

HEALTH IMPACT ASSESSMENT

330 Gray's Inn Road

Produced by XCO₂ for 330 Gray's Inn Road Ltd.

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EXECUTIVE SUMMARY

A rapid Health Impact Assessment has been carried out for the proposed development at 330 Gray's Inn Road to comply with the relevant policies stipulated by the London Borough of Camden and the London Plan.

This report outlines the Health Impact Assessment (HIA) for the proposed development at 330 Gray's Inn Road in line with the requirements set out by the London Plan and the London Borough of Camden.

The report is structured in the following sections:

- Site and proposed development
- Planning Policy
- Methodology
- Health Impact Assessment
- Conclusions

The Mayor of London has committed to promote health of Londoners and to take into account the effect of his policies on the health of London's population. The London Plan Policy 3.2 states that impacts of major development proposals on the health and wellbeing of communities should be considered, for example through the use of Health Impact Assessments (HIA).

The purpose of this assessment is to understand how the proposed development could directly and indirectly impact on the key determinants of health; to identify those people most likely to be affected by the proposed development with regard to health inequality issues; and to identify measures to enhance the positive impacts and mitigate the negative effects of the proposed development on public health, and establish responsibilities for delivering and monitoring these.

In summary, the proposed development is expected to have an overall positive impact. The table on the following page provides an overview of the expected impact experienced in each category.

HEALTH IMPACT ASSESSMENT

Health Determinant	Positive impacts	Neutral Impacts	Negative Impacts	Overall Impact
Housing quality and design	6	/	/	Positive
Access to healthcare services and other social infrastructure.	2	4	/	Neutral
Access to open space and nature	5	1	/	Positive
Air quality, noise, and neighbourhood amenity	3	/	/	Positive
Accessibility and active travel	5	2	/	Positive
Crime reduction and community safety	4	/	/	Positive
Access to healthy food	2	1	/	Positive
Access to work and training	3	1	/	Positive
Social cohesion and lifetime neighbourhoods	2	2	/	Neutral
Minimising the use of resources	3	/	/	Positive
Climate change	4	/	/	Positive
Overall	38	12	/	Positive

SITE AND PROPOSED DEVELOPMENT

The redevelopment of the former Royal National Throat, Nose and Ear hospital comprises the retention of 330 Gray's Inn Road and a two storey extension for use as hotel, demolition of all other buildings, the erection of a part 13 part 9 storey building plus upper and lower ground floors for use as a hotel including a café and restaurant; covered courtyard; external terraces; erection of a 7 storey building plus upper and lower ground floors for use as office together with terraces; erection of a 10 storey building plus upper and lower ground floors for use as residential on Wicklow Street and office space at lower ground and basement floors; erection of a 5 storey building plus upper and lower ground floors for use as residential on Swinton Street and associated residential amenity space; together with a gymnasium; new basement; rooftop and basement plant; servicing; cycle storage and facilities; refuse storage; landscaping and other ancillary and associated works.

The site is bound to the north in part by the UCL Ear Institute and in part by Wicklow Street and railway cuttings to the east; Swinton Street to the south and Gray's Inn Road runs along the site's western boundary. The site sits towards the centre of the growing Knowledge Quarter within the eastern section of the area.

The site is immediately adjoined by Swinton House and the Water Rats public house to the south on Gray's Inn Road, and to the north by UCL Centre for Auditory Research and 334-336 Gray's Inn Road to north.

The approximate location and boundary of the application site is shown in the following figure.



Figure 1: Approximate location of application site

PLANNING POLICY

The 330 Gray's Inn Road development has been designed in line with the requirements set out by the London Borough of Camden and the London Plan¹.

The relevant planning policy documents for health and wellbeing are:

- The London Plan (2016);
- Intend to Publish London Plan (2019);
- Camden Local Plan (2017);
- National Planning Policy Framework (NPPF) (2019).

THE LONDON PLAN (2016)

The London Plan is the overall strategic plan for London, setting out an integrated economic, environmental, transport and social framework for the development of London over the next 20–25 years.

It is noted that the GLA has published a Draft London Plan (2019), which is a material consideration in planning decisions by Local Authorities and is scheduled to be published imminently. Most of its health impact related policies are consistent between the 2016 and 2019 draft versions and areas of elaboration or change have been included in the following policies.

The overarching policy setting out the principles of health infrastructure and healthy communities are as follows:

POLICY 3.1 ENSURING EQUAL LIFE CHANCES FOR ALL

“Development proposals should protect and enhance facilities and services that meet the needs of particular groups and communities. Proposals involving loss of

these facilities without adequate justification or provision for replacement should be resisted.”

POLICY 3.2 IMPROVING HEALTH AND ADDRESSING HEALTH INEQUALITIES

“New developments should be designed, constructed and managed in ways that improve health and promote healthy lifestyles to help to reduce health inequalities.”

The 2019 draft version further elaborates:

“Delivering Good Growth will involve prioritising health in all London's planning decisions, including through design that supports health outcomes, and the assessment and mitigation of any potential adverse impacts of development proposals on health and health inequality.”

POLICY 3.17 HEALTH AND SOCIAL CARE FACILITIES

“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.”

POLICY 7.1 LIFETIME NEIGHBOURHOODS

“Development should be designed so that the layout, tenure and mix of uses interface with surrounding land

¹ The London Plan, Further Alterations to the London Plan (March 2015) and Housing Standards Minor Alterations to the London Plan (March 2016), herein referred to as The London Plan

and improve people's access to social and community infrastructure (including green spaces), the Blue-Ribbon Network, local shops, employment and training opportunities, commercial services and public transport.

Development should enable people to live healthy, active lives; should maximize the opportunity for community diversity, inclusion and cohesion; and should contribute to people's sense of place, safety and security. Places of work and leisure, streets, neighbourhoods, parks and open spaces should be designed to meet the needs of the community at all stages of people's lives, and should meet the principles of lifetime neighbourhoods.

The design of new buildings and the spaces they create should help reinforce or enhance the character, legibility, permeability, and accessibility of the neighbourhood."



INTEND TO PUBLISH LONDON PLAN

The current 2016 consolidation Plan is still the adopted Development Plan. However, the Intend to Publish London Plan, last updated in December 2019, is a material consideration in planning decisions. The New London Plan is scheduled to be published late 2020.

The following paragraphs highlight the key changes and additional requirements stemming from emerging policies relevant to the health of the local community:

GREENHOUSE GAS EMISSIONS

Policy GG6 (Increasing efficiency and resilience) sets a positive direction for the new Draft Plan in terms of ambitious new greenhouse gas emission targets. This policy references London's target to become zero carbon by 2050 and the need to design buildings and infrastructure for a changing climate. To drive this change both residential and non-residential schemes will need to be net zero-carbon (via offset payments). At least 35% of this reduction should be made on site for major developments, with residential developments expected to achieve at least a 10% and non-residential at least a 15% reduction in emissions through energy efficiency measures alone (Policy SI2).

In a major departure from the previous London Plan, calculations will be required to include both regulated and unregulated emissions at each stage of the energy hierarchy. Furthermore, major developments should submit details of the method with energy performance and carbon dioxide emissions monitored post-construction for at least the first five years of building operation.

ENERGY INFRASTRUCTURE

In addition to upgrades to the lean and green stages of the energy hierarchy the clean stage has also been enhanced. A "be seen" stage has also been introduced so the development energy performance is monitored and reported. Most notably, all major developments within Heat Network Priority Areas should utilise a communal low-temperature heating system.

Policy SI3 (Energy infrastructure) recommends zero-emission or local secondary heat sources technology as step on the heating hierarchy but prioritises a connection to local existing or planned heat networks where feasible, for selecting communal heating

systems. Where developments are utilising low-emission CHP this policy requires them to demonstrate that the CHP will *enable the delivery of an area-wide heat network, meet the development's electricity demand and provide demand response to the local electricity network.*

MATERIALS, WASTE & LIFE-CYCLE CARBON

Policy SI2 (Minimising greenhouse gas emissions) mentions the requirement for Energy Strategies to include a *whole life-cycle carbon emissions assessment and actions to reduce life-cycle carbon emissions.* This is to fully capture the development's carbon impact: unregulated and embodied emissions, and emissions associated with maintenance, repair and demolition will be considered. This may result in more sustainable material choices at design stage and could lead to natural and recycled materials alongside the more widely recognised cross-laminated timber becoming more commonplace in the capital. This section also links with Policy SI7 (Reducing waste and supporting the circular economy), whereby materials are retained in use at their highest value for as long as possible to minimise waste. All referable applications should submit a Circular Economy Statement, intended to cover the whole life cycle of development.

AIR QUALITY

The new draft Plan addresses this crucial area by requiring large-scale development proposals to demonstrate how they maximise benefits to air quality and the measures or design solutions they will implement to minimise exposure to air pollution.

In practice this will mean that a preliminary Air Quality Assessment (AQA) to be carried out for all major developments prior to any design work taking place, with a full AQA submitted in support of the planning application. In addition, the new draft London Plan supports electric vehicle charging points and other transport alternatives to achieve carbon-free travel by 2050.

LOCAL BOROUGH POLICY

The Local Plan was adopted in July 2017 and replaced the Core Strategy and Camden Development Policies as the basis for planning decisions and future development in Camden.

Camden has one of the largest health inequality gaps in England and people suffering from poor health are generally concentrated in some of the borough's most deprived wards. Addressing these inequalities and improving Camden's health and wellbeing, both physical and mental, goes beyond improving access to medical facilities and includes a range of measures to improve our social and physical environment.

The following policies are relevant to the health of the local community:

CAMDEN LOCAL PLAN (2017)

Policy C1 Health and Wellbeing

The Council will 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 in a development where appropriate.

The Council will require:

- a. *development to positively contribute to creating high quality, active, safe and accessible places; and*
- b. *proposals for major development schemes to include a Health Impact Assessment (HIA).*

We will:

- c. *contribute towards the health priorities of the Health and Wellbeing Board and partners to help reduce health inequalities across the borough;*
- d. *support the provision of new or improved health facilities, in line with Camden's Clinical Commissioning Group and NHS England requirements; and*
- e. *protect existing health facilities in line with Policy C2 Community facilities.*

Policy C2 Community facilities

The Council will work with its partners to ensure that community facilities and services are developed and modernised to meet the changing needs of our community and reflect new approaches to the delivery of services.

