



# EUSTON TOWER

Health Impact Assessment

December 2023





# Euston Tower

## Health Impact Assessment

---

Prepared for:  
British Land Property Management Limited

Date:  
December 2023

Trium Environmental Consulting LLP  
+44 (0) 20 3887 7118  
hello@triumenv.co.uk  
www.triumenvironmental.co.uk

This report has been prepared for the Client by Trium Environmental Consulting LLP with all reasonable skill, care and diligence and in accordance with the Client's particular and specific instructions. This report is issued subject to the terms of our Appointment, including our scope of Services, with the Client.

This report has been prepared for, and is intended solely for the use of, the Client alone and accordingly is personal to the Client. The Report should not be disclosed, exhibited or communicated to any third party without our express prior written consent. Trium Environmental Consulting LLP accepts no responsibility whatsoever to any third parties to whom this report, or any part thereof, is disclosed, exhibited or communicated to, without our express prior written consent. Any such party relies upon the report at their own risk.

Trium Environmental Consulting LLP disclaims any responsibility to the Client and others in respect of any matters outside the agreed scope of the Services.

Trium Environmental Consulting LLP shall be under no obligation to inform any party of any changes or updates in respect of any matter referred to or contained in the Report.

This report is the Copyright of Trium Environmental Consulting LLP. Any unauthorised use or reproduction by anyone other than the Client is strictly prohibited.



## CONTENTS

INTRODUCTION.....	5
Overview of this HIA.....	5
The Site and Existing Uses.....	5
The Proposed Development.....	7
LEGISLATION AND PLANNING POLICY.....	9
METHODOLOGY AND SCOPE.....	10
Policy Requirements.....	10
Assessment Methodology.....	10
Scope.....	12
Study Areas.....	12
Assumptions and Limitations.....	13
CONSULTATION.....	14
BASELINE.....	18
Demographic Profile.....	18
Deprivation.....	19
Physical Health and Wellbeing.....	21
Mental Health and Wellbeing.....	24
Living Environment.....	24
Social Infrastructure.....	25
Traffic and Transport.....	27
Crime.....	27
Local Economy.....	28
Environmental Factors.....	29
ASSESSMENT OF HEALTH DETERMINANTS.....	31
Health Determinant 1: Housing Quality and Design.....	31
Health Determinant 2: Access to Health and Social Care Services and Other Social Infrastructure.....	32
Health Determinant 3: Access to Open Space and Nature.....	33
Health Determinant 4: Air Quality, Noise and Neighbourhood Amenity.....	34
Health Determinant 5: Accessibility and Active Travel.....	35
Health Determinant 6: Crime Reduction and Community Safety.....	37
Health Determinant 7: Access to Healthy Food.....	38
Health Determinant 8: Access to Work and Training.....	39
Health Determinant 9: Social Cohesion and Lifetime Neighbourhoods.....	40
Health Determinant 10: Minimising the Use of Resources.....	41
Health Determinant 11: Climate Change.....	42
CONCLUSIONS.....	44
APPENDIX A: Policy and Legislation Summary.....	45
The Localism Act 2011.....	45
The Health and Care Act 2022.....	45
National Planning Policy Framework (2023).....	45

Planning Practice Guidance (2022) .....	46
Fair Society, Healthy Lives (the Marmot Review) (2012) .....	46
Healthy Lives, Healthy People: Our strategy for Public Health in England (2010) .....	47
NHS England’s Challenging Health Inequalities Report (2016).....	47
Public Health England’s Health Impact Assessment in Spatial Planning (2020).....	47
The London Plan: The Spatial Development Strategy for Greater London (2021).....	47
The Greater London Authority’s London Health Inequalities Strategy (2018).....	48
The Greater London Authority’s Social Infrastructure Supplementary Planning Guidance (2015) .....	48
Our Camden Plan (2017) .....	49
Camden Local Plan (2017) .....	49
Camden Health and Wellbeing Strategy 2022-30 (2022) .....	49
Camden Planning Guidance: Planning for Health and Wellbeing (2021).....	49
Euston Area Plan (2015).....	49

## INTRODUCTION

1 This Health Impact Assessment (HIA) has been prepared on behalf of British Land Property Management Limited (the ‘Applicant’), who is seeking full (detailed) planning consent for the redevelopment of Euston Tower, 286 Euston Road, London, NW1 3DP (the ‘site’) within the administrative boundary of the London Borough of Camden (LBC).

2 The scheme proposals (the ‘Proposed Development’) comprise the:

*“Redevelopment of Euston Tower, including the partial retention (retention of existing core, foundations and basement), disassembly, reuse and extension of the existing building, to provide a 32-storey building for use as offices and research and development floorspace (Class E(g)) and office, retail, café and restaurant space (Class E) and learning and community space (Class F) at ground, first and second floors, and associated external terraces. Provision of public realm enhancements, including new landscaping, and provision of new publicly accessible steps and ramp. Provision of short and long stay cycle storage, servicing, refuse storage, plant and other ancillary and associated works.”*

### Overview of this HIA

3 In accordance with the Greater London Authority’s (GLA) London Plan<sup>1</sup> Policy GG3 and the LBC’s Camden Local Plan<sup>2</sup> Policy C1, this HIA has been undertaken to systematically define and address any likely health and wellbeing impacts or inequalities associated with the Proposed Development, in step with NHS London Healthy Urban Development Unit (HUDU) guidance. As such, reference has been made to a range of data sources and assessments across the planning deliverables, all of which are cited appropriately as they appear.

### The Site and Existing Uses

4 The site is approximately 8,079m<sup>2</sup> and bounded by Euston Road to the south, Hampstead Road to the east, Brock Street to the north and Regent’s Place Plaza to the west. It is comprised of Regent’s Place Plaza and a single existing 36-storey tower (Euston Tower), the majority of which is office space, with some retail uses situated on the ground floor. Euston Tower was completed in 1972 and while office space in the building has been largely vacant for the last 10 years and completely vacant since 2021, the ground floor retail space is still in use and employs 56 full-time equivalent (FTE) workers.

5 The redline boundary of the site is included in Figure 1 below.

<sup>1</sup> GLA (2021). *The London Plan: The Spatial Development Strategy for Greater London*.

<sup>2</sup> LBC (2017). *Camden Local Plan*.

**Figure 1 Planning Application Boundary**



- 6 There are no elements of the site that are statutory or locally listed. Furthermore, the site does not fall within a conservation area (CA), However, Fitzroy Square CA and Bloomsbury CA are both located nearby to the south, and there are several buildings located within a close radius of the site that are Grade I, Grade II and Grade II\* listed.
- 7 The land surrounding the site consists of a range of residential, commercial and social uses. The site is also designated within the Knowledge Quarter Innovation District (KQID), which hosts clusters of scientific and knowledge-based institutions and companies specialising in life-sciences, data and technology and creative industries. While the areas to the east, south and immediate west of the site are primarily commercial-led but mixed use in nature, Regent's Park Estate, located to the immediate north of the site, is primarily residential.
- 8 The site is situated within Regent's Park ward, which has a varied urban fabric. This includes affluent Regent's Park in the west, office-led commercial areas including Euston Tower in the south, a major transport hub at Euston Station in the south-east, Camden High Street in the north-east, and private and council-owned residential areas of varying quality running down the middle of the ward.

**Figure 2 Site Location**

Base Map Source: OS (2023)

## The Proposed Development

- 9 The Applicant's vision for the site is to:

*"...create a world leading science, technology and innovation building and public realm for Camden and the Knowledge Quarter that inspires, connects and creates opportunities for local people and businesses."*

- 10 Planning permission is being sought for the partial retention, disassembly, reuse and extension of the existing Euston Tower to provide a 32-storey office and research and development (R&D) facility, with retail, café and restaurant space, and a learning and community space, on the lower storeys. The Proposed Development also includes updates to Regent's Place Plaza including new landscaping and public realm.
- 11 The new Euston Tower will provide 77,542m<sup>2</sup> Gross Internal Area (GIA) of Use Class E / F split as follows:
- 74,791m<sup>2</sup> GIA of office space (Class E(g)(i));
  - 748m<sup>2</sup> GIA of flexible office / retail / café / restaurant space (Class E); and
  - 2,003m<sup>2</sup> GIA of flexible commercial / community space (Class E / F).
- 12 A visualisation of the Proposed Development is shown in Figure 3.



Figure 3 The Proposed Development



## LEGISLATION AND PLANNING POLICY

**13** A review of key health related legislation and national, regional, and local planning policy is provided in **Appendix A** of this HIA. The following legislative and planning policy documents have been considered within this assessment:

- The Localism Act 2011<sup>3</sup>;
- The Health and Care Act 2022<sup>4</sup>;
- The National Planning Policy Framework (NPPF)<sup>5</sup>;
- National Planning Practice Guidance (PPG)<sup>6</sup>;
- Fair Society, Healthy Lives (The Marmot Review)<sup>7</sup> and The Marmot Review 10 Years On<sup>8</sup>;
- White Paper: Healthy Lives, Healthy People: Our strategy for public health in England<sup>9</sup>;
- NHS England's Challenging Health Inequalities report<sup>10</sup>;
- Public Health England's (PHE) Health Impact Assessment in spatial planning guidance<sup>11</sup>;
- The London Plan 2021: The Spatial Development Strategy for Greater London;
- The London Health Inequalities Strategy<sup>12</sup>;
- The GLA Social Infrastructure Supplementary Planning Guidance (SPG)<sup>13</sup>;
- Our Camden Plan<sup>14</sup>;
- The Camden Local Plan;
- The Camden Health and Wellbeing Strategy<sup>15</sup>;
- Camden Planning Guidance: Planning for health and wellbeing<sup>16</sup>; and
- The Euston Area Plan<sup>17</sup>.

