

# HEALTH IMPACT ASSESSMENT

330 Gray's Inn Road

Produced by XCO<sub>2</sub> for 330 Gray's Inn Road Ltd.

February 2023



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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 G33 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	3	1	/	Positive
Minimising the use of resources	3	/	/	Positive
Climate change	4	/	/	Positive
<b>Overall</b>	<b>40</b>	<b>10</b>	<b>/</b>	<b>Positive</b>

### SITE AND PROPOSED DEVELOPMENT

A S73 amendment application is being submitted for the proposed scheme at 330 Gray's Inn Road to reflect amendments to the previously consented scheme.

Below the development description:

Variation of Condition 2, 18, 31, 41 and 54 of planning permission ref 202/553/P for the 'Redevelopment of the former Royal National Throat, Nose and Ear Hospital site, comprising: Retention of 330 Gray's Inn Road and a two storey extension above for use as hotel (5 above ground storeys in total), demolition of all other buildings, the erection of a part 13 part 9 storey building plus upper and lower ground floors (maximum height of 15 storeys) for use as a hotel (including a cafe and restaurant); covered courtyard; external terraces; erection of a 7 storey building plus upper and lower ground floors (maximum height of 9 storeys) for use as office together with terraces; erection of a 10 storey building plus upper and lower ground floors (maximum height of 12 storeys) 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 (maximum height of 7 storeys) 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.' NAMELY to enable amendments to the approved drawings list to enable an uplift in office/labs floorspace, a reduction in affordable workspace, amendments to the landscape design of the residential

garden, a revised entrances on Wicklow Street, a revised arrangement to the loading bay on Wicklow Street, reconfiguration at basement level of the office/labs building, and increased cycle parking provision, and additional basement level, reconfiguration of the roof level plant and enclosures, the addition of flues in addition to other 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.

Within the immediate vicinity the prevailing development is characterised by a mix of commercial, residential and hotel uses.

The site is currently occupied a number of buildings which make up the Royal National Throat, Nose and Ear (RNTNE) Hospital. The hospital closed in October 2019 when services transferred to the new Royal National ENT and Eastman Dental Hospitals on Huntley Street, London, WC1E 6DG.