The Council will:

- a. *seek planning obligations to secure new and improved community facilities and services to mitigate the impact of developments. The Council may also fund improvements to community facilities using receipts from the Community Infrastructure Levy where this is identified on the Council's CIL funding list;*
- b. *expect a developer proposing additional floorspace in community use, or a new community facility, to reach agreement with the Council on its continuing maintenance and other future funding requirements;*
- c. *ensure that facilities provide access to a service on foot and by sustainable modes of travel;*
- d. *facilitate multi-purpose community facilities and the secure sharing or extended use of facilities that can be accessed by the wider community, except for facilities occupied by the emergency services due to their distinct operating needs;*
- e. *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 proposals, the Council will also balance the impact proposals may have on residential amenity and transport infrastructure;*
- f. *seek the inclusion of measures which address the needs of community groups and foster community integration;*
- g. *ensure existing community facilities are retained recognising their benefit to the community, including protected groups, unless one of the following tests is met:*
 - i. *a replacement facility of a similar nature is provided that meets the needs of the local population or its current, or intended, users;*
 - ii. *the existing premises are no longer required or viable in their existing use and there is no alternative community use capable of meeting the needs of the local area. Where it has been demonstrated to the Council's satisfaction there is no reasonable*

prospect of a community use, then our preferred alternative will be the maximum viable amount of affordable housing;

- h. *take into account listing or nomination of 'Assets of Community Value' as a material planning consideration and encourage communities to nominate Assets of Community Value.*

Policy C3 Cultural and leisure facilities

New cultural and leisure facilities

The Council will seek opportunities for new cultural and leisure facilities in major, mixed use developments and support the temporary use of vacant buildings for cultural and leisure activities. We will seek shared-use or extended access for the community in appropriate developments through developer agreements.

We will expect the siting of new facilities, including the expansion of existing provision, to take into account its associated impacts. Large-scale facilities should be located where as many people as possible can enjoy their benefits and make use of public transport to get there. Central London and town centres will, therefore, be the most appropriate locations.

Smaller facilities may, however, be appropriate anywhere in the Borough providing they do not have an adverse impact on the surrounding area or the local community.

Policy C5 Safety and security

The Council will aim to make Camden a safer place.

We will:

- a. *work with our partners including the Camden Community Safety Partnership to tackle crime, fear of crime and antisocial behaviour;*
- b. *require developments to demonstrate that they have incorporated design principles which contribute to community safety and security, particularly in wards with relatively high levels of crime, such as Holborn and Covent Garden, Camden Town with Primrose Hill and Bloomsbury;*
- c. *require appropriate security and community safety measures in buildings, spaces and the transport system;*
- d. *promote safer streets and public areas;*

- e. *address the cumulative impact of food, drink and entertainment uses, particularly in Camden Town, Central London and other centres and ensure Camden's businesses and organisations providing food, drink and entertainment uses take responsibility for reducing the opportunities for crime through effective management and design; and*
- f. *promote the development of pedestrian friendly spaces.*

Where a development has been identified as being potentially vulnerable to terrorism, the Council will expect counter-terrorism measures to be incorporated into the design of buildings and associated public areas to increase security.

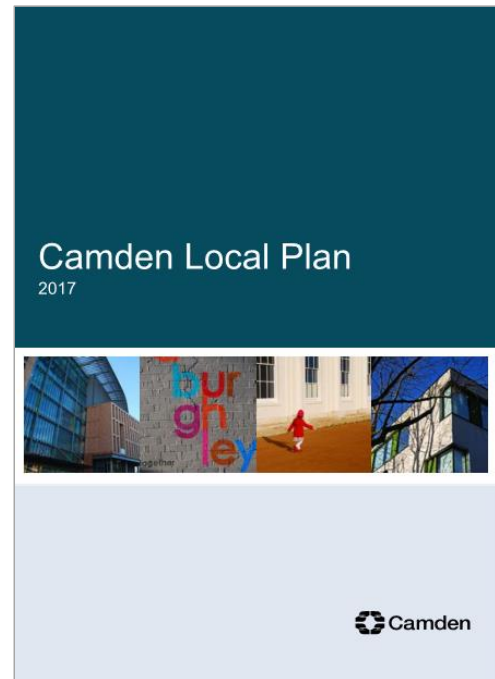
Policy C6 Access for all

The Council will seek to promote fair access and remove the barriers that prevent everyone from accessing facilities and opportunities.

We will:

- a. *expect all buildings and places to meet the highest practicable standards of accessible and inclusive design so they can be used safely, easily and with dignity by all;*
- b. *expect facilities to be located in the most accessible parts of the borough;*
- c. *expect spaces, routes and facilities between buildings to be designed to be fully accessible;*
- d. *encourage accessible public transport; and*
- e. *secure car parking for disabled people.*

The Council will seek to ensure that development meets the principles of lifetime neighbourhoods.



NATIONAL PLANNING POLICY FRAMEWORK (NPPF) (2019)

The current NPPF was published in February 2019 and consolidates the Government's economic, environmental and social planning policies for England into a single document, describing how it expects these to be applied. The National Planning Policy Framework sets out the Government's planning policies for England and how these should be applied¹. It provides a framework within which locally-prepared plans for housing and other development can be produced.

The NPPF encourages sustainable development and states that the purpose of the planning system is to contribute to the achievement of sustainable development.

In relation to health and wellbeing, the NPPF identifies core principles that local planning authorities should ensure are considered, for example, *"Take account of and support local strategies to improve health, social and cultural wellbeing for all, and deliver sufficient community and cultural facilities and services to meet local needs"*.

In chapter 8, the NPPF outlines how planning policy should help promote healthy communities.

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.*

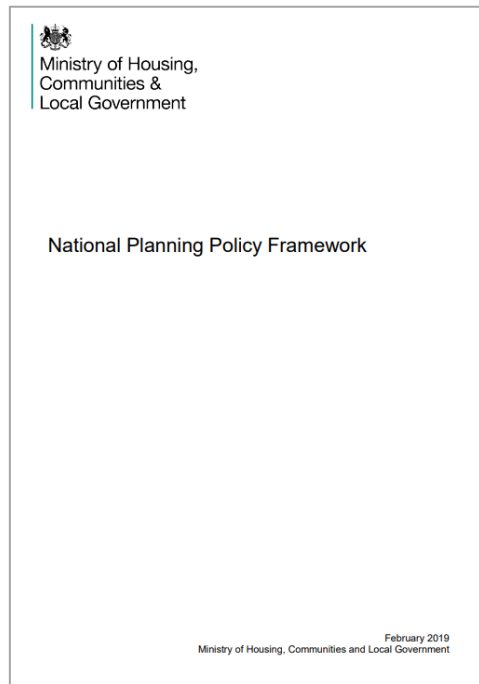
To provide the social, recreational and cultural facilities and services the community needs, planning policies and decisions should:

- 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.*

The NPPF provides guidance for local authorities about healthcare in their Local Plans. In paragraph 93, it suggests that local authorities should set out their strategic goals and policy relevant to *"Planning policies and decisions should consider the social, economic and environmental benefits of estate regeneration. Local planning authorities should use their planning powers to help deliver estate regeneration to a high standard."*

Regarding planning conditions and obligations, in paragraphs 54 the NPPF states that *"Local planning authorities should consider whether otherwise*

unacceptable development could be made acceptable through the use of conditions or planning obligations. Planning obligations should only be used where it is not possible to address unacceptable impacts through a planning condition.”



METHODOLOGY

The HIA has been carried out and in line with the London Healthy Urban Development Unit (HUDU) Planning for Health Rapid HIA Tool (2017), which suggest the evaluation of potential health impacts under 11 sections.

PUBLIC HEALTH AND WELLBEING

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”. Consequently, public health encompasses general well-being, not just the absence of illness. Some effects are direct and obvious, others are indirect and some may be synergistic, with different types of impact acting in combination.

Factors that have the most significant influence on the health of a population are called ‘*determinants of health*’; these include an individual’s genetics and their lifestyle, the surrounding environment, as well as policy, cultural and societal issues. The interrelationship between these factors is shown in the figure below.

Within a population there can also be health ‘*inequalities*’. The WHO defines these as “*differences in health status or in the distribution of health determinants between different population groups. For example, differences in mobility between elderly people and younger populations or differences in mortality rates between people from different social classes*”.

This HIA has considered how the proposed development may influence the physical and mental health wellbeing of local residents and inhabitants of the proposed scheme taking into account these factors.

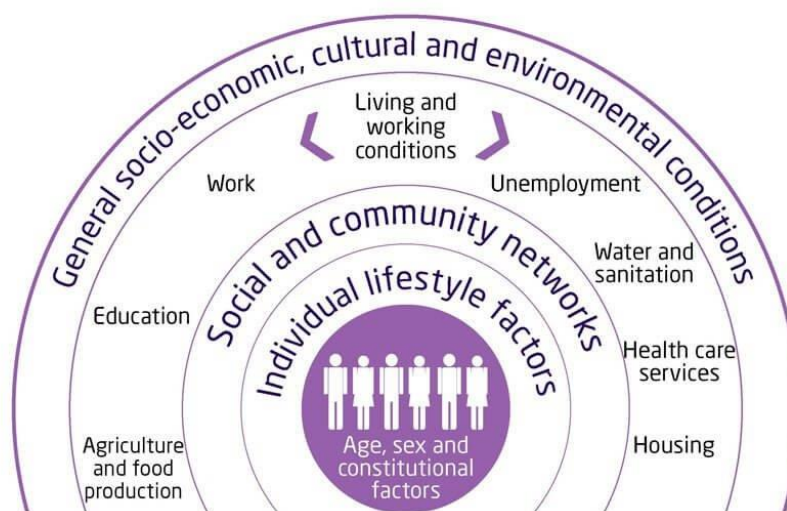


Figure 2. Wider Health Determinants (Source: Dahlgren, G. and Whitehead, M. (1993))

SCOPE

The scope of a HIA is established by identifying the likely determinants and pathways between a health influence and a receptor (for example, an affected community).

The London Healthy Urban Development Unit (HUDU) Planning for Health Rapid HIA Tool, 3rd Edition (April 2017) recommends the assessment of potential health impacts under eleven topics or broad determinants, which include:

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

XCO2 have used the assessment matrix set out within the Rapid HIA Tool, taking account of published data and information from a variety of sources, and applying professional judgement informed by relevant guidance to evaluate the health impacts of the scheme.