<sup>3</sup> His Majesty's Stationery Office (HMSO) (2011). *Localism Act 2011*.

<sup>4</sup> HMSO (2022). *Health and Social Care Act 2022*.

<sup>5</sup> Ministry of Housing, Communities & Local Government (MHCLG) (2023). *National Planning Policy Framework*.

<sup>6</sup> MHCLG (2022). *Planning Practice Guidance*.

<sup>7</sup> University College London (2012). *Fair Society, Healthy Lives (the Marmot Review) 2010*.

<sup>8</sup> The Institute of Health Equity (2020). *Health Equity in England: The Marmot Review 10 Years On*.

<sup>9</sup> Department of Health (DoH) (2010). *Healthy Lives, Healthy People: Our strategy for public health in England*.

<sup>10</sup> NHS England (2016). *Challenging Health Inequalities*.

<sup>11</sup> PHE (2020). *Health Impact Assessment in spatial planning: A guide for local authority public health and planning teams*.

<sup>12</sup> GLA (2018). *London Health Inequalities Strategy*.

<sup>13</sup> GLA (2015). *Social Infrastructure Supplementary Planning Guidance*.

<sup>14</sup> LBC (2017). *Our Camden Plan*.

<sup>15</sup> LBC (2022). *Camden Health and Wellbeing Strategy 2022-30*.

<sup>16</sup> LBC (2021). *Camden Planning Guidance: Planning for health and wellbeing*.

<sup>17</sup> GLA, LBC and Transport for London (2015). *The Euston Area Plan*.

## METHODOLOGY AND SCOPE

### Policy Requirements

- 14 This HIA considers Policy GG3 of The London Plan, ‘Creating a Healthy City’, which states:

*“To improve Londoners’ health and reduce health inequalities, those involved in planning and development must... 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.”*

- 15 This is endorsed at the local level in Policy C1 of the LBC Local Plan, which requires HIA of varying types to be submitted with all major planning applications depending on the size and nature of the proposed scheme. Per this policy:

*“The Council will require:*

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

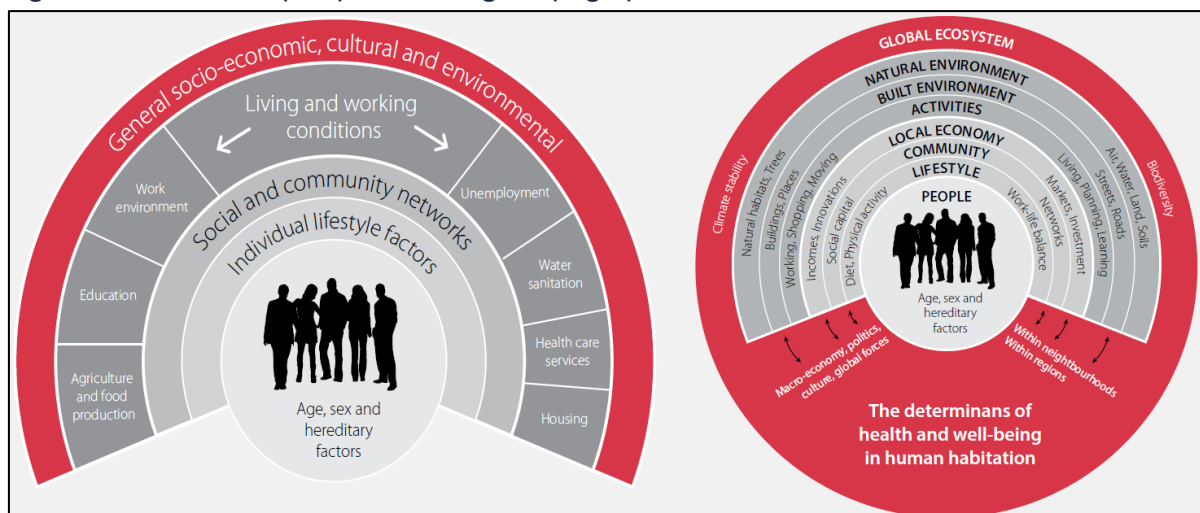
- 16 Further information regarding the appropriate scope and methodology for HIAs is provided on the LBC website<sup>18</sup>, which states:

*“For major developments of 100 or more net dwellings, or 10,000 sqm or more of additional commercial or visitor floorspace: a comprehensive Health Impact Assessment is likely to be needed.”*

### Assessment Methodology

- 17 This assessment is based on a broad socio-economic model of health and wellbeing encompassing conventional impacts such as disease, accidents and risk, along with wider determinants such as employment and local amenity. In its breadth, the model considers both physical and mental health, as well as both ‘social’ and ‘ecological’ (environmental) determinants of health, as illustrated in Figure 4.

**Figure 4 Social (Left) and Ecological (Right) Determinants of Health<sup>19</sup>**



<sup>18</sup> LBC (2023). Health impact assessments in planning applications. Available at: <https://www.camden.gov.uk/health-impact-assessment>.

<sup>19</sup> G. Dahlgren and M. Whitehead (1991). “Policies and strategies to promote social equality in health.” Stockholm: Institute for Futures Studies.

- 18** The methodology and assessment criteria for preparing this HIA is derived from the NHS HUDU Rapid HIA Tool<sup>20</sup>, and the NHS HUDU Healthy Urban Planning Checklist<sup>21</sup> (collectively referred to as the 'HUDU Guidance'). These tools are designed to assess the likely health impacts of development plans and proposals and are partly based on the World Health Organisation (WHO) publication by Hugh Barton and Catherine Tsourou, *Healthy Urban Planning*<sup>22</sup>. *Healthy Urban Planning* emphasises the importance of considering health and quality of life in urban planning and guides planners in making health objectives central to the decision-making process.
- 19** Taking into account the scale and nature of the Proposed Development, a Comprehensive HIA is the most appropriate form of assessment in this case. The broad outline of this HIA follows the determinants of health categories included in the HUDU Guidance as this provides sufficient information on the health baseline of the site and surrounding area to allow for a systematic consideration of the likely health implications of the Proposed Development, and it provides opportunities to suggest mitigation and enhancement measures as appropriate to the findings of the assessment. However, as a Comprehensive HIA, this assessment goes beyond desktop analysis to consider supplementary information gathered in an extensive public consultation programme to consider the particular health and wellbeing needs of the local community.
- 20** The HIA begins with a baseline assessment outlining existing conditions at the site and in the surrounding area as they relate to human health, against which impacts resulting from the Proposed Development are measured. The baseline includes key trends in the demographic profile of the area, deprivation, physical and mental health and wellbeing, and social infrastructure.
- 21** The HUDU Guidance identifies 11 key determinants of health to be considered in assessments, including:
1. Housing Design and Affordability;
  2. Access to Health and Social Care Services and Other Social Infrastructure;
  3. Access to Open Space and Nature;
  4. Air Quality, Noise and Neighbourhood Amenity;
  5. Accessibility and Active Travel;
  6. Crime Reduction and Community Safety;
  7. Access to Healthy Food;
  8. Access to Work and Training;
  9. Social Cohesion and Inclusive Design;
  10. Minimising the Use of Resources; and
  11. Climate Change.
- 22** As the Proposed Development does not include a residential component, 'housing design and affordability' and most of the questions associated with 'access to health and social care services and other social infrastructure' can be scoped out of the HIA. However, the remaining health determinants listed above are relevant and have therefore been considered in this HIA. Tables outlining the respective health assessment criteria defined within the HUDU Guidance, and whether each criterion is relevant to the assessment of each health determinant, are clearly presented within the relevant section of the '*Appraisal / Assessment*' below.

<sup>20</sup> NHS Healthy Urban Development Unit, (2019) *Rapid Health Impact Assessment Tool*.

<sup>21</sup> NHS Healthy Urban Development Unit, (2017); *Healthy Urban Planning Checklist*.

<sup>22</sup> World Health Organisation, (2000); *Healthy Urban Planning* (ISBN: 113515936X)

- 23 HIAs are predominantly qualitative rather than quantitative assessments, due to the wide and diverse range of health determinants requiring consideration. As detailed in the HUDU Guidance, impacts on health determinants should be categorised as:
- Positive;
  - Negative;
  - Neutral; and
  - Uncertain.
- 24 Following assessment of the Proposed Development's impacts on the key determinants of health, advice has been provided on measures to mitigate any potentially negative effects. Further advice on measures to enhance health and wellbeing through opportunities associated with the development of the site is also included.