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



Site Location

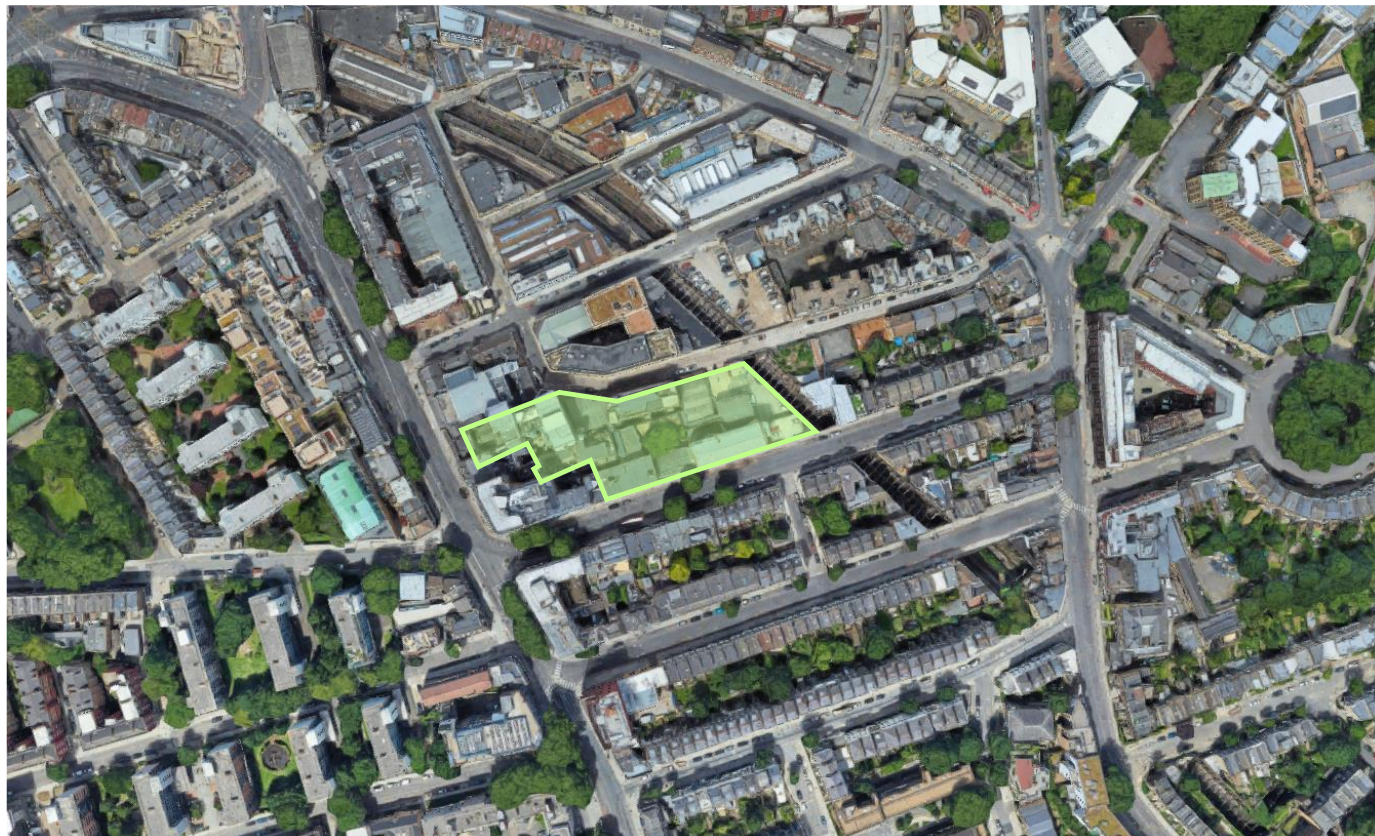


Figure 1: Approximate location of application site



### 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 Plan.

The relevant planning policy documents for health and wellbeing are:

- The London Plan (2021);
- Camden Local Plan (2017);
- National Planning Policy Framework (NPPF) (2019).

### THE LONDON PLAN (2021)

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..

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

#### ***GG3 CREATING A HEALTHY CITY***

To improve Londoners' health and reduce health inequalities, those involved in planning and development must:

- A) ensure that the wider determinants of health are addressed in an integrated and co-ordinated way, taking a systematic approach to improving the mental and physical health of all Londoners and reducing health inequalities.
- B) promote more active and healthy lives for all Londoners and enable them to make healthy choices.
- C) use the Healthy Streets Approach to prioritise health in all planning decisions.
- D) assess the potential impacts of development proposals and Development Plans on the mental and physical health and wellbeing of communities, in order to mitigate any potential negative impacts, maximise potential positive

impacts, and help reduce health inequalities, for example through the use of Health Impact Assessments.

- E) plan for appropriate health and care infrastructure to address the needs of London's changing and growing population.
- F) seek to improve London's air quality, reduce public exposure to poor air quality and minimise inequalities in levels of exposure to air pollution.
- G) plan for improved access to and quality of green spaces, the provision of new green infrastructure, and spaces for play, recreation and sports.
- H) ensure that new buildings are well-insulated and sufficiently ventilated to avoid the health problems associated with damp, heat and cold.
- I) seek to create a healthy food environment, increasing the availability of healthy food and restricting unhealthy options.

### LOCAL BOROUGH POLICY

#### **CAMDEN LOCAL PLAN (2017)**

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:

#### **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.*

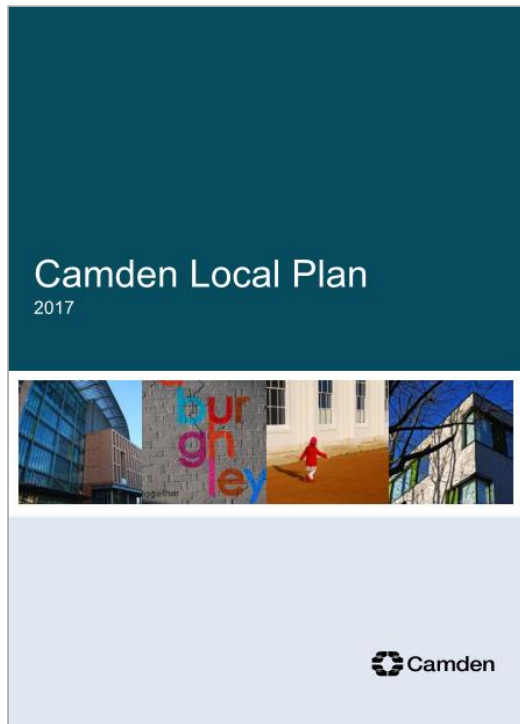
### POLICY C6 ACCESS FOR ALL

*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) (2021)