The assessment considers the potential consequences for health and wellbeing from the construction and operation of the proposed scheme and draws information from the following reports:

- Energy and Sustainability Statements
- Air Quality Assessment
- Daylight, Sunlight and Overshadowing Assessment
- Biodiversity survey and Arboricultural statement
- Wind Microclimate Assessment
- Flood Risk Assessment
- Noise and Vibration Assessment
- Transport Assessment

The geographical extent of the impacts assessed depends on the type of effects and receptors. Effects will be considered during construction phase, and once the scheme is complete and occupied.

This HIA is a qualitative rather than quantitative assessment, due to the diverse nature of health determinants and health outcomes which are assessed. Although this HIA describes the likely qualitative health impacts, it is not possible to quantify the severity or extent of the effects which give rise to these impacts. As such, the potential health impacts during construction and operation are described as outlined in Table 1 below, based on broad categories for the qualitative impacts identified.

Where an impact has been identified, actions have been recommended to mitigate any negative impact on health, or opportunities to enhance health benefits. It should be noted that in many cases, mitigation to reduce these impacts or measures to enhance certain benefits already form part of the proposed development and the assessment has considered these impacts as such.

Table 1: HIA impact categories

Health Determinant	Impact Symbol	Description
Positive	+	A beneficial impact is identified
Neutral	0	No discernible health impact is identified
Negative	-	An adverse impact is identified
Uncertain	?	Where there is uncertainty as to the overall impact

HEALTH IMPACT ASSESSMENT

This chapter presents the community profile to identify public health statistics and social infrastructure locally as well as the assessment of the effects of the proposed development upon health and wellbeing, structured around the Healthy Urban Development Unit (HUDU) Rapid HIA Matrix.

HEALTH AND SOCIO-ECONOMIC BASELINE

ACCESS TO HEALTHCARE

This section only considers healthcare available through the NHS, although private practices are also likely to be available.

PRIMARY HEALTHCARE

Primary healthcare is generally defined as including GP services and dental practitioners. These facilities are considered in turn below. GPs

There are a total of 20 GP practices within 1.6km of the site and all practices are accepting new patients.

The assessment indicates the development is expected to have accessible healthcare for the residents without putting noticeable strain on the surrounding practices due to the scale of the development. The GP Practices are identified within Table 2.

Dentists

There are a total of 20 registered dentists within 1.6km of the site. Table 3 presents the details available on the NHS website.

The assessment indicates that 10 dental practices are currently accepting patients. In light of Covid-19, there will be a short-term waiting period for some dental

practice registrations however this is subject to change in the near future.

However, despite the waiting period, the availability of NHS dentists is deemed acceptable without putting noticeable strain on surrounding practices.

SECONDARY HEALTHCARE

Local hospitals which are located within 5 miles of the proposed development include:

- Great Ormond Street Hospital (0.7 mi)
- St Pancras Hospital (0.9 mi)
- University College Hospital (0.9 mi)
- Weymouth Street Hospital (1.7 mi)
- The Princess Grace Hospital (1.7 mi)
- King's Edward VII's Hospital (1.8 mi)
- St Leonards Hospital (2.3 mi)
- St Thomas' Hospital (2.4 mi)
- London Bridge Hospital (2.5 mi)
- St Mary's Hospital (2.7 mi)
- Guy's Hospital (2.7 mi)
- St John and St Elizabeth Hospital (2.9 mi)
- Royal Brompton Hospital (4.4 mi)
- Chelsea and Westminster Hospital (4.8 mi)

This indicates that there is an outstanding level of secondary healthcare provision in the area, with access to both urgent and non-urgent out of hours healthcare (A&E and a minor injury unit).

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Table 2: GP practices within 1 mile (1.6km) of the proposed development

GP practice	Distance (km)	Number of GPs (headcount)	Currently accepting patients (Y/N)	Patients per GP
The Bloomsbury Surgery	0.5	4	Y	1070
Killick Street Health Centre	0.5	8	Y	1537
Amwell Group Practice	0.6	11	Y	941
Brunswick Medical Centre	0.6	5	Y	1374
The Holborn Medical Centre	0.8	13	Y	1106
Gray's Inn Road Medical Practice	0.8	7	Y	1032
Somers Town Medical Centre	0.8	3	Y	1610
Clerkenwell Medical Practice	0.8	10	Y	1408
Dr John Segarajasinghe	0.8	2	Y	1219
Ritchie Street Group Practice	1	9	Y	2052
Dr Tahir Haffiz	1.1	2	Y	1620
Kings Cross Surgery	1.1	3	Y	2244
Gower Street Practice	1.3	3	Y	2848
Ridgmount Practice	1.3	2	Y	1830
Museum Practice	1.3	5	Y	1051
Ampthill Practice	1.5	7	Y	1114
St Peter's Street Medical Practice	1.5	10	Y	1204
The Regents Park Practice	1.6	5	Y	1210
Covent Garden Medical Centre	1.6	4	Y	1026
Fitzrovia Medical Centre	1.6	7	Y	1082
Average	1.1	6	Y	1429

Table 3: Dental practices within 1 mile (1.6km) of the proposed development

Dental Practice	Distance (km)	Number of Dentists (headcount)	Currently accepting patients (Y/N)
Dental Smiles London – Gray's Inn	0.2	7	Y
Raval Dental Surgery	0.3	1	N*
Travers Dental Practice	0.5	2	N*
The Dental Centre	0.6	3	Y
Chalton Street Dental	0.6	3	Y
Dentalmark	0.8	1	N*
Conduit Dental Practice	0.8	3	Y
Angle House Orthodontics Islington	1	5	Y
London City Smiles	1	12	N*
Mornington Dental Surgery	1.3	1	Y

HEALTH IMPACT ASSESSMENT

Dental Practice	Distance (km)	Number of Dentists (headcount)	Currently accepting patients (Y/N)
Pickerings Dental Surgery Ltd	1.3	12	Y
AP Dental Practice	1.3	2	N*
Malmin Orthodontic Group Ltd	1.3	4	Y
Condi-Dent Dental Surgery	1.3	2	Y
Pickering Dental Surgeries	1.5	14	N*
Camden High Street Dental Practice	1.6	4	Y
Arrow Dental Surgery	1.6	5	N*
Camden Dental Centre	1.6	5	N*
Esthetique Dental Care	1.6	3	N*
Barbican Dental Centre	1.6	4	N*

**In light of Covid-19, figures are subject to change.*

ACCESS TO OPEN SPACE AND GREEN SPACE

Camden Council manages nearly 70 parks and open spaces, which range from small neighbourhood playgrounds to grand city squares, historic graveyards to allotments, including Regents Park and Primrose Hill. Table 4 presents an overview of open and public spaces within the London Borough of Camden.

There are a number of local parks within walking distance of the proposed development such as St. George's Gardens (0.2 mi), Regent Square Gardens (0.3 mi) and Brunswick Square Gardens (0.4 mi). Figure 3 illustrates the proportion of green cover in the vicinity of the proposed development and surrounding area.

As shown in Table 5, there are a number of nature reserves within the London Borough of Camden such as Adelaide Road Nature Reserve (1.1 ha), Westbere Copse Nature Reserve (0.1 ha) and Belsize Wood Nature Reserve (0.25 ha).

The open spaces also include playgrounds and play areas to encourage outdoor play for children within the London Borough of Camden, these include Alf Barrett Playground and Coram's Fields Children's Playground.

There are also multiple sporting facilities; pitches and courts, within the London Borough Camden, these include:

- Argyle Square (football/basketball)
- Kilburn Grange (tennis courts and football/basketball)
- Lincoln's Inn Fields (tennis and netball)
- St James' Gardens (football/basketball)
- Waterlow Park (tennis courts)
- Iverson Road Open Space (football and basketball)
- Fitzrovia Youth in Action Basement
- Talacre Community Sports Centre

Figure 4 outlines the locations deficient in access to open space within the London Borough of Camden.

Table 4: Open and public spaces in the London Borough of Camden

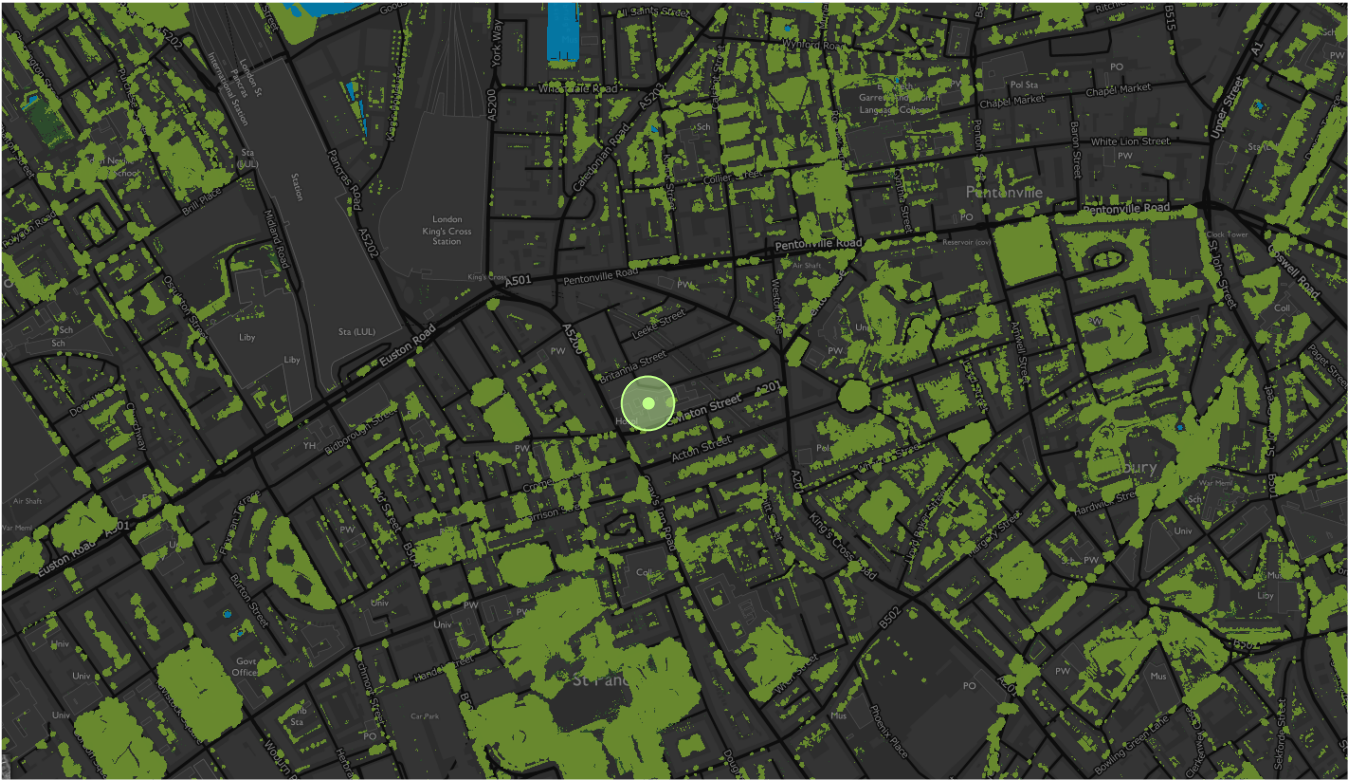
Type of park and open space	Count
Parks and Gardens	29
Green Spaces with play areas	24
Open spaces	4
Allotments	4
Playground	2
Cemeteries	1
Total	64

Table 5: Nature reserves in the London Borough of Camden

Nature reserves	Area (ha)
Adelaide Road Nature Reserve	1.1
Westbere Copse Nature Reserve	0.1
Belsize Wood Nature Reserve	0.25



Site Location



 Site Location

Figure 3: Green cover for the proposed development, 330 Gray's Inn Road (available at: <https://maps.london.gov.uk/green-cover/>).