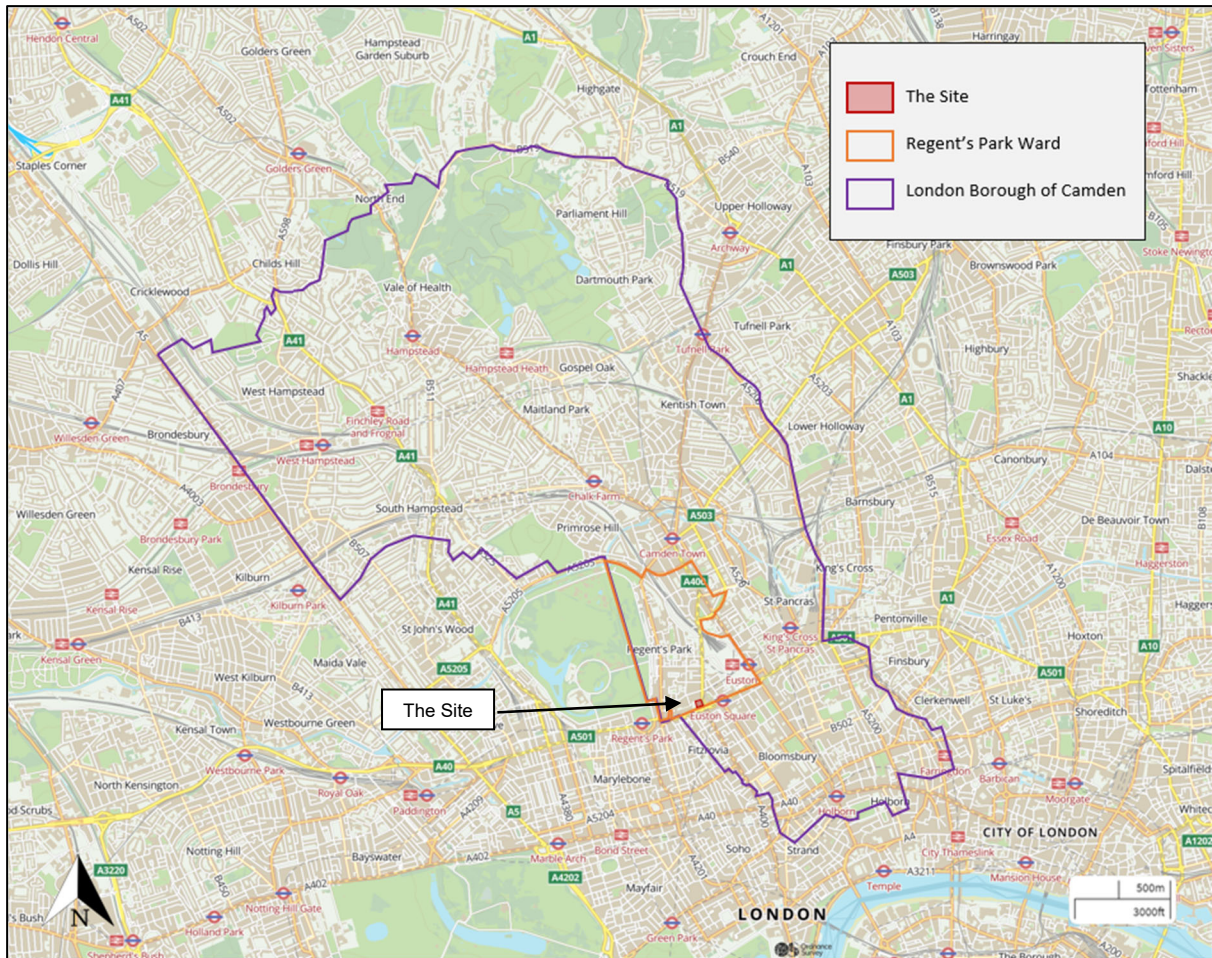
### Scope

- 25 As the Proposed Development does not include a residential component, 'housing design and affordability' can be scoped out of the HIA. However, the remaining ten health determinants listed above are relevant and have therefore been considered in this HIA.
- 26 Tables outlining the respective health assessment criteria defined within the HUDU Guidance, and whether each criterion is relevant to the assessment of each health determinant, are clearly presented within the relevant section of the '*Assessment Of Health Determinants*' below.

### Study Areas

- 27 The site is located in Regent's Park ward, within the LBC, London, England. For the purposes of establishing a baseline, Regent's Park ward will be the primary study area, with the LBC, London and England used as geographic comparators, depending on available data.
- 28 The study area (Regent's Park ward) in relation to the LBC and London is shown in Figure 5 below.

**Figure 5 The Site and the Study Area**



### Assumptions and Limitations

- 29 Wherever possible, the baseline year for this assessment is 2023, the latest year for which at least some complete data is available. For some data, including some health and census data, the next most recent year is used, often 2022.

## CONSULTATION

- 30 As part of design development for the Proposed Development, Beyond the Box CIC (BtB) and London Communications Agency (LCA) designed and delivered an extensive community engagement programme with local residents and stakeholders, as well as producing a corresponding **Statement of Community Involvement** (SCI) for submission as part of the Planning Application.
- 31 BtB and LCA devised a strategy for transparent and inclusive consultation with local residents, community groups, local businesses and other interested organisations as well as local ward councillors and officers on behalf of the Applicant. This strategy comprised three phases:
- **December 2022 to June 2023** – targeted engagement sessions with local groups and organisations to shape the emerging design of the Proposed Development;
  - **July 2023** – presentation of the emerging designs to the public and gaining feedback; and
  - **October 2023** – presenting the evolved designs of the Proposed Development ahead of submission of the planning application.
- 32 The key aim of the consultation process was to support the opportunity to create a positive, long-lasting social impact in the community by both connecting local people to opportunities within the wider KQID and ensuring they benefit from this growing sector of the local economy. This was facilitated through the Euston Tower Social Impact Strategy (developed by Beyond the Box CIC) which was devised following early conversations with the LBC and key stakeholders to develop an understanding of the priorities for the area and how the Proposed Development could achieve these.
- 33 The Applicant set out to achieve five main objectives, set out below, through consultation with the local community. These formed the basis of each phase of engagement on the evolving design of the Proposed Development.
- **Reach and engage with local people** using a creative engagement approach that remunerates people’s time, energy, and ideas.
  - **Collaborate and engage with a wide variety of stakeholders who live, work, and visit the area** including youth organisations, and charities that focus on supporting diverse communities, as well as local businesses.
  - **Deliver an engagement strategy with social impact at its heart** so that the designs reflect the perspectives and priorities of those who have been engaged with, creating a building and public realm for everyone to enjoy, including nearby residents - young and old – local workers, as well as visitors.
  - **Ensure the proposals were accessible to all** by presenting them clearly, transparently, and in a variety of formats.
  - **Provide everyone with a chance to feedback on the proposals** by using a range of feedback mechanisms and ensuring there were multiple opportunities throughout the evolution of the plans for people to have their say.
- 34 The project team engaged with a representative range of residents, community groups and local organisations, ensuring that the engagement programme reflected the local demographic including typically hard to reach groups.

### ***December 2022 to June 2023***

- 35 The following key areas of the development proposals were initially identified as important for discussion:
- Inclusivity in the public realm;

- Interior Space for Public Use and Programming;
- Exterior Space for Public Use and Programming - the public realm;
- Public realm and wider community and cultural offering; and
- Social impact including education, employment and training opportunities.

**36** This stage of the consultation process was comprised of four types of events, as outlined below.

- **Street Interviews:** engagement with 70 individuals at events on the 5, 10 and 18 of January 2023 in relation to eight key questions about the site and the respondent's relationship to it.
- **Meet the Team Events:** 67 people attended a meeting in February 2023 to meet the wider project team, be introduced to the emerging proposals, identify local priorities and aspirations for the area, and provide feedback on how attendees could help shape the future design.
- **Co-Design Workshops: 193 attendees** between March and June 2023 at fortnightly workshops and panel events were held around key themes, including:
  - Inclusivity in the public realm;
  - Interior spaces and programming; and
  - Exterior spaces and programming.
- **A Creative Producers Programme:** a creative placemaking project, aimed to onboard eight young Camden residents 16-25 years of age, as Euston Tower Cultural Producers, to help connect people to Euston Tower and help gain insights into local need to inform the design of the proposals and provide opportunities during the process.

**37** Key feedback from these events included:

- **Public transport:** almost half of respondents relied on public transport (specifically London Underground) to access the site;
- **Landscaping:** 41% of people mentioned this as something that positively impacted them, providing greenery, seating, and atmosphere;
- **Health facilities:** 24% of respondents requested new facilities for health and wellbeing to support the occupational health of workers;
- **Public spaces:** aspirations for the public spaces across the Regent's Campus included greater inclusion for residents, improvement of facilities and programming for families at weekends as the current conditions were 'inaccessible', 'expensive', 'bright' and 'corporate'. Accessibility and wayfinding were also important considerations;
- **Employment:** workshops hosted by the Applicant to provide employability training to local residents were described as positive, and the campus' ability to connect communities with business was seen as good for the local area; and
- **Noise and air pollution:** fatigue from the extent of demolition and construction in the area more generally, and sited noise and air pollution concerns which were exacerbated by the traffic on Euston Road.