The current NPPF was updated in July 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 applied<sup>1</sup>. 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 94, 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 55 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.”*



Ministry of Housing,  
Communities &  
Local Government

National Planning Policy Framework

### METHODOLOGY

The HIA has been carried out and in line with the London Healthy Urban Development Unit (HUDU) Planning for Health Rapid HIA Tool (2019), 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.

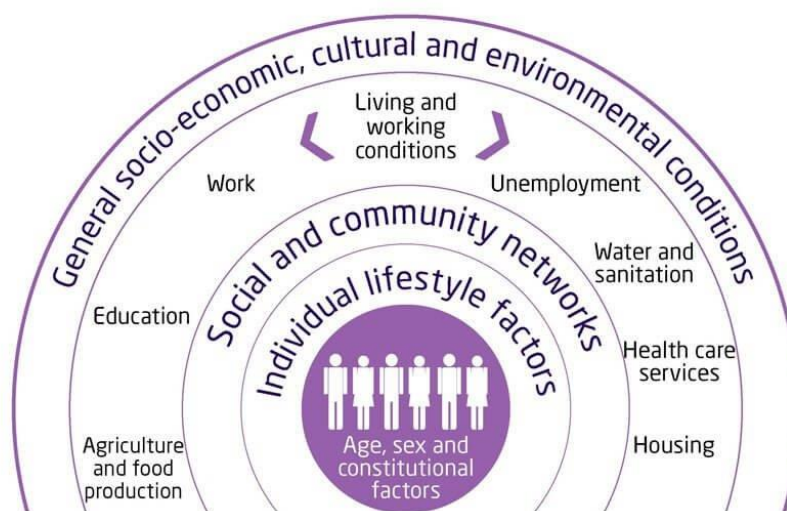


Figure 2. Wider Health Determinants (Source: Dahlgren, G. and Whitehead, M. (1993))



## 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, 4<sup>th</sup> Edition (October 2019) recommends the assessment of potential health impacts under eleven topics or broad determinants, which include:

- Housing design and affordability
- 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. The practices listed in Table 2 and Table 3 were contacted to gauge capacity to register new patients. These facilities are considered in turn below.

##### GPs

There are a total of 18 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.

Based on the number of FTE GPs, there is an average ratio of 1,756 patients per FTE GP, which is below to the target for England of 1,800 patients per GP. 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 15 dental practices are currently accepting patients, 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).

## HEALTH IMPACT ASSESSMENT

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

GP practice	Distance (km)	Number of GPs (FTE)	Registered Patients	Patients per GP (FTE)
The Bloomsbury Surgery	0.5	4.2	6,951	1,650
Killick Street Health Centre	0.5	8.4	12,594	1,504
Amwell Group Practice	0.6	7.7	10,869	1,420
Brunswick Medical Centre	0.6	3.1	8,746	2,837
The Holborn Medical Centre	0.8	10.4	12,143	1,168
Gray's Inn Road Medical Practice	0.8	5.5	7,936	1,443
Somers Town Medical Centre	0.8	1.2	7,481	6,262
Clerkenwell Medical Practice	0.8	8.7	16,093	1,851
Ritchie Street Group Practice	1	8.5	17,751	2,093
Kings Cross Surgery	1.1	1.8	9,648	5,305
Gower Street Practice	1.3	5.9	12,640	2,136
Ridgmount Practice	1.3	8.1	20,592	2,528
Museum Practice	1.3	5.0	5,359	1,069
Amphill Practice	1.5	6.7	7,658	1,140
St Peter's Street Medical Practice	1.5	9.7	11,820	1,219
The Regents Park Practice	1.6	7.3	6,445	880
Covent Garden Medical Centre	1.6	1.1	4,849	4,546
Fitzrovia Medical Centre	1.6	3.3	7,696	2,300
<b>Average</b>	<b>1.1</b>	<b>5.9</b>	<b>10404</b>	<b>1756</b>