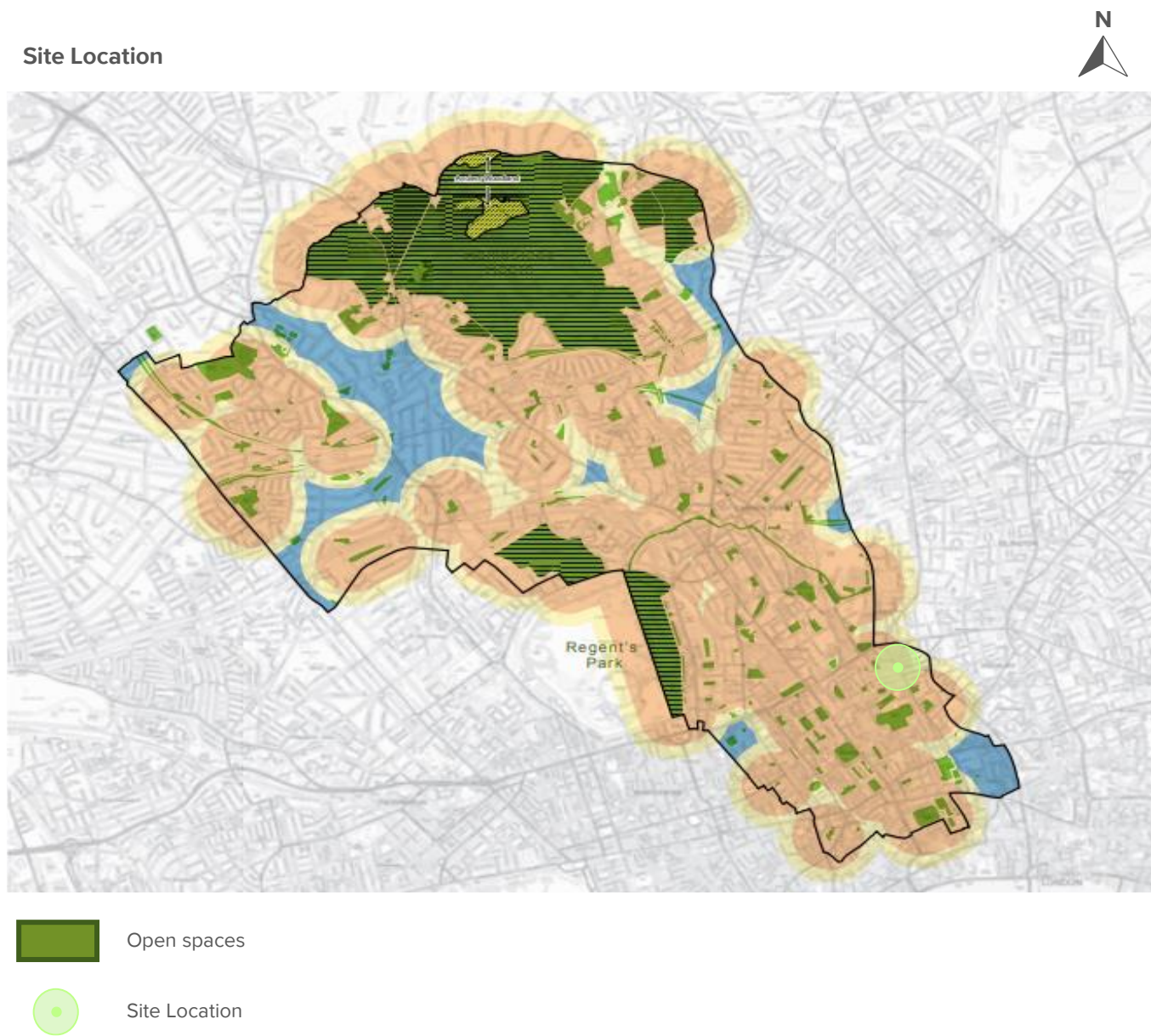


Figure 4: London Borough of Camden’s locations deficient in access to open space map

EDUCATION

PRIMARY SCHOOLS

There are 21 primary schools within 1 mile (1.6 km) of the proposed development at 330 Gray's Inn Road², which are listed in Table 6.

The difference between the number of students enrolled and the number of school places indicates whether provision of school places is over or under capacity.

For the schools for which data is available, there is a surplus of 973 places in primary schools located within 1 mile (1.6 km) of the proposed development. 17 schools were known to be under capacity.

As 95% occupancy should be planned for, as per the Audit Commission Guidance, and that at or above a 95% occupancy rate means that a school has no further occupancy, there is a total of 670 places within 1 mile (1.6 km) of the development site.

Table 6: Primary schools within 1 mile (1.6km) of the proposed development

School	Local Authority	No. pupils	Capacity	No. places	No. of places (95% capacity)
St George the Martyr Church of England Primary School	Camden	222	222	0	-11
Christopher Hatton Primary School	Camden	233	210	-23	-34
Clerkenwell Parochial CofE Primary School	Camden	117	240	+123	+111
St Alban's Church of England Primary School	Camden	198	236	+38	+26
Argyle Primary School	Camden	351	432	+81	+59
Hugh Myddelton Primary School	Camden	505	420	-85	-106
Winton Primary School	Camden	271	291	+20	+5
St Josephs Catholic Primary School	Camden	194	236	+42	+30
St Peter and St Paul RC Primary School	Camden	223	236	+13	+1
Vittoria Primary School	Camden	199	210	+11	+1
Copenhagen Primary School	Camden	162	270	+108	+95
City of London Primary Academy, Islington	Camden	100	458	+358	+335
Moreland Primary School	Camden	364	423	+59	+38
St Clement Danes CofE Primary School	Camden	225	235	+10	-2
Blessed Sacrament RC Primary School	Camden	172	210	+38	+28
St John Evangelist RC Primary School	Camden	290	259	-31	-44
Edith Neville Primary School	Camden	197	232	+35	+23
St Andrew's (Barnsbury) Church of England Primary School	Camden	195	210	+15	+5

² (Department for Education (2019), GOV.UK Website [accessed September 2020])

School	Local Authority	No. pupils	Capacity	No. places	No. of places (95% capacity)
St Mary and St Pancras Church of England Primary School	Camden	219	234	+15	+3
Hanover Primary School	Camden	329	346	+17	0
Kings Cross Academy	Camden	317	446	+129	+107

SECONDARY SCHOOLS AND FURTHER EDUCATION

There are a total of 3 Secondary schools within 1 mile (1.6km) of the development site, which are listed in Table 7.

For the schools for which data is available, there is a surplus of 717 places in secondary and further education schools located within 1 mile of the proposed development.

As 95% occupancy should be planned for, as per the Audit Commission Guidance, and that at or above a 95% occupancy rate means that a school has no further occupancy, there is a total of 549 places within 1 mile of the development site.

Table 7: Secondary and 16 plus schools within 1 mile (1.6km) of the proposed development

School	Local Authority	No. pupils	Capacity	No. places	No. of places (95% capacity)
Elizabeth Garrett Anderson School	Camden	892	900	+8	-37
Maria Fidelis Catholic School FCJ	Camden	748	917	+169	+123
Regent High School	Camden	1010	1550	+540	+463

OTHER SOCIAL INFRASTRUCTURE AND COMMUNITY FACILITIES

Libraries

The British Library and Pancras Square Library are the closest libraries to the proposed development. They are within walking distance of the development site and provide workshops and activities for families.

Community centres

There are multiple community centres in close proximity to the proposed development, these include:

- Marchmont Community Centre
- Somers Town Community Centre
- Argyle Community Centre
- King's Cross Brunswick Neighbourhood Association
- York Way Community Centre
- Weston Rise Community Centre
- Half moon Crescent Community Centre

COMMUNITY DEMOGRAPHICS

In order to establish the assessment baseline, it is important to understand the existing community so that the potential for health impacts can be evaluated. This section presents a number of health determinants in the area surrounding the site.

The site is located in the LSOA area 024C and thus they have been considered in this assessment. A number of health indicators for the Lower Layer Super Output Areas (LSOA), London Borough of Camden and Greater London are presented in Table 8.

The following observations could be made:

- Unemployment rate within the site's LSOA is higher than the neighbouring LSOAs and higher than Camden and London wide rates.
- Day-to-day activities which are not limited are lower in 024C than Camden and London wide rates, which potentially explains the lower health related performance.
- Site 024C has a higher % of non-working age people and lone parent households than both Camden and London wide rates.
- Crime per 1,000 population in Camden is higher than the Greater London average. Crime data was not available at the LSOA level, so it is difficult to determine whether the Borough crime rate is representative for the site.
- The LSOAs which the site is located in and adjacent to have an Index of Multiple Deprivation (IMD) (2015) score range between 25.9 and 44.9; a higher score represents a higher level of deprivation. The score in Site 024C is significantly higher than the Borough average (25).
- Data on the total number of deaths and suicides were unavailable at the LSOA level, but the Borough name figures were higher than the Greater London figures.