### **July 2023**

**38** The first formal stage of public consultation took place in July 2023. This was publicised through:

- Publicity flyer sent to a 1km radius of the site, including homes and businesses;
- Updates to the project webpage at [euston-tower.co.uk](http://euston-tower.co.uk) - with information about the events, contact details and the digital feedback form;
- Emails to key stakeholders;
- Emails to everyone who had previously engaged with the proposals; and



- Regular posting and signposting to the events via a dedicated Instagram account, [@eustontower](#).
- 39 Five in-person events were held on 8, 9, 11, 15 and 21 July 2023 which were attended by a total of 105 people. In addition, the consultation website was viewed by 795 unique users during this phase of engagement.
- 40 The key feedback from this phase of consultation is as follows:
- **83%** of people supported or strongly supported the proposals for Euston Tower in principle, with no-one saying they were opposed;
  - **86%** of people supported or strongly supported the proposals for improving the public spaces;
  - **91%** of people supported or strongly supported the approach to sustainability; and
  - **93%** of people supported or strongly supported the design principles for Euston Tower.
- 41 Wayfinding and accessibility were identified as key priorities for the new public realm areas, as well as spaces for children and more greening. Covered spaces within the public realm and addressing microclimate concerns (particularly in relation to wind) were also identified as important considerations. Provision of multi-purpose space for local groups within the building itself was also identified as an aspiration.

### **October 2023**

- 42 Between July and October, the feedback from the consultation was considered by the project team and incorporated into the design as follows:
- **Design alterations to the foot of the building** to minimise massing protruding into the public realm and better align with other buildings along Hampstead Road;
  - **Revisions to the building entrance** to create a more welcoming and inviting access for local passers-by;
  - **Reconfiguration of the public spaces** to improve accessibility and opportunities to support local skills and connections; and
  - **More greening and planting** on the upper floors of the building.
- 43 Six in-person events were held to present the developed design on the 14, 16, 17 (two locations), 18 and 21 October. These were publicised through flyers sent to over 4,000 local homes and businesses, the project website, emails to key stakeholders and others who had participated in past events, social media, advertisement in the local paper and posters in the surrounding area. Approximately 190 people attended these events, with 2,932 unique visits to the project website.
- 44 A summary as to how the feedback has been incorporated into the Proposed Development is provided below.
- **Development of community spaces:** public space provision was a key driver of the design from the outset of the project to facilitate social interactions. The Proposed Development therefore includes:
    - A welcome area with tiered seating;
    - A flexible ‘demo’ space where different community groups can meet;
    - A recruitment / volunteering / training room from Brock Street to help people access work and training opportunities; and
    - Public auditorium on the first floor for socialising and collaboration.
  - **Upskilling local residents:** creation of the Podium as an inclusive and public space for all to provide access to skills development and education opportunities associated with the KQID.

- **Public realm:** careful design of the public realm areas to promote good physical and mental health through:
  - Planters have been introduced at the ground and upper levels to maximise greening at all levels of the Proposed Development;
  - Inclusion of incidental and interactive play elements;
  - Flexible areas to accommodate a variety of uses to attract people to the area;
  - Careful consideration of the design of the building and landscaping, including trees, to ensure a suitable microclimate environment;
  - Support sustainable walking and cycling connections;
  - Provision of ramps which are compliant with the Disability Discrimination Act (DDA) to ensure the Proposed Development is accessible to all, including those with mobility restrictions; and
  - Clear wayfinding and a lighting strategy to ensure the space is navigable at all times of day and prioritizing pedestrians and cyclists to promote active travel opportunities.

## BASELINE

### Demographic Profile

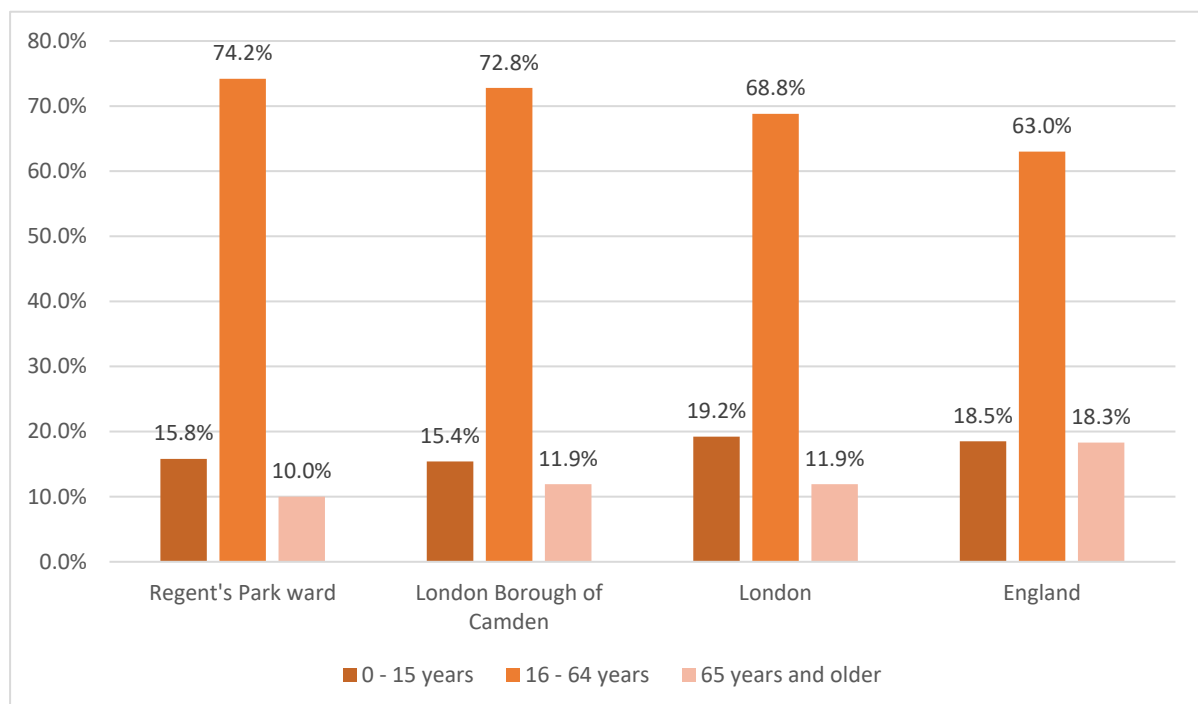
#### Population and Density

- 45** Approximately 12,000 people live in Regent's Park ward, which is about 5.7% of LBC's population (210,000) and about 0.1% of London's population (8.8 million)<sup>23</sup>.
- 46** Regent's Park ward is densely populated with about 8,800 people per square kilometre<sup>24</sup>. LBC has a marginally higher density with approximately 9,600 people per square kilometre, while London's average density is lower at about 5,600 people per square kilometre. In contrast, England's average density is only 430 people per square kilometre.

#### Age

- 47** The study area population is predominantly comprised of working age residents (16 – 64 years), with a larger proportion of this demographic in Regent's Park ward (74.2%) than in the rest of the LBC (72.8%), London (68.8%), and England (63.0%).
- 48** As a result, the study area also has a relatively small population of children and young people (0 – 15 years) and older residents (65 years and older). As illustrated in Figure 3, these figures are in proportion to rates seen across the local area and region, with children and young people generally outpacing older residents, although England tends to see more equal rates of children and young people and older people.

**Figure 6** Population by Age<sup>25</sup>



<sup>23</sup> Office for National Statistics (ONS) (2022). Census 2021: Dataset ID TS008 – Sex.

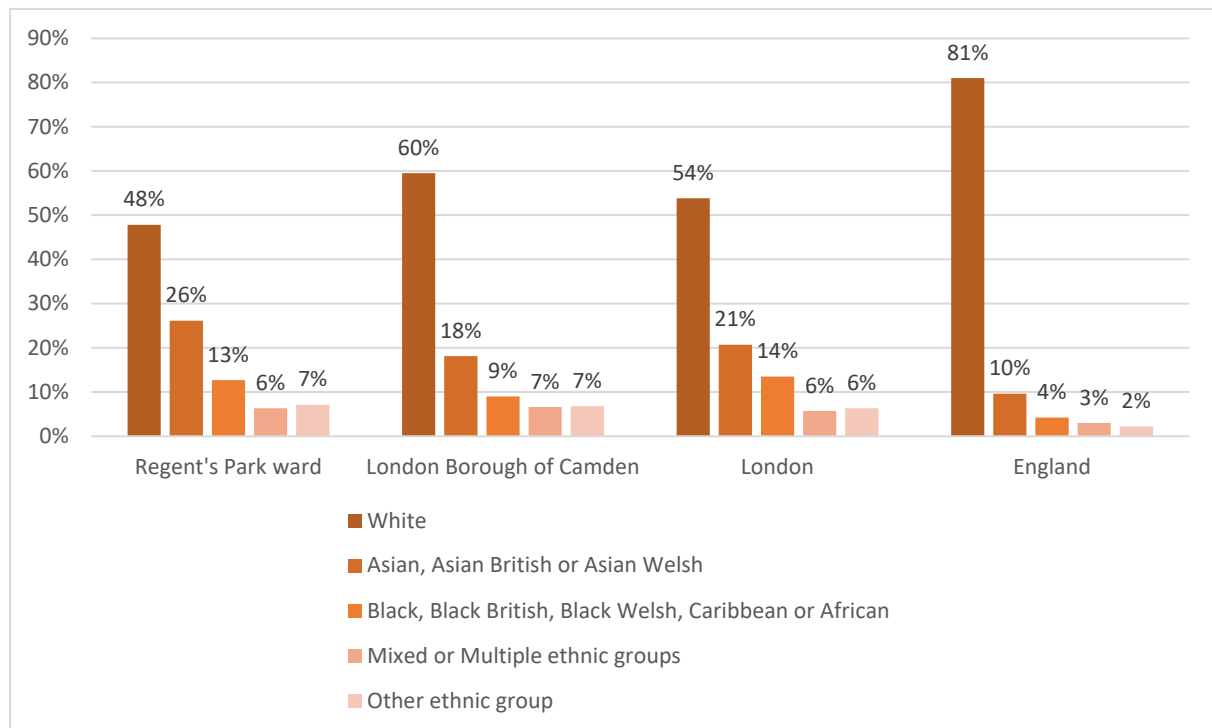
<sup>24</sup> ONS (2022). Census 2021: Dataset ID TS006 – Population density.