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	N
Raval Dental Surgery	0.3	1	Y
Travers Dental Practice	0.5	2	Y
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	N
Angle House Orthodontics Islington	1	5	Y
London City Smiles	1	8	N
Mornington Dental Surgery	1.3	1	Y
Dental Beauty Islington	1.3	12	Y
AP Dental Practice	1.3	1	Y

## HEALTH IMPACT ASSESSMENT

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

### 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).

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
<b>Total</b>	<b>64</b>

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

## HEALTH IMPACT ASSESSMENT

Increasing access to greenspace can give people more opportunities to engage with the natural environment, however there may still be barriers to engagement for some populations.

The following appraisal identifies potential barriers within the site and how the proposed development will overcome these barriers.

### *Physical barriers:*

- Proximity – There is a high proportion of green cover including parks and gardens in the vicinity of the proposed development and surrounding area, as shown in Figure 3. These spaces are accessible for new parents, children and older people via a safe walking route.
- Physical obstacles – The proposed development is located in close proximity to a busy road however the surrounding area has a high number of pedestrian crossings and an accessibility index (AI) of 77.34.

- Transport – The site is in walking or cycling distance to King's Cross Station and St Pancras International Station and the Public Transport Access Level (PTAL) rating for the proposed development is **6b (Best)**.
- Lack of facilities – The site is located within close proximity to many basic facilities. These facilities include cafes, meeting spaces such as community centres and allotments, benches and public toilets, which are located at King's Cross Station and St Pancras International Station and have been kept open during lockdown.

### *Social and cultural barriers*

- Social and cultural experiences – The proposal provides shared external spaces such as a covered and public courtyard, a shared residential garden and a railway garden and playspace for residents. The spaces have been designed to build strong community cohesion.