Overall, the data indicates that health and wellbeing levels at and immediately around the site are relatively average and that unemployment rates are shown to be higher than the surrounding areas and London average, which indicates that the local area would benefit from the employment opportunities provided by the scheme.

HEALTH IMPACT ASSESSMENT

Table 8: Comparisons of health indicators of LSOAs in 330 Gray's Inn Road, London Borough of Camden and Greater London³

Health Indicator	024C	024B	024D	Camden	Greater London
Unemployment Rate (%)	13.7	10.5	12.2	6.5	5.2
Day-to-day activities not limited (%)	82.5	88.2	83.9	85.6	85.8
Very Good or Good Health (%)	78.7	85.4	80.5	84	83.8
Fair Health (%)	14.4	9.6	13.2	10.4	11.2
Bad or Very Bad Health (%)	7.0	5.0	6.3	5.6	5.0
Population at Working Age (%)	67.9	74.4	71.5	74	69.1
Non-Working Age Population (under 15 and over 65) (%)	32.1	25.6	28.5	26	30.1
Ethnicity: White (%)	33.4	46.1	51.3	66.2	59.8
Ethnicity: Asian / Asian British (%)	44.8	25.3	29.4	17	13.3
Ethnicity: BAME (%)	66.6	53.9	48.7	33.8	26.9
Lone Parent Household (%)	14.8	17.1	9.7	6.4	12.6
Crude (Total) Deaths per 1,000 Residents (2016)	-	-	-	4.4	5.7
Suicides per 100,000 Population (2011)	-	-	-	18	7.2
Crime per 1,000 Population (2016-2017)	-	-	-	103.1	76.1
Index of Multiple Deprivation Score (IMD) ⁴	44.9	38.4	25.9	25	-

³ London LSOA Atlas. <https://data.london.gov.uk/dataset/lsao-atlas> [Accessed September 2020]

⁴ Department of Communities and Local Government (DCLG) (2015) Indices of Multiple Deprivation 2015

DESKTOP RAPID HIA

This section presents the qualitative analysis and discussion for the proposed development at 330 Gray's Inn Road in relation to each of the 11 health indicators. Recommendations are made where appropriate to mitigate or enhance potential health outcomes.

HOUSING QUALITY AND DESIGN

The development is expected to have an overall positive health impact in terms of housing quality and design due to considerate design measures and assessments.

The development has been designed with efficient building fabric and is meeting the required carbon emission reduction targets set out by the London Plan and the London Borough of Camden.

The results of the energy analysis and building targets can be found in the accompanying Energy Report.

The scheme has been developed in line with Lifetime Home criteria where feasible to ensure inclusivity, accessibility, adaptability, sustainability, and good value.

Table 9 below discusses the potential health impacts of the proposed development in relation to Housing Quality and Design.

Table 9: Housing Quality and Design, Health Impact Assessment

Assessment criteria	Relevant	Details/ Evidence	Potential health impact	Recommendations / mitigation
Does the proposal seek to meet Building Regulation requirement M4 (2)?	Yes	The development incorporates the principles of sustainable design for accessibility and adaptability where feasible and will meet Building Regulations.	+	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?	Yes	The development is marketed to a variety of demographics, ensuring accessibility (lifts installed) and affordability.	+	N/A
Does the proposal include homes that can be adapted to support independent living for older and disabled people?	Yes	The development includes lifts, wide adequate room layout and wide corridor spacing to ensure accessibility, enabling the ability of the scheme to adhere to required adaptations.	+	N/A
Does the proposal promote good design through layout and orientation, meeting internal space standards?	Yes	The development has been assessed for daylight and sunlight levels to ensure sufficient orientation and layout for adequate internal comfort levels.	+	N/A
Does the proposal include a range of housing types and sizes, including	Yes	The proposal includes both private and affordable units, ranging from self-contained studios to three-	+	N/A

HEALTH IMPACT ASSESSMENT

Assessment criteria	Relevant	Details/ Evidence	Potential health impact	Recommendations / mitigation
affordable housing responding to local housing needs?		<p>bedroom dwellings with access to private balconies.</p> <p>The scheme will provide a high proportion of affordable units (50% by habitable room) and provide a range of unit sizes including those suitable for families.</p>		
Does the proposal contain homes that are highly energy efficient?	Yes	<p>The accompanying Energy Statement details the energy strategy for the proposed building. The calculations show that the development exceeds CO₂ target of 35% reduction over the baseline. Energy efficiency measures include levels of insulation beyond Building Regulations requirements, low air tightness levels and efficient lighting.</p>	+	N/A

ACCESS TO HEALTHCARE SERVICES AND OTHER SOCIAL INFRASTRUCTURE.

The availability of access to healthcare was assessed in Access to healthcare section in this report. The development is expected to have an overall neutral health impact in terms of access to healthcare and social infrastructure.

The development site was found to be in close proximity to sporting clubs and community associations which promote health through physical activity and social interaction in the community.

Table 10 below evaluates health impacts in relation to healthcare services and other social infrastructure.

Table 10: Access to healthcare and other social infrastructure, Health Impact Assessment

Assessment criteria	Relevant	Details/ Evidence	Potential health impact	Recommendations/ mitigation
Does the proposal retain or re-provide existing social infrastructure?	Yes	The proposed development comprises the retention and demolition of existing buildings. Additional commercial services are proposed which could add social value to the community.	+	N/A
Does the proposal assess the impact on healthcare services?	Yes	The surrounding GP practices were found to operate below the 1800 patient to doctor threshold, demonstrating that there should be sufficient capacity to meet the arising demand.	+	N/A
Does the proposal include the provision, or replacement of a healthcare facility and does the facility meet NHS requirements?	No	N/A	0	N/A
Does the proposal assess the capacity, location and accessibility of other social infrastructure, e.g. schools, social care and community facilities?	No	Existing social infrastructure is explored within the body of the report, and details are given on healthcare, education, open spaces and community facilities in close proximity to the development, along with an analysis of the potential impact of the development.	0	Local Policy determines that the applicant may be required to make CIL contributions towards the provision of social infrastructure in the local area.
Does the proposal explore opportunities for shared community use and co-location of services?	No	The development proposals are primarily dedicated for private use and shared community services are not being proposed.	0	N/A
Does the proposal contribute to meeting primary, secondary and post education needs?	No	Location and estimated capacity of local schools have been considered in the body of the report. This shows that there is some capacity within close proximity of the proposed development to absorb the additional demand.	0	N/A

ACCESS TO OPEN SPACE AND NATURE

Access to nature can have a notable health impact on the development's future users and this is expected to have a substantial effect for residents, who are expected to stay in the area for long term.

The proposed development is in an area with access to various green spaces within 1km of the site. The development is proposed on previously developed space therefore the site does not affect any existing open space or green areas.

Table 11: Access to open space and nature, Health Impact Assessment

Assessment criteria	Relevant	Details/ Evidence	Potential health impact	Recommendations/ mitigation
Does the proposal retain and enhance existing open and natural spaces?	No	The site has been previously developed.	0	N/A
In areas of deficiency, does the proposal provide new open or natural space, or improve access to existing spaces?	Yes	The report previously outlined that there is an abundance of open and green areas in close vicinity to the proposed development. The introduction of landscaped areas within the proposed communal courtyard and shared external green spaces for residents will be provided for communal use.	+	N/A
Does the proposal provide a range of play spaces for children and young people?	Yes	The proposed development provides play spaces in the form of private spaces and shared external garden spaces for children to play.	+	Promote access to surrounding community centres through brochures and informing residents.
Does the proposal provide links between open and natural spaces and the public realm?	Yes	The development provides links between open and natural spaces which are accessible to all.	+	N/A
Are the open and natural spaces welcoming and safe and accessible for all?	Yes	The proposal will provide a communal courtyard, with a moss garden and signature tree, which will be accessible for everyone.	+	N/A
Does the proposal set out how new open space will be managed and maintained?	Yes	There is a management system in place for the property and relevant amenity spaces.	+	N/A

AIR QUALITY, NOISE AND NEIGHBOURHOOD AMENITY

The development will have an overall positive impact due to the passive and active design measures (available in the accompanying Energy and Sustainability report).

A range of measures have been developed and will be incorporated in the proposed scheme where feasible in order to minimise potential health impacts arising from air quality, ecology and neighbourhood amenity issues. Table 12 below summarises the discussion.

Table 12: Air quality, noise and neighbourhood amenity, Health Impact Assessment

Assessment criteria	Relevant	Details/ Evidence	Potential health impact	Recommendations/ mitigation
Does the proposal minimise construction impacts such as dust, noise, vibration and odours?	Yes	Construction impacts (e.g. dust generation) shall be minimised through adoption of best practice construction measures, formalised through the production of a Construction and Environmental Management Plan where feasible.	+	N/A
Does the proposal minimise air pollution caused by traffic and energy facilities?	Yes	The Carbon emissions are expected to be reduced by more than 50% for non-domestic by passive design methods and green technology such as air source heat pumps and PVs. Moreover, the energy generation technology will be combustion free, thereby improving air quality. Onsite parking has been reduced as far as possible to minimise air pollution.	+	N/A
Does the proposal minimise noise pollution caused by traffic and commercial uses?	Yes	Noise pollution will be minimised across the development. An Acoustic assessment is being undertaken in support of the application and will include recommended mitigation measures to be implemented. The development will incorporate design and building fabric measures to mitigate potential noise levels from the proposed development and ensure the impact of any external sources on internal ambient noise levels are within acceptable limits.	+	N/A

ACCESSIBILITY AND ACTIVE TRAVEL

The proposed development provides parking within the development, minimising the impact on pedestrian routes. The proposed development is encouraging cycling through the provision of multiple cycling spaces.

The potential health impacts are anticipated to be generally beneficial as shown in more detail in Table 13 below.