<sup>25</sup> ONS (2022). Census 2021: Dataset ID TS007 – Age by single year.

## Ethnicity

- 49** The study area population is ethnically diverse, with less than half of the population identifying as White (47.8%), which is lower than is typical for the LBC, London and England, as illustrated in Figure 7.
- 50** Amongst ethnic minorities in the study area, those identifying as Asian or Asian British are most common (26.1%), followed by Black, Black British, Caribbean and African residents (12.7%), which aligns with local, regional and national rates.

**Figure 7** Population by Ethnicity<sup>26</sup>



## Deprivation

- 51** The English Indices of Deprivation (IoD)<sup>27</sup> is the official measure of relative deprivation in England. It is based on seven distinct domains of deprivation, which are weighted and combined to form the overall index. These seven domains include:
1. Income;
  2. Employment;
  3. Education and skills training;
  4. Health deprivation and disability;
  5. Crime;
  6. Barriers to housing and services; and
  7. Living environment.
- 52** IoD scores are assessed at the Lower Layer Super Output Area (LSOA) level and ranked to provide a relative score for each LSOA. The lower the decile score, the worse off a LSOA is in that domain, with

<sup>26</sup> ONS (2022). *Census 2021: Dataset ID TS021 – Ethnic group*.

<sup>27</sup> MHCLG (2019). *English Indices of Deprivation 2019*.

scores of 1 indicating a ranking in the first decile, or amongst the 10% most deprived LSOA in the country.

- 53 LSOA comprise 400 to 1,200 households or 1,000 to 3,000 people. Regent's Park ward includes eight LSOA, listed in Table 1 below, which face relatively high levels of deprivation across the seven domains. The site is situated within Camden 021B, which covers Regent's Place Plaza and the wider Regent's Place Estate, as well as the eastern portion of Regent's Park.

**Table 1 Study Area Deprivation (IoD Decile Scores)<sup>28</sup>**

	Overall Deprivation	Income	Employment	Education, Skills and Training	Health Deprivation and Disability	Crime	Barriers to Housing and Services	Living Environment
Camden 021B	6	4	7	7	8	9	5	2
Camden 021C	4	4	4	8	5	3	3	2
Camden 021D	3	4	4	8	6	1	4	2
Camden 023A	4	3	4	3	7	7	5	3
Camden 023B	3	3	3	5	3	5	4	1
Camden 023C	5	4	4	5	5	9	6	4
Camden 023D	2	1	2	2	3	5	4	2
Camden 023E	2	1	2	4	4	4	5	2



- 55 Generally, the Regent's Park ward is very deprived, with all eight LSOA amongst the 60% most deprived neighbourhoods in the country in terms of overall deprivation and poor scores across all domains. The most deprived LSOA, Camden 023D and Camden 023E, are amongst the 20% most deprived in the country.
- 56 Within Camden 021B, which contains the site, overall deprivation is neither notably decent nor poor with an overall deprivation score in the 6th decile, or amongst the 60% most deprived LSOA in England. As with other LSOAs in the study area, deprivation scores for Camden 021B are poorest in terms of living environment (2<sup>nd</sup> decile), income (4<sup>th</sup> decile) and barriers to housing and services (5<sup>th</sup> decile). However, unlike most other LSOA in the ward, Camden 021B sees relatively good scores in terms of employment (7<sup>th</sup> decile), education, skills and training (7<sup>th</sup> decile), health deprivation and disability (8<sup>th</sup> decile), and crime (9<sup>th</sup> decile).
- 57 Within the domain of 'health deprivation and disability', scores are scattered, ranging from the 3<sup>rd</sup> to the 8<sup>th</sup> decile. However, little health-specific data is available at this spatial level, and some figures have been suppressed to preserve the anonymity of respondents. It is therefore not possible to come to a well-founded conclusion as to the reasons behind the poorer scores within this domain in this particular geography.

## Poverty

- 58 These IoD trends are consistent with other deprivation measurements, including the Income Deprivation Affecting Children Index (IDACI) and Income Deprivation Affecting Older People Index (IDAOP), both

<sup>28</sup> MHCLG (2019). *English Indices of Deprivation 2019. File 2: Domains of deprivation.*

of which indicate that income deprivation is of major concern across the study area and the LBC, with particular ill-effects for dependent children and older people within households, as shown in Table 2.

**Table 2 Age-Related Deprivation<sup>29</sup>**

Indicator	Regent's Park ward	LBC	England
Child poverty (IDACI)	26.1%	19.3%	17.1%
Older people in poverty (IDAOP)	33.9%	23.2%	14.2%

Note: Figures highlighted in red are poorer than the national average, figures highlighted in yellow are approximately equal to the national average, and figures highlighted in green are better than the national average.

## Physical Health and Wellbeing

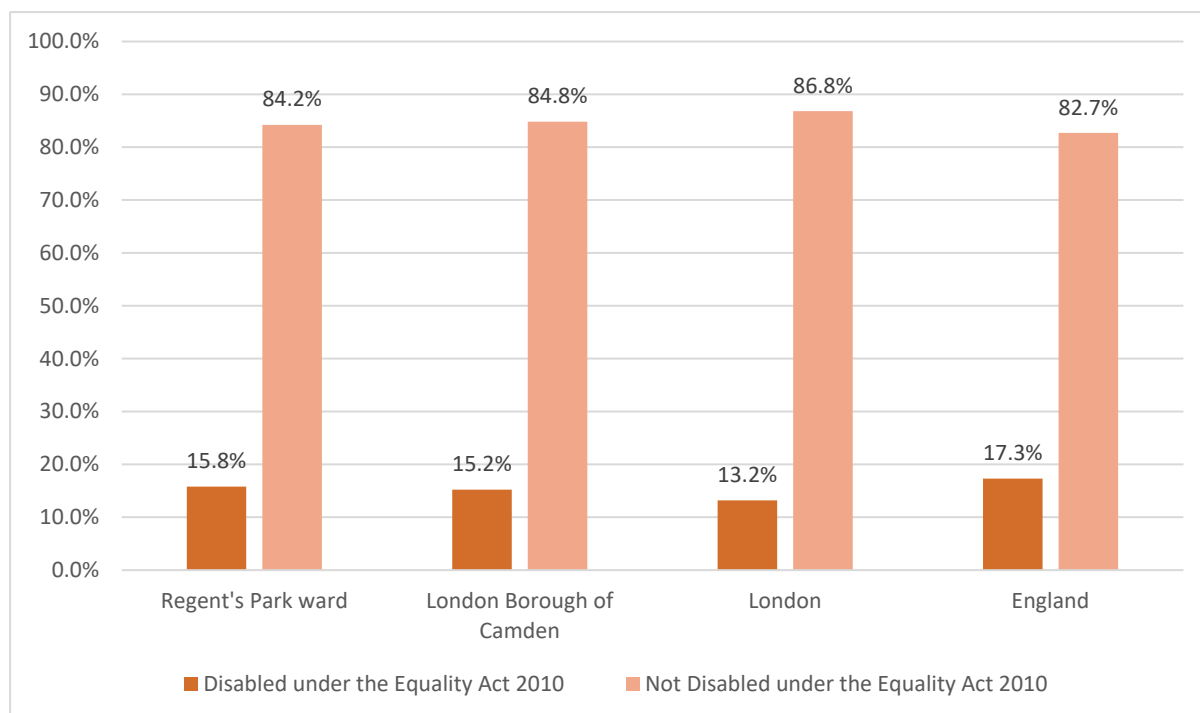
- 59 Trends identified across the local population's physical health profile provide an indication of relative good or ill-health, as well as providing insight into the possible causes of poor overall wellbeing.

### Disability

- 60 Under the Equality Act<sup>30</sup>, an individual who has a physical or mental impairment which has a 'substantial' and 'long-term' negative effect on their ability to do normal daily activities is classed as disabled. 'Substantial' effects are those which result in a more than 'minor' or 'trivial' inconvenience and 'long-term' effects must last 12 months or more.
- 61 Within the study area, 15.8% of residents are disabled under the Equality Act, including having a long-term health problem or a condition related to old age. 7.4% of residents find their "day-to-day activities limited a lot" due to their disability while 8.3% find their "day-to-day activities limited a little". 84.2% of the population is not classed as disabled, all of which is consistent with borough-wide, regional and national rates.

<sup>29</sup>Office for Health Improvement and Disparities (OHID) (2019). *Fingertips: Public health data*.

<sup>30</sup>Her Majesty's Stationery Office (HMSO) (2010). *Equality Act 2010*.