### Site Location

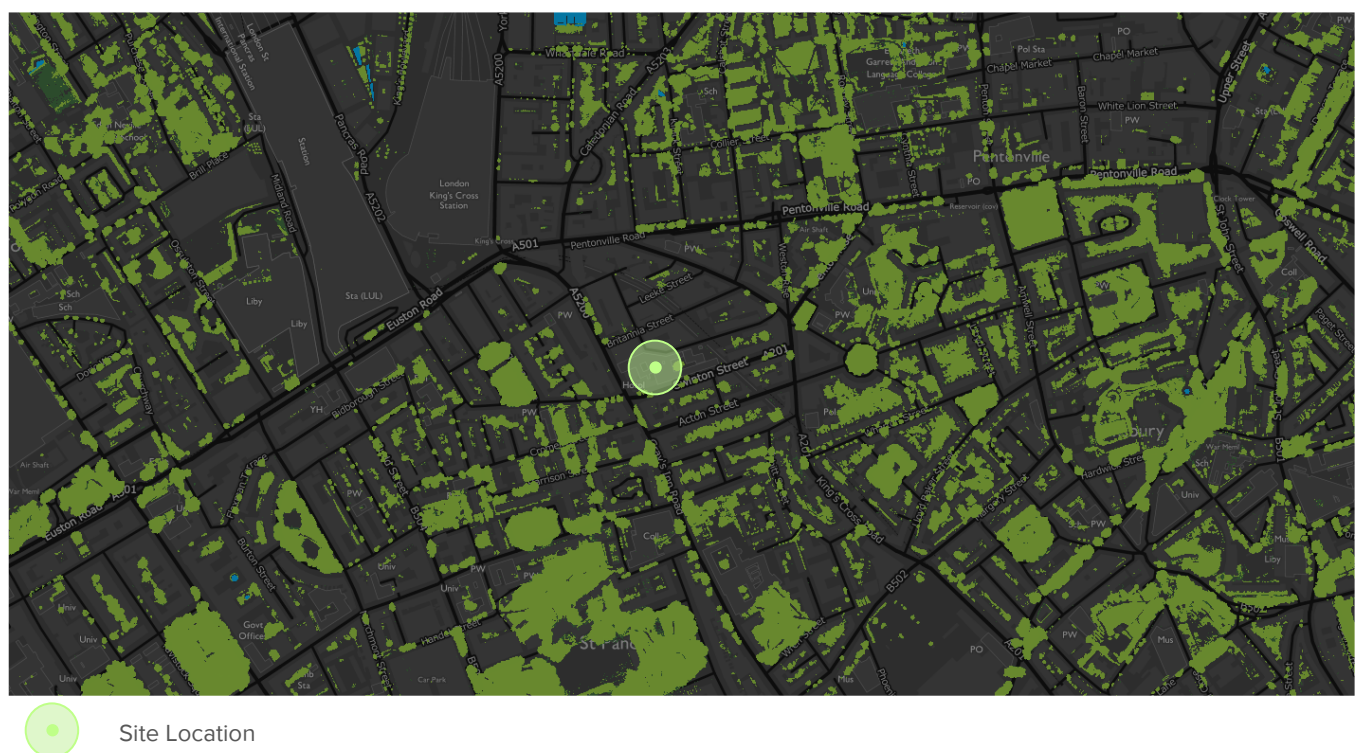


Figure 3: Green cover for the proposed development, 330 Gray's Inn Road (available at: <https://maps.london.gov.uk/green-cover/>).

