular degeneration and diabetic eye disease is expected to increase rapidly over the next 15 years, which in turn, is likely to put increased pressure on clinical services²⁵.
- 9.33 Approximately 200 people per day in the UK develop a blinding form of macular degeneration and approximately 8% of all NHS outpatient appointments are for ophthalmology, second only to trauma and orthopaedics²⁶.
- 9.34 The Way Forward Report, prepared by the Royal College of Ophthalmologists, estimates the demand for cataract services will rise by 25% over the next 10 years and by 50% over the next 20 years²⁷ and cataract surgery is already the most common surgical procedure carried out in the UK, with over 400,000 procedures performed per year²⁸. In light of the above, this anticipated surge in demand for cataract services will require new approaches to referral, patient assessment, surgical flow and follow-up. It is considered that current cataract pathways will not be capable of handling the anticipated future level of activity.
- 9.35 The Way Forward Report also highlights that the monitoring and treatment of patients with glaucoma currently accounts for 20% of all ophthalmology hospital outpatient activity. Glaucoma cases are expected to rise by 44%, glaucoma suspects by 18% and ocular hypertension ('OHT') by 16% over the next 20 years²⁹. Furthermore, it is also likely that as technology continues to improve, a progressively greater percentage of prevalent cases will be diagnosed, increasing the demand for services even further.
- 9.36 The Way Forward Report also looked into age-related macular degeneration ('AMD') and diabetic retinopathy. The Report highlights that as the proportion of older people within the population gradually increases, it is anticipated that the incidence of age-related macular degeneration will also increase. AMD case numbers are predicted to rise by nearly 60% in the next 20 years (30% in the next 10 years)³⁰. The prevalence of diabetes in the general population increased by 50% in the decade between 1995 and 2005. Cases of diabetic retinopathy are also predicted to increase, reflecting this trend.
- 9.37 It is clear that, critical to Moorfields' future operation and success is a more flexible space. The pace of innovation and change will continue to be rapid, with the development of more sophisticated technologies, such as artificial intelligence, genomics and new therapies. The proposal will provide patients with opportunities to access facilities that would be more easily adapted to these innovative developments in ways that are not possible at the existing campus. New models of care will improve access and experience by working better across the eye health system, including primary care.
- 9.38 Moorfields commissioned a demand assessment for NHS outpatient and theatre activity to ensure the appropriate level of capacity is created at Oriel, which does not result in supply-led demand, but suitably meets the future demand projections. The proposal has been designed with sufficient capacity to

²⁵ Pre-Consultation Business Case Oriel: creating the centre for advancing eye health, Version 9, 28 February 2019

²⁶ Pre-Consultation Business Case Oriel: creating the centre for advancing eye health, Version 9, 28 February 2019

²⁷ The Royal College of Ophthalmologists, The Way Forward Cataract Summary, 2017

²⁸ The Royal College of Ophthalmologists, The Way Forward Cataract Summary, 2017

²⁹ The Royal College of Ophthalmologists, The Way Forward Glaucoma Summary, 2017

³⁰ The Royal College of Ophthalmologists, The Way Forward AMD Report, 2017

accommodate activity before re-provisioning but will also have the flexibility to enable Moorfields to respond to changing service models and patient demand over time.

- 9.39 The London Clinical Senate, whose purpose is to provide independent, strategic advice to commissioners and to help them to make the best decisions they can about health care for the populations they serve, submitted a report on the draft PCBC for Oriel to the Islington CCG in January 2019. Within this report, the Clinical Senate confirmed *“that there was a clear, clinical evidence base to support the proposed move of the services at City Road to the new site at St Pancras Hospital”*³¹.

Conclusion in respect of Need

- 9.40 The case for change is clear. The proposal will bring together clinical care, research and education expertise in one flexible, fully-integrated centre, while remaining focused on patients and attracting and retaining the best clinicians, scientists and educators. The integrated centre would enable clinicians and researchers to collaborate more freely, for the benefit of patients and people with sight problems, in an environment where innovation flourishes, inspiring advances to improve people’s sight.

- Integrating eye care across the service system.
- Accommodating increasing demand.
- Improved clinical outcomes.
- Delivering services more efficiently.
- Ensuring the best possible patient experience.
- Creating a world leading centre through use of technology and medical advancements.
- Creating a cutting-edge research and development hub for ophthalmology.
- Improved education.
- Improved working environment.

³¹ NHS London Clinical Senate, An independent clinical review of the proposal for Moorfields Eye Hospital to move from City Road to a new building on the site of the old St Pancras Hospital, Advice for Islington CCG, acting as the lead commissioner, January 2019

10. Summary and Conclusion

10.1 In addition to its direct benefits, the proposed development is expected to deliver wider strategic socio-economic benefits. Primary amongst these are the benefits to healthcare and to clinical research and consequentially the health of the local and wider population.

Economic Impact Assessment

10.2 The proposals represent a significant financial investment in the local area in support of the continued growth of the UK economy.