**Figure 8 Population by Disability<sup>31</sup>**

### Life Expectancy and Cause of Death

- 62** Life expectancy within the study area, shown in Table 3, is slightly higher, but still comparable, to national trends, although tends to be lower than life expectancies across Camden. Rates of death from disease are more varied, with deaths from cancer and respiratory disease considered to be less common, and deaths from circulatory disease and coronary heart disease tending to be more common. Rates of death due to coronary heart disease are particularly high, which can be linked to weight gain, poor diet, alcohol consumption and lack of exercise.

**Table 3 Life Expectancy and Cause of Death<sup>32</sup>**

Indicator	Regent's Park ward	LBC	England
Life expectancy for women, years	84.5	87.4	83.2
Life expectancy for men, years	81.1	82.8	79.5
Deaths from all cancer, all ages, standardised mortality ratio (SMR)	84.8	76.6	100.0
Deaths from circulatory disease, all ages, SMR	100.8	67.6	100.0
Deaths from coronary heart disease, all ages, SMR	115.1	72.6	100.0
Deaths from respiratory disease, all ages, SMR	76.7	68.2	100.0

Note: Figures highlighted in red are poorer than the national average, figures highlighted in yellow are approximately equal to the national average, and figures highlighted in green are better than the national average.

### Obesity

- 63** Trends in childhood obesity in Regent's Park ward, shown in Table 4, do not vary significantly from Borough-wide, regional and national rates. Conversely, although figures for the prevalence of obesity

<sup>31</sup> ONS (2022). Census 2021: Dataset ID TS038 – Disability.

<sup>32</sup> OHID (2016-2020). Fingertips: Public health data.

in adulthood are limited for the study area, across LBC and London obesity tends to be less common than across England.

**Table 4 Obesity<sup>33</sup>**

Indicator	Regent's Park ward	LBC	London	England
Prevalence of obesity (including severe obesity) at Reception	11.4%	8.8%	10.3%	9.9%
Prevalence of overweight (including obesity) at Reception	20.5%	20.2%	21.8%	22.8%
Prevalence of obesity (including severe obesity) in Year 6	21.3%	22.4%	24.2%	21.6%
Prevalence of overweight (including obesity) in Year 6	34.0%	36.8%	38.9%	35.8%
Prevalence of obesity (including severe obesity) amongst adults	*	18.0%	19.7%	25.9%
Prevalence of overweight (including obesity) amongst adults	*	50.1%	55.9%	63.8%

\* Data not available.  
 Note: Figures highlighted in red are poorer than the national average, figures highlighted in yellow are about equal to the national average, and figures highlighted in green are better than the national average.

### Diet

- 64 Weight gain and associated illnesses can be attributed to poor diet, which in turn can be caused by a lack of access to fresh, unprocessed foods, as well as an overabundance of hot food takeaways, in areas known as food deserts. In food deserts, residents' access to affordable, nutritious food is limited due to the absence of grocery stores within convenient traveling distance. Such areas tend to be inhabited by residents in lower income brackets with poor access to transportation or digital tools, which make them less desirable as consumers to major supermarket chains.
- 65 The immediate area surrounding the site scores well on the E-Food Desert Index, as illustrated in Figure 9, indicating that there is no significant need for a grocery store in the local area which provides fresh, unprocessed foods like fruits and vegetables and whole protein sources.

**Figure 9 E-Food Deserts<sup>34</sup>**



Base Map Source: CDRC (2023)

<sup>33</sup> OHID (2019/2020-2021/2022; 2021-2022). *Fingertips: Public health data.*

<sup>34</sup> Consumer Data Research Centre (CDRC) (2023). *E-Food Desert Index.*



## Exercise

- 66 Physical activity has been in decline across the UK since the 1960s. In March 2022, it was considered that the UK population was approximately 20% less active than in the 1960s, and it is anticipated that that the UK population will be 35% less active by 2030<sup>35</sup>. Physical inactivity is associated with one in six deaths in the UK and exercise is widely understood to benefit both physical and mental health.
- 67 As with obesity data, trends in physical activity within LBC (as shown in Table 5) are comparable to London and England rates. Therefore, although physical activity could be more common, especially amongst children, this is not an unusual challenge for the Borough in particular.

**Table 5 Exercise<sup>36</sup>**

Indicator	LBC	London	England
Physically active children and young people	47.1%	45.3%	47.2%
Physically active adults	72.4%	66.8%	67.3%

Note: Figures highlighted in red are poorer than the national average, figures highlighted in yellow are about equal to the national average, and figures highlighted in green are better than the national average.

## Mental Health and Wellbeing

- 68 High rates of deprivation and poor physical health can negatively impact mental health and overall wellbeing by causing or exacerbating mental health conditions and stress. Such conditions can also be compounded by other external factors including individuals' living conditions, economic standing and access to social infrastructure.
- 69 Generally, mental health does not appear to be of major concern with the study area as rates of self-harm and suicide are reported to be lower than the national benchmark.

**Table 6 Self-Harm<sup>37</sup>**

Indicator	Regent's Park ward	LBC	London	England
Suicide rate, per 100,000	*	8.9	7.2	10.4
Emergency hospital admissions for intentional self-harm, standardised admission ratio (SAR)	30.8	33.6	80.0	100.0

\* Data not available due to small sample size.  
 Note: Figures highlighted in red are poorer than the national average, figures highlighted in yellow are about equal to the national average, and figures highlighted in green are better than the national average.

## Living Environment

- 70 Poor living conditions within and around residential dwellings can be detrimental to physical and mental health as well as an indicator for wider socio-economic challenges including poverty.
- 71 The area immediately surrounding the site is dominated by commercial space, primarily office buildings, rather than residential space, and the Proposed Development does not include the provision of residential units. Thus, these determinants of health have been largely scoped out of this HIA. However, some baseline data on housing and living conditions has been provided for context.

<sup>35</sup> OHID (2023). *Physical activity: applying all our health*.

<sup>36</sup> OHID (2020/2021). *Fingertips: Public health data*.

<sup>37</sup> OHID (2019/2021; 2021/2022). *Fingertips: Public health data*.

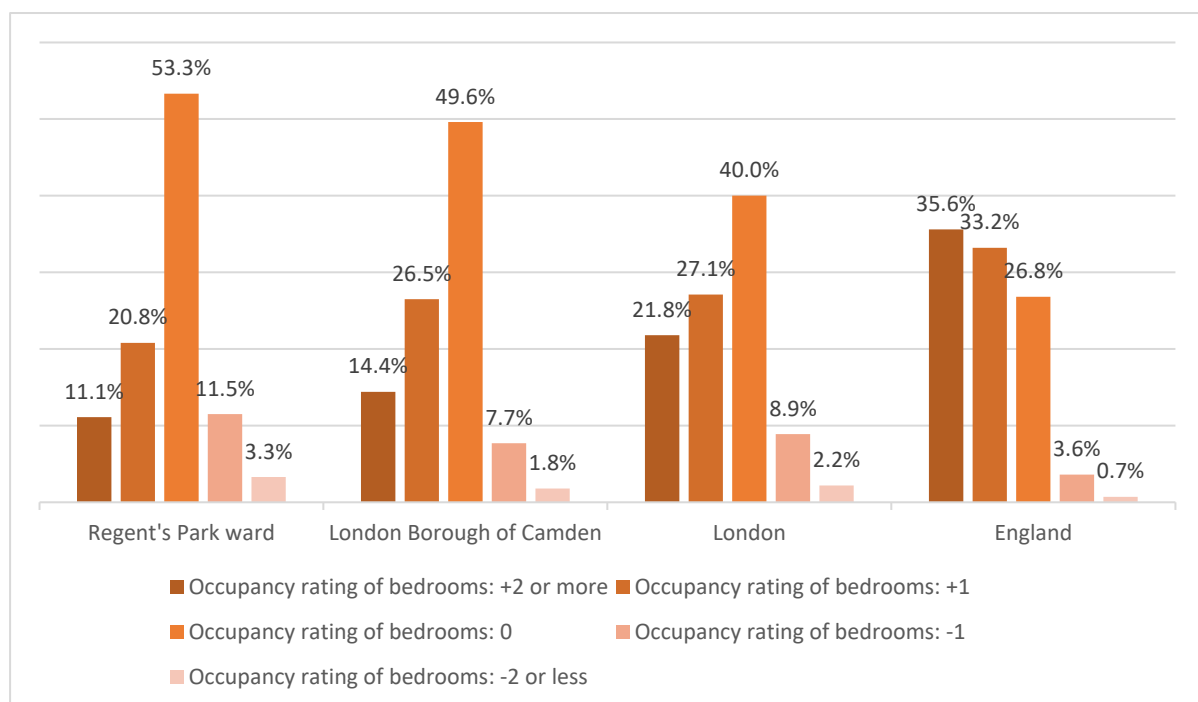
## Decent Homes Standard

- 72** Housing quality is improving across London, with the proportion of non-decent homes falling from 25% in 2010 to 12% in 2020<sup>38</sup>. Likewise, the number of homes with reported incidence of damp decreased from 8% to 5% in the same period. These figures are consistent with national trends as the number of non-decent homes across England decreased from 26% to 15% and the number of homes with incidents of damp decreased from 6% to 4%.

## Overcrowding

- 73** While most homes in the study area are at or below capacity, 14.8% of residential dwellings in the study area are classed as overcrowded, or having an occupancy rating of one or more occupants than the number of bedrooms in that dwelling. This is the highest proportion of overcrowded dwellings across Camden (9.5%), London (11.1%) and England (4.3%) as shown in Figure 10.