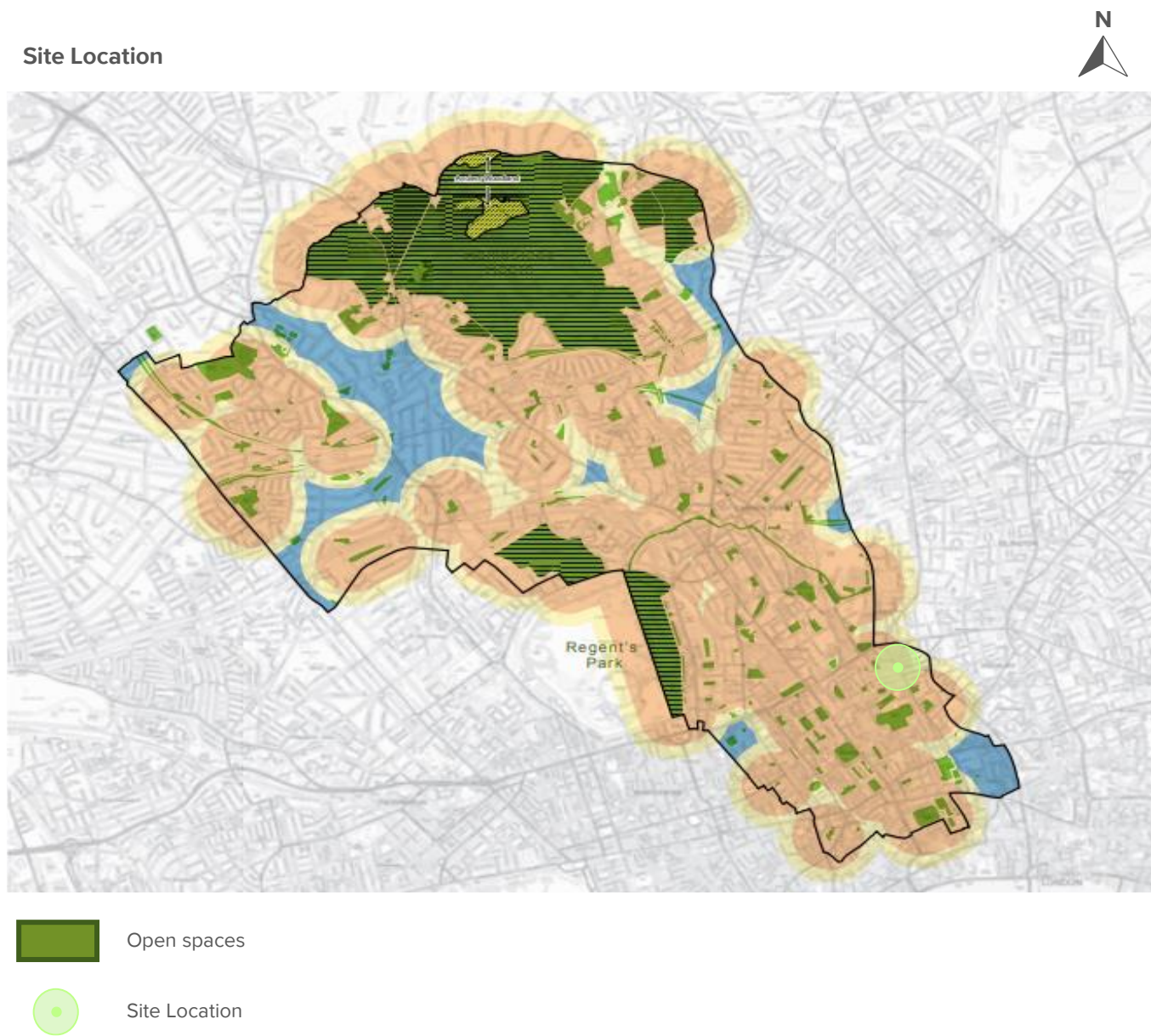


Figure 4: London Borough of Camden’s locations deficient in access to open space map



## EDUCATION

Based on the number of units it has been estimated that there will be approximately 115 residents. However, at this stage it is unknown how many of these residents will be primary and secondary school children.

### PRIMARY SCHOOLS

There are 21 primary schools within 1 mile (1.6 km) of the proposed development at 330 Gray's Inn Road<sup>2</sup>, 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 884 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 583 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	221	236	15	+3.2
Christopher Hatton Primary School	Camden	227	210	-17	-27.5
Clerkenwell Parochial CofE Primary School	Camden	42	240	198	+186
St Alban's Church of England Primary School	Camden	213	236	23	+11.2
Argyle Primary School	Camden	336	432	96	+74.4
Hugh Myddelton Primary School	Camden	492	420	-72	-93
Winton Primary School	Camden	261	244	-17	-29.2
St Josephs Catholic Primary School	Camden	198	223	25	+13.85
St Peter and St Paul RC Primary School	Camden	214	236	22	+10.2
Vittoria Primary School	Camden	181	210	29	+18.5
Copenhagen Primary School	Camden	152	252	100	+87.4
City of London Primary Academy, Islington	Camden	222	458	236	+213.1
Moreland Primary School	Camden	411	442	31	+8.9
St Clement Danes CofE Primary School	Camden	220	235	15	+3.25
Blessed Sacrament RC Primary School	Camden	116	210	94	+83.5
St John Evangelist RC Primary School	Camden	290	259	-31	-44
Edith Neville Primary School	Camden	192	232	40	+28.4

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

School	Local Authority	No. pupils	Capacity	No. places	No. of places (95% capacity)
St Andrew's (Barnsbury) Church of England Primary School	Camden	197	210	13	+2.5
St Mary and St Pancras Church of England Primary School	Camden	218	234	16	+4.3
Hanover Primary School	Camden	320	341	21	+3.95
Kings Cross Academy	Camden	413	446	33	+10.7

### 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 200 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 54 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	877	900	23	-22
Maria Fidelis Catholic School FCJ	Camden	811	917	106	+60
Regent High School	Camden	1029	1100	71	+16

### 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 London<sup>3</sup>

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) <sup>4</sup>	44.9	38.4	25.9	25	-

<sup>3</sup> London LSOA Atlas. <https://data.london.gov.uk/dataset/lsao-atlas> [Accessed January 2023]

<sup>4</sup> Department of Communities and Local Government (DCLG) (2015) Indices of Multiple Deprivation 2019

## 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. Energy efficiency measures include levels of insulation beyond Building Regulations requirements, low air tightness levels and efficient lighting. Heating and hot water will be supplied by a fully electric system of ASHP and boilers.</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