10.3 Considering the total investment and build cost of the project, the total full-time jobs generated per year direct would be 512. This would amount to some 2,231 contractors being employed at the site based on indicative multipliers. The generation of 512 full time jobs per year could potentially contribute an additional £23.5 million to the economy per year of the development, or £79.9 million over the full duration of the construction period.

10.4 The estimated total number of direct jobs generated on site would be approximately 1,367 to 1,461 employees. In terms of contribution to the economy these roles are assumed to earn the minimum London living wage of £10.75 per hour and therefore would have earning of some £28 to £30 million per annum.

10.5 The proposed development could generate approximately £2.76 million (gross) in business rates.

10.6 The proposed development is expected to deliver wider strategic economic benefits. Primary amongst these are the benefits to healthcare and to clinical research and consequentially the health of the local and wider population however in addition to this, the proposed development has the potential to bring significant wider economic benefits in the form of knowledge spill-over.

10.7 The proposed development, by providing quality clinical, research and education outcomes, will have a considerable impact on minimising the economic burden of worsening eye health at national level.

Employment and Skills Strategy

10.8 The proposed development has the potential to deliver wider significant benefits to the local community and wider due to its contribution to employment and skills.

10.9 Specifically, the applicant proposes the following in line with LBC's planning guidance:

- Registering all construction job vacancies in local venues and/or online forums at the same time or prior to promoting the vacancies more widely, for example through the Kings Cross Construction Skills Centre. This will be done in liaison with Camden's Economic Development service.
- Work towards Construction Industry Training Board (CITB) benchmarks for local employment when recruiting construction-related jobs.
- Introduce measures intended to achieve a suitable provision of construction apprentices.
- Introduce measures intended to achieve a suitable provision of construction phase work experience placements, specific to the scheme factors.

- Commit to follow the Local Procurement Code during the construction phase.

10.10 In line with LBC's Planning Guidance on employment sites and business premises, the applicant will enter into a legal agreement, pursuant to Section 106 of the Town and Country Planning Act 1990 and as part of this, agree obligations relating to construction apprentices, work experience placements and local recruitment appropriate to the nature of the development.

Social Impact Assessment

10.11 The proposed development is expected to deliver significant and far-reaching socio-economic benefits, ultimately making a positive contribution to the vibrancy and health of the wider neighbourhood, promoting wellbeing.

10.12 The social impact assessment considers in turn, how the development will contribute towards the following social factors:

- Skills and Employment Opportunities
- Enhanced Innovation
- Healthy, Safe and Resilient Communities
- Cleaner, Greener Environments

10.13 The impact assessments demonstrate that the likely benefits of the proposal far outweigh the obvious health related benefits of the proposal, but also include placemaking, innovation, equal opportunities, community facilities and safety.

Health Impact Assessment

10.14 This Health Impact Assessment has been prepared by JLL on behalf of the applicant to accompany a full planning application for the proposed Oriel redevelopment.

10.15 The proposals co-locate Moorfields City Road Hospital and the UCL Institute of Ophthalmology (IoO) into a purpose built, integrated facility that will bring together clinical care, research and education expertise. The existing buildings at the Old Street campus (City Road and Bath Street) are more than 125 years old and are no longer suited to the provision of 21st-century clinical care, research or education.

10.16 The employees, patients and other users of the operational development would benefit from a specialist building for Ophthalmology, that will enable the partners unprecedented quality of clinical, research and education outcomes. The new facility will offer the best experience for patients and staff, as well as speed up the development of new research and treatments.

10.17 The applicant wishes to give a high priority to helping improve the end users health and enhance community cohesion. They are committed to ensuring that the proposed development contributes where possible to promote sustainable development and travel, enhancing green spaces, reducing pollution and protecting neighbourhood amenity.

10.18 The proposal will bring significant health and social benefits to the local and regional area, achieving the overarching objective of improving standards of health in the community.

Equalities Impact Assessment

- 10.19 The proposed development has carefully considered the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.
- 10.20 Promoting equality and addressing health inequalities are at the heart of the NHS's values. Since the NHS Act 2006, the NHS has had a duty to reduce inequalities in accessing services and in clinical outcomes, and to ensure that services offer same outcomes and same experience to patients regardless of their backgrounds.
- 10.21 The applicant has given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities and as part of the pre-consultation process for the proposed development, an initial equalities impact pre-consultation desktop analysis was undertaken focusing on ensuring that the proposal does not discriminate against any disadvantaged or vulnerable people or groups. This is further explored in Section 8 of this Report.

Academic Needs Assessment

- 10.22 The case for change is clear. The proposal will bring together clinical care, research and education expertise in one flexible, fully-integrated centre, while remaining focused on patients and attracting and retaining the best clinicians, scientists and educators. The integrated centre would enable clinicians and researchers to collaborate more freely, for the benefit of patients and people with sight problems, in an environment where innovation flourishes, inspiring advances to improve people's sight.



Figure 10.1: CGI of the Proposed Scheme



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