**Figure 10** Overcrowding<sup>39</sup>



## Social Infrastructure

- 74** Infrastructure including health and social care services, community facilities and open and play space can impact physical and mental health and wellbeing, with limited access to such infrastructure often causing ill-health, exacerbating existing conditions, or restricting access to timely or appropriate care.
- 75** The Proposed Development is unlikely to have any significant effect on the availability and capacity of social infrastructure including healthcare, educational and community services and facilities due to its commercial nature. However, some baseline data on these receptors has been provided for context.

<sup>38</sup> Department for Levelling Up, Housing & Communities (DLUHC) (2020). *English Housing Survey: Housing quality and condition 2020*.

<sup>39</sup> ONS (2022). *Census 2021: Dataset ID TS052 – Occupancy rating for bedrooms*.

## Healthcare

- 76 The nearest hospital with an Accident and Emergency (A&E) department to the site is University College Hospital (180m walking distance to the east). Also nearby are St Mary's Hospital (2.6km walking or 3.2km driving distance) and Moorfields Eye Hospital (3.9km walking or 4.0km driving distance).
- 77 There are also a number of public and private GP surgeries within a 1.6km walking distance of the site, however, while some GP surgeries may accept patients residing outside their catchment area, this is not guaranteed and can disrupt public health services. Instead, employees working within the Proposed Development should register with GP surgeries within whose catchment areas their home address falls, rather than their place of work.

## Education

- 78 The LBC currently has 38 primary schools and 10 secondary schools<sup>40</sup>. However, as with GPs, workers in the Proposed Development should register their children with schools within whose catchment areas their home address falls.

## Community Facilities

- 79 There are a number of community facilities nearby to the site, the nearest of which are Fitzrovia Community Centre (900m walking distance), Somers Town Community Centre (1.4km walking distance) and Centre Marchmont Community Centre (1.4km walking distance).

## Open and Play Space

- 80 Regent's Place Plaza sits within the redline boundary for the site and comprises a hardscaped plaza with both integrated and moveable seating as well as some tree cover around the perimeter of the space. This is the only open amenity space within 280m<sup>41</sup> of the Proposed Development.
- 81 Nearby to the site (within 800m), the Proposed Development is within reasonable walking distance of several public open and green spaces, as outlined in Table 7 and shown in Figure 8.

**Table 7 Local Public Open Space**

Map Ref	Name	Distance from Site	Description of Facilities
1	Munster Square	290m	Gardens and playground within Regent's Park Estate
2	Fitzroy Square Garden	450m	Small, private, neighbourhood-administrated garden occasionally open to the public
3	Clarence Gardens	550m	Gardens and playground within Regent's Park Estate
4	Regent's Park	650m	Large public park including formal gardens, sports pitches, a running track, a sports centre, cafes, playgrounds, an open-air theatre and public toilets
5	Cumberland Market	700m	Gardens, playground and basketball court within Regent's Park Estate
6	Gordon Square Gardens	700m	Small public park with seating
7	Tavistock Square Gardens	800m	Small public park with seating

<sup>40</sup> GOV.UK (2023). Get Information about Schools. Available from: <https://get-information-schools.service.gov.uk/>. Accessed 19 October 2023.

<sup>41</sup> In accordance with LBC's Public Open Space Planning Guidance (2021).

**Figure 11 Local Public Open Space**

Base Map Source: OS (2023)

## Traffic and Transport

The site is well-connected to public transport and has a Public Transport Accessibility Level (PTAL) of 6b (excellent). Warren Street (Victoria and Northern lines), Great Portland Street (Circle, Hammersmith & City and Metropolitan lines) and Regent's Park (Bakerloo line) are the closest London Underground stations. Further services, as well as National Rail connections, are available from Euston, King's Cross and St Pancras International stations, located to the east of the site. There are also numerous bus stops in the vicinity of the site. In addition, there are a number of pedestrian and cycle routes in the vicinity of the site which encourage active travel.

## Crime

- 82** Between October 2022 and September 2023, approximately 41,800 offences were recorded in the LBC, which is approximately 153 offences per 1,000 people and a 13.5% rise in offences compared to the previous 12 months<sup>42</sup>. The most common offence in this period was 'theft' (17,914) followed by 'violence against the person' (7,550). In contrast, London saw approximately 113 offences per 1,000 people in the same period, with 'theft' (270,732) then 'violence against the person' (247,953) being the most common offences.
- 83** While Euston Tower and its immediate surroundings are not considered a crime hotspot by the Metropolitan Police, Euston Station, located nearby, sees high rates of crimes associated with public transport hubs such as petty theft and public misdemeanours<sup>43</sup>.

<sup>42</sup> Metropolitan Police Service (2023). *Crime Data Dashboard: Overview of Crimes*. Available at: <https://public.tableau.com/app/profile/metropolitan.police.service/viz/MonthlyCrimeDataNewCats/Coversheet>. Accessed 19 October 2023.

<sup>43</sup> Metropolitan Police Service (2023). *Regent's Park: Crime Map*. Available at: <https://www.met.police.uk/area/your-area/met/camden/regents-park/about-us/crime-map>. Accessed 19 October 2023.

## Local Economy

### Job Market

- 84 Approximately 418,000 FTE jobs exist within LBC at a density of 2.73 roles per working age resident, compared to a density of only 1.02 across London<sup>44</sup>. In LBC, 77.1% of these positions are full-time, while 74.1% are full-time across London.
- 85 The most common Standard Occupational Classification (SOC) 2020 in LBC, and in London, is Group 1-3, which includes managers, directors, senior officials, and professional occupations. 70.4% of workers in LBC are in this category, compared to 63.7% of workers in London.
- 86 The largest industry in LBC in terms of workforce is Professional, Scientific and Technical Activities, which supports 20.5% of jobs, compared to only 14.2% of jobs across London. The next largest industries are Information and Communication (12.9%) and Human Health and Social Work Activities (12.9%), both of which hold a larger share of the job market within LBC than within London overall (8.4% and 12.9% respectively).

### Economic Activity

- 87 Within the working age population, 74.6% of LBC residents are economically active, which is slightly less than the level of economic activity seen across all London residents (79.8%)<sup>45</sup>.
- 88 Based on modelled estimates provided by the ONS, of those who are economically active 3.2% are unemployed in the LBC, which is also lower than across London (4.3%). These figures are slightly lower than the number of claimants registered within both the LBC (4.3%) and London (4.7%) during the same period, however the trend depicting higher unemployment across London than the LBC holds in both scenarios.

### Education and Skills

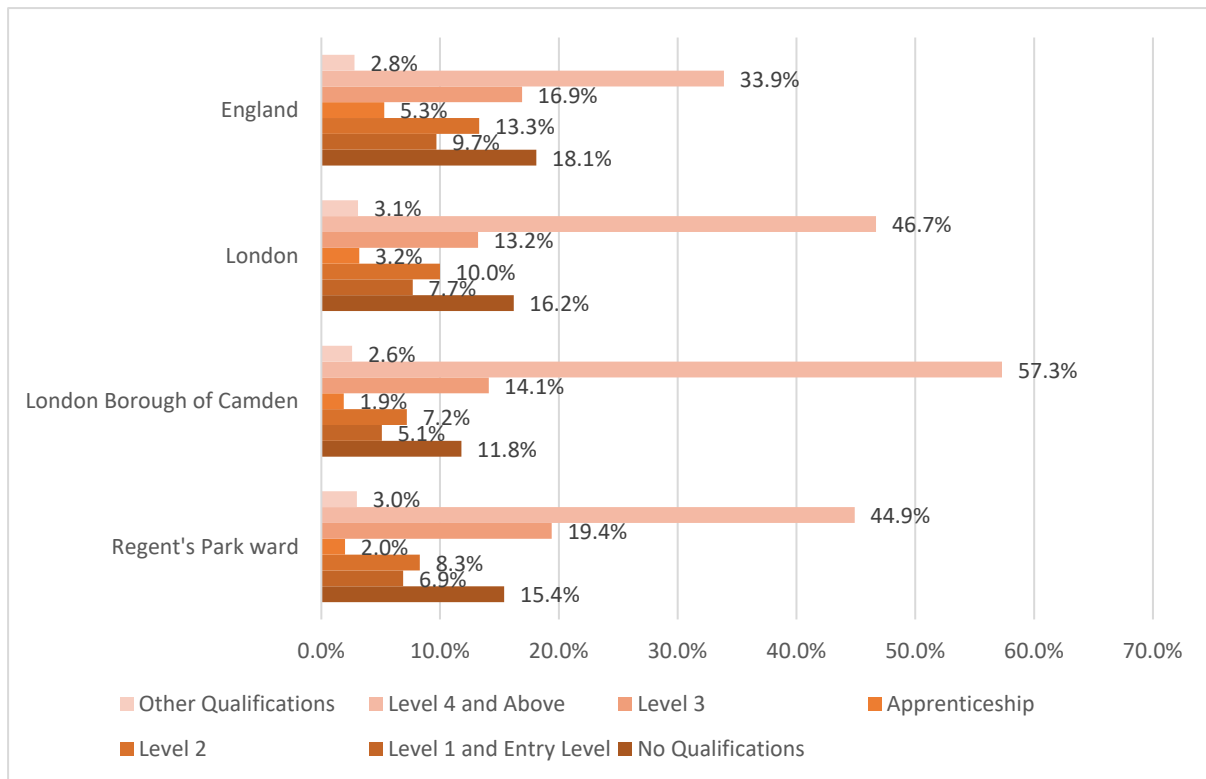
- 89 Approximately 57.9% of working age LBC residents have Level 4 qualifications or above, which is higher than both the proportion of residents with such qualifications across London (46.7%) and England (33.9%)<sup>46</sup>. This also is reflective of the prevalence of professional occupations within the Borough and the higher-than-average weekly pay.
- 90 LBC residents are also less likely to have no qualifications (11.8%) or to hold an apprenticeship (1.9%), as their highest level of qualification, compared to their regional and national counterparts as shown in Figure 12.