## HEALTH IMPACT ASSESSMENT

### **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 energy generation technology will be combustion free, thereby improving air quality. Onsite parking has been reduced as far as possible to minimise air pollution. An Air Quality Assessment has been undertaken in support of the application and include recommended mitigation measures to be implemented.	+	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 has been undertaken in support of the application and include recommended mitigation measures to be implemented.  The development will incorporate design and building fabric measures to 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 (292 long-stay and 21 short-stay cycle parking spaces)	+	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 <b>6b (Best)</b> and an accessibility index (AI) of <b>77.34</b>.</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"> <li>King's Cross Station and King's Cross St Pancras Underground Station (0.3 mi)</li> <li>St Pancras International Station (0.5 mi)</li> <li>Euston Station (Rail and Overground) (0.9 mi)</li> </ul>	+	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 E)
- 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 positive 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 and includes a gymnasium however a tenant has not yet been identified.	+	N/A
Does the proposal provide opportunities for the voluntary and community sectors?	Yes	The proposed development encourages opportunities in the community sector for local businesses through the inclusion of affordable workspace.	+	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 January 2023]
- Ref. 8 The Royal Parks (2019). [online] The Royal Parks. <https://www.royalparks.org.uk/parks> [Accessed January 2023].
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- Ref. 10 Office of National Statistics (ONS) (2011) Census 2011
- Ref. 11 ONS (2014) Mortality Statistics: Deaths Registered by Area of Usual Residence
- Ref. 12 ONS (2014) Suicides in England and Wales by Local Authority
- Ref. 13 Local Plan (2017), London Borough of Camden, April 2005
- Ref. 14 Rapid Health Impact Assessment Tool (2017), 3<sup>rd</sup> edition, NHS – London Healthy Urban Development Unit (HUDU)
- Ref. 15 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]
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## APPENDIX B – BOROUGH HEALTH PROFILE (2019)



## Camden

Published on 03/03/2020

Area type: Unitary authority  
Region: London

# Local Authority Health Profile 2019

This profile gives a picture of people's health in Camden. It is designed to act as a 'conversation starter', 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.

Visit <https://fingertips.phe.org.uk/profile/health-profiles> for more area profiles, more information and interactive maps and tools.

## Health in summary

The health of people in Camden is varied compared with the England average. About 27.3% (8,165) children live in low income families. Life expectancy for both men and women is higher than the England average.

## Health inequalities

Life expectancy is 12.6 years lower for men and 10.6 years lower for women in the most deprived areas of Camden than in the least deprived areas.

## Child health

In Year 6, 21.8% (313) of children are classified as obese. The rate for alcohol-specific hospital admissions among those under 18 is 24\*. This represents 12 admissions per year. Levels of teenage pregnancy, GCSE attainment (average attainment 8 score) and smoking in pregnancy are better than the England average.

## Adult health

The rate for alcohol-related harm hospital admissions is 544\*, better than the average for England. This represents 1,147 admissions per year. The rate for self-harm hospital admissions is 71\*, better than the average for England. This represents 185 admissions per year. Estimated levels of excess weight in adults (aged 18+) and physically active adults (aged 19+) are better than the England average. The rate of hip fractures in older people (aged 65+) is better than the England average. The rates of new sexually transmitted infections, killed and seriously injured on roads and new cases of tuberculosis are worse than the England average. The rates of statutory homelessness, under 75 mortality rate from cardiovascular diseases and under 75 mortality rate from cancer are better than the England average. The rate of employment (aged 16-64) is worse than the England average.

\* rate per 100,000 population



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Local authority displayed with full resolution clipped boundary

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# Health summary for Camden

## Key

Significance compared to goal / England average:

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

## Life expectancy and causes of death

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

## Injuries and ill health

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

## Behavioural risk factors

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

## Child health

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

## Inequalities

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

## Wider determinants of health

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

## Health protection

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

For full details on each indicator, see the [definitions tab of the Local Authority Health Profiles online tool](#).  
For a full list of profiles produced by Public Health England, see the fingertips website: <https://fingertips.phe.org.uk/>

## 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 Proportion 25,26 Slope index of inequality 27 Proportion 28 Mean average across 8 qualifications 29 Proportion 30 Crude rate per 1,000 households 31 Directly age-standardised rate per 100,000 population 32 Ratio of excess winter deaths to average of non-winter deaths 33 Crude rate per 100,000 population aged 15 to 64 (excluding Chlamydia) 34 Crude rate per 100,000 population

*	Value compared to a goal (see below)
~	Value not published for data quality reasons
\$	Aggregated from all known lower geography values

## Thresholds for indicators that are compared against a goal

Indicator Name	Green	Amber	Red
12 Estimated dementia diagnosis rate (aged 65 and over)	>= 66.7% (significantly)	similar to 66.7%	< 66.7% (significantly)

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