Table 13: Accessibility and active travel, Health Impact Assessment

Assessment criteria	Relevant	Details/ Evidence	Potential health impact	Recommendations/ mitigation
Does the proposal prioritise and encourage walking (such as through shared spaces)?	Yes	The proposal is 'car-free' and will therefore encourage residents to walk, limiting private vehicle use. The site will provide new pedestrian connections through the provision of public courtyards and shared external green spaces for residents.	+	N/A
Does the proposal prioritise and encourage cycling (for example by providing secure cycle parking, showers and cycle lanes)?	Yes	The proposed development includes facilities for short and long stay cycle parking.	+	N/A
Does the proposal connect public realm and internal routes to local and strategic cycle and walking networks?	No	Entrances from the site lead onto footpaths.	0	N/A
Does the proposal include traffic management and calming measures to help reduce and minimise road injuries?	No	There are no roads present on site.	0	N/A

HEALTH IMPACT ASSESSMENT

Assessment criteria	Relevant	Details/ Evidence	Potential health impact	Recommendations/ mitigation
Is the proposal well connected to public transport, local services and facilities?	Yes	<p>Based on the travel plan developed, the site is Public Transport Access Level (PTAL) rating 6b (Best) and an accessibility index (AI) of 77.34.</p> <p>The following stations were found in the vicinity which can be accessed on foot or by cycle (which is encouraged through extensive cycle spaces provided):</p> <ul style="list-style-type: none"> King's Cross Station and King's Cross St Pancras Underground Station (0.3 mi) St Pancras International Station (0.5 mi) Euston Station (Rail and Overground) (0.9 mi) 	+	N/A
Does the proposal allow people with mobility problems or a disability to access buildings and places?	Yes	There are lifts provided for accessibility allowing easy access to those with impaired mobility.	+	N/A
Does the proposal seek to reduce car use by reducing car parking provision, supported by the controlled parking zones, car clubs and travel plan measures?	Yes	To promote more sustainable means of transport, the proposal is car-free with provision of disabled car parking and potential set-up of car sharing schemes. Short and long stay cycle parking will also be provided to reduce car use.	+	N/A

CRIME REDUCTION AND COMMUNITY SAFETY

The assessment identified potentially neutral health impacts in relation to crime reduction and community safety (Table 14).

For all assessment criteria which are relevant to the proposed development, considerable measures and steps have been taken to ensure positive outcomes.

Once site specific security measures are carried out in a later stage of design, the impact is expected to become positive.

Table 14: Crime reduction and community safety, Health Impact Assessment

Assessment criteria	Relevant	Details/ Evidence	Potential health impact	Recommendations/ mitigation
Does the proposal incorporate elements to help design out crime?	Yes	The design team have consulted with a Crime Prevention Officer and therefore the proposed development will comply with the principles of 'Secured by Design' to provide safe and secure spaces for occupants.	+	Prepare security plan highlighting specific security measures post planning.
Does the proposal incorporate design techniques to help people feel secure and avoid creating 'gated' communities?	Yes	As mentioned, the security measures will be incorporated to help guests feel secure, but without making it feel like they are locked up in a 'gated community'	+	A security plan highlighting specific security measures post planning
Does the proposal include attractive, multi-use public spaces and buildings?	Yes	The proposed development includes mixed-use buildings with public access.	+	N/A
Has engagement and consultation been carried out with the local community?	Yes	The development is of mixed-use nature and therefore, will provide opportunities for community engagement. A communal courtyard and shared garden space for residents will be provided, which will have a significant impact on the local community.	+	N/A

ACCESS TO HEALTHY FOOD

Access to healthy and nutritious food can improve diet and prevent chronic diseases. People on low incomes are the least able to eat well because of lack of access to nutritious food and 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 can change eating behaviour and improve physical and mental health.

The following commercial classes are proposed for the proposed development:

- Office Use (Class E)
- Hotel Use (Class C1)
- Residential (Class C3)
- Gymnasium (Class D2)
- Restaurant / Café (Class E)

Table 15: Access to healthy food, Health Impact Assessment

Assessment criteria	Relevant	Details/ Evidence	Potential health impact	Recommendations/ mitigation
Does the proposal facilitate the supply of local food, i.e. allotments, community farms and farmers' markets?	Yes	The development has access to healthy food available in the surrounding area. The development also has the opportunity under Class A3 to provide food and drinks. Where possible, healthy options will be offered in the restaurant and café, with a focus on locally sourced ingredients.	+	Consideration for healthy food options should be explored within the café, restaurant and bar areas of the development.
Is there a range of retail uses, including food stores and smaller affordable shops for social enterprises?	Yes	There is an opportunity for social enterprises, retail uses, and food stores as indicated by the proposed commercial classes.	+	Apply consideration for public benefit when deciding what class of use the commercial space will be.
Does the proposal avoid contributing towards an over-concentration of hot food takeaways in the local area?	Yes	The proposal is a mixed-use scheme with the commercial section providing food and drink within the café and restaurant.	0	It is recommended to provide healthy food options for the benefit of the community and the developments residents.

ACCESS TO WORK AND TRAINING

The proposal will provide a variety of work opportunities during construction phases as well as a number of opportunities during operation of the hotel space (Table 16).

Good access to work opportunities is expected for the residents of 330 Gray's Inn Road due to close proximity to King's Cross and accessibility to public transport to travel into central London and beyond.

Table 16: Access to work and training, Health Impact Assessment

Assessment criteria	Relevant	Details/ Evidence	Potential health impact	Recommendations/ mitigation
Does the proposal provide access to local employment and training opportunities, including temporary construction and permanent 'end-use' jobs?	Yes	The redevelopment and construction of the proposed development will create demand for constructions related workers during the demolition and build period. It is estimated that the proposed development could generate demand around 670 temporary construction workers per annum. It is also estimated that the proposed scheme will support around 1,350 gross direct on-site jobs once operational, ranging from managerial and professional roles, research and scientific to administrative and front-of-house and service-based roles.	+	N/A
Does the proposal provide childcare facilities?	No	The proposed development does not include the provision of childcare facilities.	0	N/A
Does the proposal include managed and affordable workspace for local businesses?	Yes	The proposed development includes flexible and affordable workspaces that can be used by local businesses for e.g. start-up and knowledge-quarter businesses.	+	N/A
Does the proposal include opportunities for work for local people via local procurement arrangements?	Yes	Work opportunities will be available for local people although a formal procurement is not established at this stage.	+	N/A

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. 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.

There is an overall neutral impact expected for the development.

The commercial aspect could potentially benefit social cohesion, and the provision of job opportunities adds value to the lifetime neighbourhood.

The 6 components of lifetime neighbourhoods have been addressed and implemented where feasible.

Table 17: Social cohesion and lifetime neighbourhoods, Health Impact Assessment

Assessment criteria	Relevant	Details/ Evidence	Potential health impact	Recommendations/ mitigation
Does the proposal connect with existing communities, i.e. layout and movement which avoids physical barriers and severance and land uses and spaces which encourage social interaction?	Yes	The development encourages social interaction for the residents through the provision of shared external green spaces. The commercial aspect will be open to the public and potentially improve social cohesion.	+	N/A
Does the proposal include a mix of uses and a range of community facilities?	Yes	The scheme is of a mixed-use nature.	+	N/A
Does the proposal provide opportunities for the voluntary and community sectors?	No	The proposal does not provide any voluntary or community sector opportunities.	0	N/A
Does the proposal address the six key components of Lifetime Neighbourhoods?	Yes	<p>The development addresses a variety of these elements including:</p> <p><i>Access</i> Enable residents to get out and about in the areas in which they live.</p> <p><i>Services and Amenities</i> The development provides a mix of residential, retail and employment use. Affordable access to a range of services such as health, post offices, banking facilities or cash machines.</p> <p><i>Built and natural Environments</i> Outdoor spaces and buildings that promote social contact. Locally accessible greenspace, and affordable access to natural environments.</p> <p><i>Housing</i> A range of affordable housing choices based on inclusive design principles in order to meet the occupants' needs across the life course – space/layout within homes designed to meet changing needs.</p>	0	<p>The other key components that can be addressed includes:</p> <p><i>Resident empowerment</i> Plan and encourage resident-led activities to empower the community to bring about development of their neighbourhood.</p> <p><i>Social networks/ well-being:</i> Provide social opportunities and activities that reflect the needs of different ages, cultures and ethnicities.</p>

MINIMISING THE USE OF RESOURCES

The development is expected to have an overall positive impact due to use of an existing site, and incorporation of sustainable design techniques and renewable energy sources.

Some minimal impacts are anticipated due to the presence of an existing building on site and the requirement to use resources to construct the new development; however, the impacts associated with these are going to be minimised, where possible, with the use of sustainable design and construction techniques.

Table 18: Minimising the use of resources, Health Impact Assessment

Assessment criteria	Relevant	Details/ Evidence	Potential health impact	Recommendations/ mitigation
Does the proposal make best use of existing land?	Yes	The proposed development comprises the retention and demolition of existing buildings, to provide a mixed-use scheme. Best construction practices will be adopted to minimise health impacts as noted in this section of the report.	+	N/A
Does the proposal encourage recycling (including building materials)?	Yes	There is an existing building on site and, where possible, any building materials will be reused. Special attention will be given to reduction and recycling of construction waste through a circular economy strategy to limit the development's impact on the waste infrastructure and on the environment.	+	N/A
Does the proposal incorporate sustainable design and construction techniques?	Yes	The materials specified for the main building elements will have a low environmental impact. A Sustainability Report has been constructed to assure sustainable practices and methods for the development.	+	N/A

CLIMATE CHANGE

The development incorporates various design measures such as renewable energy and passive design measures to ensure an overall positive health impact.

Best practice design measures have been incorporated to minimise carbon emission rates, enhance biodiversity and ensuring the building and open spaces can adapt to summer and winter conditions.

Overall, measures will be incorporated to mitigate potential health impacts linked to climate change. Table 19 provides an overview, with accompanying reports such as the Energy and Sustainability Statement, Flood Risk Assessment and Ecology Appraisal giving further details.

Table 19: Climate Change, Health Impact Assessment

Assessment criteria	Relevant	Details/ Evidence	Potential health impact	Recommendations/ mitigation
Does the proposal incorporate renewable energy?	Yes	The proposed development includes the use of PVs and air source heat pumps to reduce carbon emissions.	+	N/A
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	Passive and active design measures will be incorporated to future-proof the scheme from climate change. These are detailed in the accompanying Energy Statement.	+	N/A
Does the proposal maintain or enhance biodiversity?	Yes	Given that the existing site is consisting of an occupied building, there is limited ecological value on site. The proposal incorporates a broad array of features to enhance the biodiversity on the site through the provision of external and private external gardens. A moss garden and signature tree will also be integrated within the heart of the courtyard space.	+	N/A
Does the proposal incorporate sustainable urban drainage techniques?	Yes	A Flood Risk Assessment and SuDS Strategy is being undertaken which details the measures to be implemented on site to mitigate any potential adverse effects.	+	N/A

CONCLUSION

The proposed development was found to have no adverse impact on the health of the local community and was found to have a positive impact overall for the residents of the development at 330 Gray's Inn Road.

