**O2 Finchley Road: Scoping Report for Environmental Impact Assessment**

Thank you for the opportunity to comment on the Environmental Impact Assessment (EIA) scoping report. We note that proposed development involves up to 2,000 residential units, approximately 200,000 sq ft of non-residential floorspace and will be phased over approximately 15 years.

The CCG were notified of the scoping opinion on 11 June 2021. We are involved in wider pre-application discussions with the applicant.

We note under paragraph 3.10 ‘EIA Consultation’ that further consultation on the EIA will be undertaken with both statutory and non-statutory consultees and the CCG would welcome this.

3.6.1 Methodology

The assessment will consider effects at the site preparation, construction and operational stages. It should also be acknowledged that health and wellbeing impacts will also occur following occupation of the development as the demand for healthcare services grows and buildings, spaces and streets are used and managed. It should also be noted that for phased developments, new residents of completed phases will also be affected by ongoing construction of later phases.

3.6.2 Assessment of Cumulative Effects

The EIA Regulations require the likely significant cumulative environmental effects of a development to be considered. The schemes to be considered will be those located within a 1km radius of the site. The report refers to potential cumulative effects. We suggest that these effects include community infrastructure, including healthcare as catchments will extend beyond the site. It could also identify the need for mitigation and developer contributions, including the use of Community Infrastructure Levy receipts.

6.11 Socio-economics

6.11.2 Baseline Conditions and 6.11.3 Potential Effects

We note that the local area will be defined as West Hampstead ward and that population projections and estimates and the Indices of Multiple Deprivation (2019) will be used to establish the socio-economic baseline. We assume that the standalone health impact assessment will include a detailed health profile.

The socio-economic assessment will identify local community infrastructure and establish the capacity baseline and will estimate the demand for community infrastructure arising from the new residential population. It is unclear why only primary healthcare (GP surgeries) are included. The baseline assessment should also include community, mental health and hospital services and take into account changing models of healthcare, including the development of primary care networks and Camden and Islington NHS Foundation Trusts plans to transform mental health services and establish community hubs.

6.11.3 Potential Effects - Non-Significant Effects

We note that a separate ‘human health’ chapter will not be included in the EIA, but a separate Health Impact Assessment (HIA) will be prepared and submitted with the planning application. The HIA will review the health impacts arising from the EIA and from separate assessments, such the transport and air quality assessments.

The scope of the HIA will be based on the principles established within the Healthy Urban Development Unit (HUDU) guidance for HIA. We assume that this refers to the NHS London Healthy Urban Development’s Rapid Health Impact Assessment Tool (October 2019). We would refer you to the Camden Planning Guidance ‘Planning for health and wellbeing’ (January 2021), particularly paragraph 1.47 which expects a more comprehensive HIA for larger developments of more than 100 dwellings.

This could include a detailed assessment of health needs and issues, focusing on vulnerable and sensitive groups, could bring together the issues and priorities arising from community engagement and include a mitigation and monitoring schedule which address construction and operational impacts and measures. Whilst the assessment would focus on identifying and mitigating negative impacts, it is important that the HIA addresses positive impacts and maximises benefits from the proposed development. This could involve exceeding minimum standards and demonstrating how the design of the scheme would maximise health gains.

Given that the development will be phased over a period of approximately 15 years we suggest that consideration is given to a longer-term study of the impact on health and wellbeing, focusing on post-occupation impacts.

We suggest that advice is sought from the Camden and Islington Public Health team.

6.11.4 Scope and Assessment Methodology

The report refers to the GLA’s Population Yield Calculator (2019) to estimate the population living within the proposed development. The calculator is designed for education purposes to estimate the child yield from a development. It does not include older age bands which are important to healthcare planning, but also useful to identify an older population to inform the design of buildings and spaces.

We suggest that the GLA population yield calculator figures are compared against the GLA housing led ward projection and the population yield outputs from the HUDU Planning Contributions Tool.

The report does not identify how the healthcare baseline and capacity will be assessed. We would welcome the opportunity to discuss the use of NHS data and information from providers and agree the data sources and assumptions to be used. In particular, the CCG are consulting local GP practices as they are experiencing significant patient list size growth and capacity issues.

6.11.5 Likely Mitigation

We would welcome the opportunity to discuss necessary mitigation to address the gap between available capacity and increased demand for infrastructure. This should include the use of HUDU Planning Contributions Tool to calculate healthcare activity, floorspace and cost impacts.