The proposal incorporates a range of safe and accessible design measures, communal spaces and employment opportunities which will have a significant beneficial impact on the local community and surrounding area.

The Health Impact Assessment was undertaken in terms of 11 categories in order to assess the potential effect of the development on the surrounding area as well as the health impacts expected for the development's future residents.

The 11 categories included:

- Housing quality and design
- Access to healthcare services and other social infrastructure
- Access to open space and nature
- Air quality, noise, and neighbourhood amenities
- Accessibility and active travel
- Crime reduction and community safety
- Access to healthy food
- Access to work and training
- Social cohesion and neighbourhoods
- Minimising the use of resources
- Climate change

The categories were assessed for specific criteria outlined in the Methodology section of the report, with any potentially negative impacts including mitigation methods and recommendations.

Overall, the proposed development incorporates a range of safe and accessible design measures, communal spaces and employment opportunities which will have a significant beneficial impact on the local community, surrounding area and the London Borough of Camden.

APPENDIX A – REFERENCES

- Ref. 1 Department for Communities and Local Government (DCLG) (2019) National Planning Policy Framework
- Ref. 2 Department for Communities and Local Government (DCLG) (2019) National Planning Policy Guidance
- Ref. 3 World Health Organisation (WHO) (2013) Health Impact Assessment: Glossary of Terms Used [online]
<http://www.who.int/hia/about/glos/en/index1.html>
- Ref. 4 Transport for London (2018); Webcat Planning Tool: Access Level (PTAL). [online]
<https://tfl.gov.uk/info-for/urban-planning-and-construction/planning-with-webcat/webcat>
- Ref. 5 Health and Social Care Information Centre (HSCIC) (2015) All GPs in each Clinical Commissioning Group: Headcount by Gender and Type
- Ref. 6 NHS London Healthy Urban Development Unit (HUDU) (2018) HUDU Planning Contribution Planning Contribution Model Guidance Notes
- Ref. 7 NHS Service Search (2019) NHS Choices Website
<http://www.nhs.gov.uk> [accessed July 2019]
- Ref. 9 The Royal Parks (2019). [online] The Royal Parks. <https://www.royalparks.org.uk/parks> [Accessed 16 Jul. 2019].
- Ref. 10 A Guide to Camden's Parks and Open Spaces
- Ref. 11 Office of National Statistics (ONS) (2011) Census 2011
- Ref. 12 ONS (2014) Mortality Statistics: Deaths Registered by Area of Usual Residence
- Ref. 13 ONS (2014) Suicides in England and Wales by Local Authority
- Ref. 14 Local Plan (2017), London Borough of Camden, April 2005
- Ref. 15 Rapid Health Impact Assessment Tool (2017), 3rd edition, NHS – London Healthy Urban Development Unit (HUDU)
- Ref. 16 Department of Communities and Local Government (DCLG) (2015) Indices of Multiple Deprivation 2015. Available at: <https://www.gov.uk/government/statistics/english-indices-ofdeprivation-2015> [accessed July 2019]
- Ref. 17 Local Authority Health Profile 2018, Camden
- Ref. 18 LSOA Atlas Data.london.gov.uk. (2019). LSOA Atlas – London Datastore. [online]
<https://data.london.gov.uk/dataset/lsua-atlas> [Accessed 12 Jul. 2019].

APPENDIX B – BOROUGH HEALTH PROFILE (2018)



Camden

Unitary authority

This profile was published on 3 July 2018

Local Authority Health Profile 2018

This profile gives a picture of people's health in Camden. It is designed to help local government and health services understand their community's needs, so that they can work together to improve people's health and reduce health inequalities.

Health in summary

The health of people in Camden is varied compared with the England average. About 26% (7,900) of children live in low income families. Life expectancy for both men and women is higher than the England average.

Health inequalities

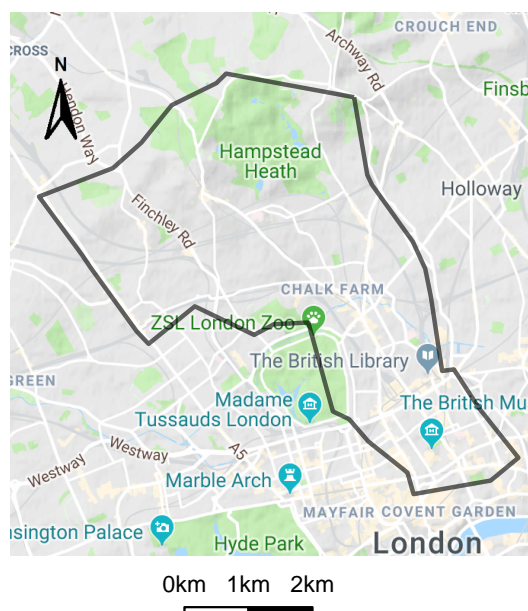
Life expectancy is 10.0 years lower for men and 7.5 years lower for women in the most deprived areas of Camden than in the least deprived areas.**

Child health

In Year 6, 22.9% (325) of children are classified as obese, worse than the average for England. The rate of alcohol-specific hospital stays among those under 18 is 27*. This represents 12 stays per year. Levels of teenage pregnancy and smoking at time of delivery are better than the England average.

Adult health

The rate of alcohol-related harm hospital stays is 569*, better than the average for England. This represents 1,110 stays per year. The rate of self-harm hospital stays is 74*, better than the average for England. This represents 182 stays per year. Estimated levels of adult excess weight and physical activity are better than the England average. Rates of sexually transmitted infections and TB are worse than average. Rates of hip fractures and people killed and seriously injured on roads are better than average. Rates of violent crime and the percentage of people in employment are worse than average. Rates of statutory homelessness, excess winter deaths, early deaths from cardiovascular diseases and early deaths from cancer are better than average.



Contains National Statistics data © Crown copyright and database right 2018
Contains OS data © Crown copyright and database right 2018
Map data © 2018 Google
Local authority displayed with ultra-generalised clipped boundary

For more information on priorities in this area, see:

- <https://opendata.camden.gov.uk>

Visit www.healthprofiles.info for more area profiles, more information and interactive maps and tools.

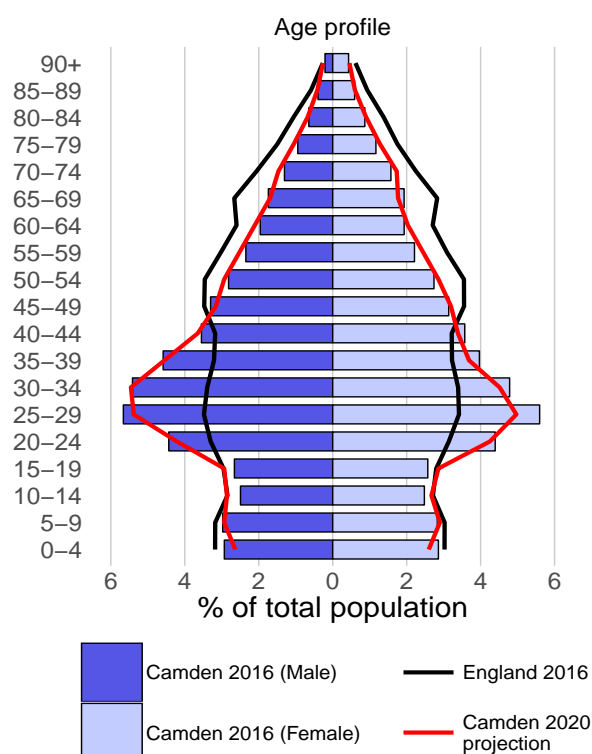
Local Authority Health Profiles are Official Statistics and are produced based on the three pillars of the [Code of Practice for Statistics](#): Trustworthiness, Quality and Value.

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* rate per 100,000 population

** see [page 3](#)

Population



Understanding the sociodemographic profile of an area is important when planning services. Different population groups may have different health and social care needs and are likely to interact with services in different ways.

	Camden (persons)	England (persons)
Population (2016)*	249	55,268
Projected population (2020)*	266	56,705
% population aged under 18	19.2%	21.3%
% population aged 65+	11.7%	17.9%
% people from an ethnic minority group	37.8%	13.6%

* thousands

Source:
Populations: Office for National Statistics licensed under the Open Government Licence
Ethnic minority groups: Annual Population Survey, October 2015 to September 2016

Deprivation

The level of deprivation in an area can be used to identify those communities who may be in the greatest need of services. These maps and charts show the Index of Multiple Deprivation 2015 (IMD 2015).

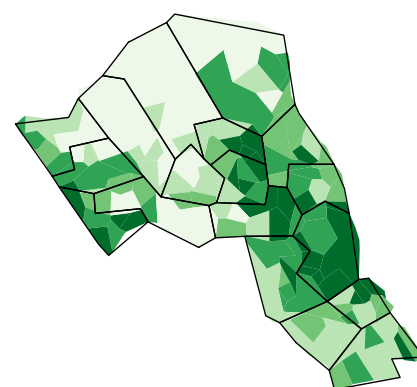
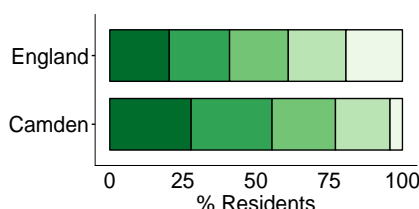
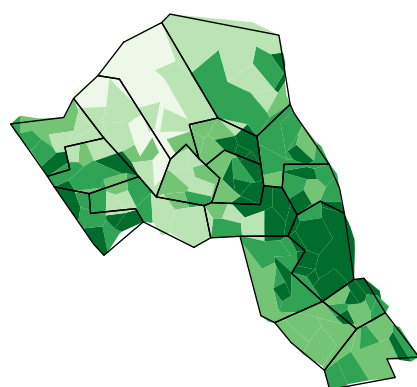
National

The first of the two maps shows differences in deprivation in this area based on national comparisons, using national quintiles (fifths) of IMD 2015, shown by lower super output area. The darkest coloured areas are some of the most deprived neighbourhoods in England.

The chart shows the percentage of the population who live in areas at each level of deprivation.

Local

The second map shows the differences in deprivation based on local quintiles (fifths) of IMD 2015 for this area.



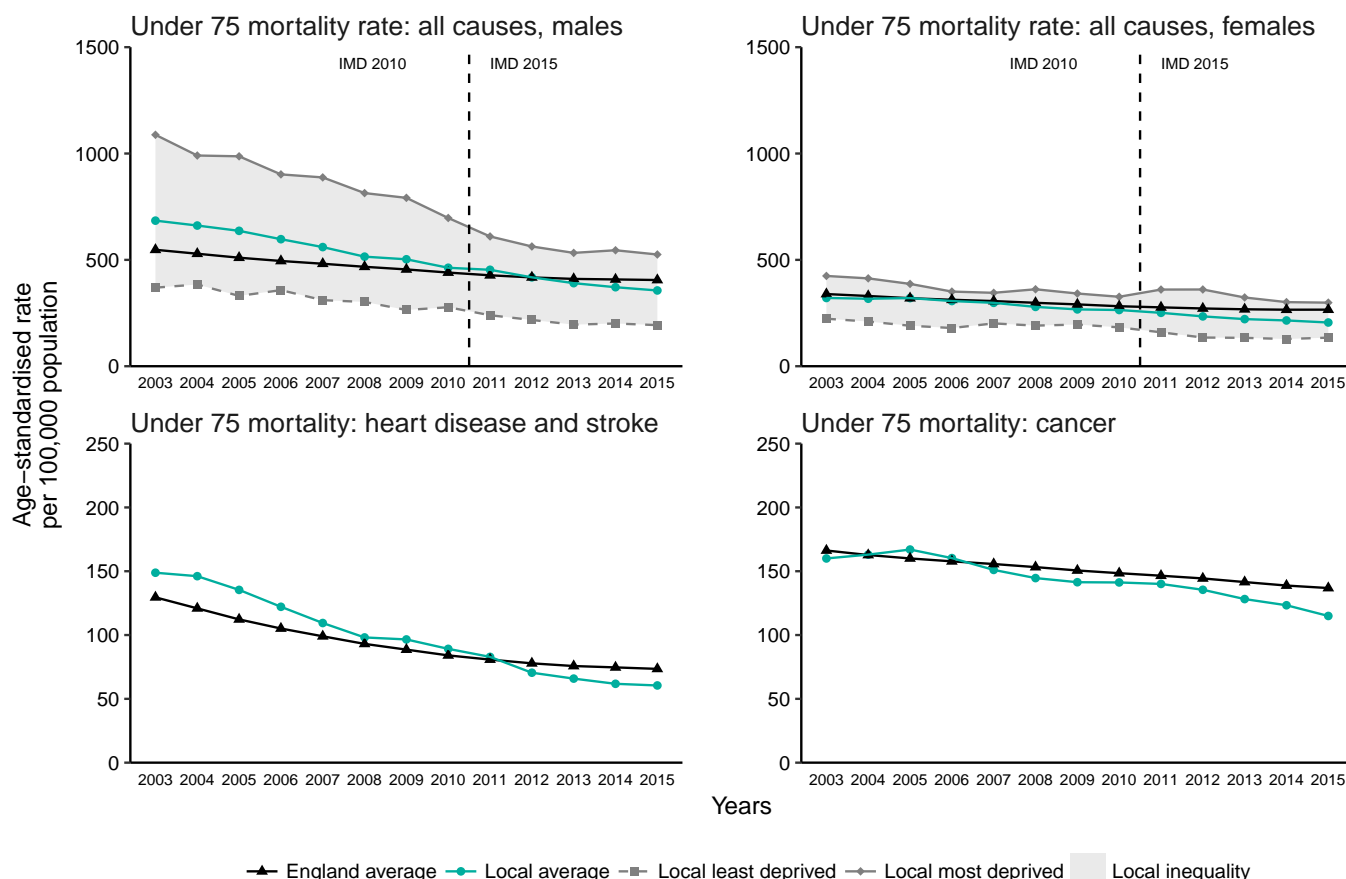
Health inequalities: life expectancy

The charts show life expectancy for males and females within this local authority for 2014-16. The local authority is divided into local deciles (tenths) by deprivation (IMD 2015). The life expectancy gap is the difference between the top and bottom of the inequality slope. This represents the range in years of life expectancy from most to least deprived within this area. If there was no inequality in life expectancy the line would be horizontal.



Trends over time: under 75 mortality

These charts provide a comparison of the trends in death rates in people under 75 between this area and England. For deaths from all causes, they also show the trends in the most deprived and least deprived local quintiles (fifths) of this area.



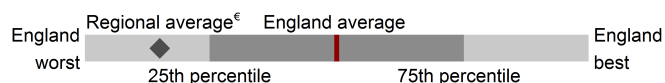
Data from 2010-12 onwards have been revised to use IMD 2015 to define local deprivation quintiles (fifths), all prior time points use IMD 2010. In doing this, areas are grouped into deprivation quintiles using the Index of Multiple Deprivation which most closely aligns with the time period of the data. This provides a more accurate way of examining changes over time by deprivation.

Data points are the midpoints of three year averages of annual rates, for example 2005 represents the period 2004 to 2006. Where data are missing for local least or most deprived, the value could not be calculated as the number of cases is too small.

Health summary for Camden

The chart below shows how the health of people in this area compares with the rest of England. This area's value for each indicator is shown as a circle. The England average is shown by the red line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator. However, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- Not compared



	Indicator names	Period	Local count	Local value	Eng value	Eng worst		Eng best
Life expectancy and causes of death	1 Life expectancy at birth (Male)	2014 – 16	n/a	82.1	79.5	74.2		83.7
	2 Life expectancy at birth (Female)	2014 – 16	n/a	86.8	83.1	79.4		86.8
	3 Under 75 mortality rate: all causes	2014 – 16	1,281	277.6	333.8	545.7		215.2
	4 Under 75 mortality rate: cardiovascular	2014 – 16	263	60.5	73.5	141.3		42.3
	5 Under 75 mortality rate: cancer	2014 – 16	509	115.0	136.8	195.3		99.1
	6 Suicide rate	2014 – 16	58	10.0	9.9	18.3		4.6
Injuries and ill health	7 Killed and seriously injured on roads	2014 – 16	237	32.8	39.7	110.4		13.5
	8 Hospital stays for self-harm	2016/17	182	74.2	185.3	578.9		50.6
	9 Hip fractures in older people (aged 65+)	2016/17	136	464.2	575.0	854.2		364.7
	10 Cancer diagnosed at early stage	2016	325	54.8	52.6	39.3		61.9
	11 Diabetes diagnoses (aged 17+)	2017	n/a	56.3	77.1	54.3	●	96.3
	12 Dementia diagnoses (aged 65+)	2017	1,262	83.9	67.9	45.1		90.8
Behavioural risk factors	13 Alcohol-specific hospital stays (under 18s)	2014/15 – 16/17	37	26.9	34.2	100.0		6.5
	14 Alcohol-related harm hospital stays	2016/17	1,110	568.6	636.4	1,151.1		388.2
	15 Smoking prevalence in adults (aged 18+)	2017	32,923	16.4	14.9	24.8		4.6
	16 Physically active adults (aged 19+)	2016/17	n/a	74.0	66.0	53.3		78.8
	17 Excess weight in adults (aged 18+)	2016/17	n/a	45.3	61.3	74.9		40.5
Child health	18 Under 18 conceptions	2016	37	11.0	18.8	36.7		3.3
	19 Smoking status at time of delivery	2016/17	82	3.4	10.7	28.1		2.3
	20 Breastfeeding initiation	2016/17	1,022	*65	74.5	37.9		96.7
	21 Infant mortality rate	2014 – 16	13	1.6	3.9	7.9		0.0
	22 Obese children (aged 10–11)	2016/17	325	22.9	20.0	29.2		8.8
Inequalities	23 Deprivation score (IMD 2015)	2015	n/a	25.0	21.8	42.0		5.0
	24 Smoking prevalence: routine and manual occupations	2017	n/a	17.7	25.7	48.7		5.1
Wider determinants of health	25 Children in low income families (under 16s)	2015	7,865	25.7	16.8	30.5	●	5.7
	26 GCSEs achieved	2015/16	763	57.1	57.8	44.8		78.7
	27 Employment rate (aged 16–64)	2016/17	122,800	70.2	74.4	59.8	●	88.5
	28 Statutory homelessness	2016/17	23	0.2	0.8			
	29 Violent crime (violence offences)	2016/17	6,098	25.3	20.0	42.2	●	5.7
Health protection	30 Excess winter deaths	Aug 2013 – Jul 2016	79	7.4	17.9	30.3		6.3
	31 New sexually transmitted infections	2017	3,042	1,699.9	793.8	3,215.3	●	266.6
	32 New cases of tuberculosis	2014 – 16	130	18.0	10.9	69.0	●	0.0

For full details on each indicator, see the definitions tab of the Health Profiles online tool: www.healthprofiles.info

Indicator value types

1, 2 Life expectancy - Years 3, 4, 5 Directly age-standardised rate per 100,000 population aged under 75 6 Directly age-standardised rate per 100,000 population aged 10 and over 7 Crude rate per 100,000 population 8 Directly age-standardised rate per 100,000 population 9 Directly age-standardised rate per 100,000 population aged 65 and over 10 Proportion - % of cancers diagnosed at stage 1 or 2 11 Proportion - % recorded diagnosis of diabetes as a proportion of the estimated number with diabetes 12 Proportion - % recorded diagnosis of dementia as a proportion of the estimated number with dementia 13 Crude rate per 100,000 population aged under 18 14 Directly age-standardised rate per 100,000 population 15, 16, 17 Proportion - % 18 Crude rate per 1,000 females aged 15 to 17 19, 20 Proportion - % 21 Crude rate per 1,000 live births 22 Proportion - % 23 Index of Multiple Deprivation (IMD) 2015 score 24, 25 Proportion - % 26 Proportion - % 5 A*-C including English & Maths 27 Proportion - % 28 Crude rate per 1,000 households 29 Crude rate per 1,000 population 30 Ratio of excess winter deaths to average of non-winter deaths (%) 31 Crude rate per 100,000 population aged 15 to 64 (excluding Chlamydia) 32 Crude rate per 100,000 population

€"Regional" refers to the former government regions.

*65 Value not published for data quality reasons

If 25% or more of areas have no data then the England range is not displayed.

Please send any enquiries to healthprofiles@phe.gov.uk

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