<sup>44</sup> ONS (2021). *Labour Market Profile – Camden*. Available at: <https://www.nomisweb.co.uk/reports/lmp/la/1946157246/report.aspx>. Accessed 20/10/2023.

<sup>45</sup> ONS (2021). *Labour Market Profile – Camden*. Available at: <https://www.nomisweb.co.uk/reports/lmp/la/1946157246/report.aspx>. Accessed 20/10/2023.

<sup>46</sup> ONS (2022). *Census 2021: Dataset ID TS067 – Highest level of qualification*.

**Figure 12 Highest Level of Qualification amongst Working-Age Residents<sup>47</sup>**



**Environmental Factors**

**Air Quality**

91 Like much of London, the LBC operates an Air Quality Management Area (AQMA) to monitor and address poor air quality including high levels of nitrogen dioxide (NO<sub>2</sub>) and particulate matter (PM<sub>10</sub>) which pose risks to human health. The site is also located within a GLA Air Quality Focus Area (Marylebone Road from Marble Arch / Euston / King’s Cross Junction) which indicate high levels of human exposure where the annual mean limit for NO<sub>2</sub> is exceeded. However, the LBC appears to be appropriately managing such risks, as the borough has committed to the WHO air quality standards and published a Clean Air Action Plan.

**Noise and Vibration**

92 Noise and vibration can disrupt sleep patterns as well as impact upon general health and wellbeing, particularly in relation to the use of amenity spaces. The primary sources of noise and vibration in and around the site are road traffic along Euston Road and Hampstead Road. Sources of vibration at the site comprise London Underground trainlines that pass close to the site, in this case Circle, Hammersmith & City, Metropolitan, Northern and Victoria underground lines, which are not uncommon in urban areas such as the site.

**Climate Change**

93 Climate change has a range of far-reaching effects which go beyond change in climatic patterns such as rising air temperatures, increased drought, more severe storms, and warming, rising oceans. It also

<sup>47</sup> ONS (2022). Census 2021: Dataset ID TS067 – Highest level of qualification.

contributes to land loss, habitat and biodiversity loss, loss of agricultural and food stocks, heat-related illness, pollution-related illness, increased risk of other disease, and rising mental health pressures<sup>48</sup>.

- 94** The Met Office publishes UK Climate Projections (UKCP) which give “probabilistic projections” for key atmospheric variables and consider the local climate effects arising from different emissions scenarios<sup>49</sup>. This provides a range of possible climate change outcomes and their relative likelihoods.
- 95** A review of the key climatic variables within UKCP18 projections for the London area has identified that:
- By the 2080s, the mean average air temperature is projected to increase by +2.94°C annually, to 13.39°C. The mean daily maximum temperature is projected to increase by +3.1°C, and the mean daily minimum temperature is projected to increase by +2.89°C;
  - Annual average precipitation is due to decrease by 0.53%, with a +16.23% increase in average winter precipitation, and a -26.31% decrease in average summer precipitation. The autumn and spring averages have small decreases of between 5.1% and 5.25%;
  - Annual average wind speed (measured in meters per second ( $m\ s^{-1}$ )) is projected to marginally decrease in speed in the 2080s, by  $-0.065\ m\ s^{-1}$ ; and
  - Total cloud cover is projected to decrease annually by 6.22%. This decrease in total percentage cloud cover is most prevalent in the summer average, when it is due to decrease in the 2080s by 15.21%. There is projected to be a marginal increase of 0.93% in average winter cloud cover.

<sup>48</sup> United Nations (2023). *Causes and effects of Climate Change*. Available at: <https://www.un.org/en/climatechange/science/causes-effects-climate-change>.

<sup>49</sup> Met Office (2023). <https://www.metoffice.gov.uk/research/approach/collaboration/ukcp/about>.

## ASSESSMENT OF HEALTH DETERMINANTS

### Health Determinant 1: Housing Quality and Design

*“Access to decent and adequate housing is critically important for health and wellbeing, especially for the very young and very old. Environmental factors, overcrowding and sanitation in buildings as well as unhealthy urban spaces have been widely recognised as causing illness since urban planning was formally introduced. Post-construction management also has impact on community welfare, cohesion and mental wellbeing.” – HUDU Planning for Health*

#### Summary of Baseline Conditions

- 96 Regent’s Park ward faces higher levels of overcrowding than the rest of the LBC and London, with 14.8% of residences classed as overcrowded. However, neither the current site nor does the Proposed Development provide housing, instead prioritising the reprovision of commercial space which can serve flexible office, R&D, retail and community spaces. These proposals are consistent with the site’s existing use as an office block and the wider character of the KQID. Thus, this determinant of health can be **scoped out** of this HIA.

#### Health Impact Assessment

Assessment Criteria	Relevant to This Assessment?
Does the proposal seek to meet all 16 design criteria of the Lifetime Homes Standard or meet Building Regulation requirement M4(2)?	No
Does the proposal address the housing needs of older people, i.e. extra care housing, lifetime homes and wheelchair accessible homes?	No
Does the proposal include homes that can be adapted to support independent living for older and disabled people?	No
Does the proposal promote good design through layout and orientation, meeting internal space standards?	No
Does the proposal include a range of housing types and sizes, including affordable housing responding to local housing needs?	No
Does the proposal contain homes that are highly energy efficient (e.g. a high SAP rating)?	No



## Health Determinant 2: Access to Health and Social Care Services and Other Social Infrastructure

“Strong, vibrant, sustainable and cohesive communities require good quality, accessible public services and infrastructure. Access to social infrastructure and other services is a key component of Lifetime Neighbourhoods. Encouraging the use of local services is influenced by accessibility, in terms of transport and access into a building, and the range and quality of services offered. Access to good quality health and social care, education (primary, secondary and post-19) and community facilities has a direct positive effect on human health. Opportunities for the community to participate in the planning of these services has the potential to impact positively on mental health and wellbeing and can lead to greater community cohesion.” – HUDU Planning for Health

### Summary of Baseline Conditions

- 97 The site does not currently provide health and social care services and other social infrastructure such as medical, educational and communities facilities, therefore the deconstruction of the existing building and construction of the Proposed Development will not result in the loss of such facilities. As a commercial-led development, the Proposed Development does not include any residential units, nor would the site be a suitable location to provide such units. As employees of the Proposed Development should register themselves and their families with facilities which fall within the catchment areas of their home addresses, rather than their place of employment, the Proposed Development should not impact existing health, educational and social care infrastructure. Thus, much of this determinant of health can be scoped out of this HIA.

### Health Impact Assessment

Assessment Criteria	Relevant to This Assessment?
Does the proposal retain or re-provide existing social infrastructure?	No
Does the proposal assess the impact on health and social care services and have local NHS organisations been contacted regarding existing and planned healthcare capacity?	No
Does the proposal include the provision, or replacement of a healthcare facility and does the facility meet NHS requirements?	No
Does the proposal assess the capacity, location and accessibility of other social infrastructure, e.g. primary, secondary and post 19 education needs and community facilities?	No
Does the proposal explore opportunities for shared community use and co-location of services?	Yes

- 98 The Proposed Development includes 2,003m<sup>2</sup> GIA of flexible commercial / community space which may be used for learning and community programming, subject to the final tenanting of the building.
- 99 Overall, the Proposed Development will have a **neutral** effect on this determinant of health by providing flexible community space where previously there was none. Given the lack of detail available at this time a conservative judgment has been made as to the impacts this will have on local people, although once the final uses are confirmed, there is a possibility that these could be beneficial.

## Health Determinant 3: Access to Open Space and Nature

*“Providing secure, convenient and attractive open/green space can lead to more physical activity and reduce levels of heart disease, strokes and other ill-health problems that are associated with both sedentary occupations and stressful lifestyles. There is growing evidence that access to parks and open spaces and nature can help to maintain or improve mental health. The patterns of physical activity established in childhood are perceived to be a key determinant of adult behaviour; a growing number of children and young people are missing out on regular exercise, and an increasing number of children and young people are being diagnosed as obese. Access to play spaces, community or sport facilities such as sport pitches can encourage physical activity. There is a strong correlation between the quality of open space and the frequency of use for physical activity, social interaction or relaxation.” – HUDU Planning for Health*

### Summary of Baseline Conditions

- 100** Public open space is provided within the site boundary (Regent’s Place Plaza). The site is also within reasonable walking distance (within 800m) of several public open and green spaces, as well as Regent’s Park, which is one of the largest parks and gardens within the LBC.
- 101** Further details on open and play space are provided within the **ES Volume 1, Chapter 6: Socio-Economics**.

### Health Impact Assessment

Assessment Criteria	Relevant to This Assessment?
Does the proposal retain and enhance existing open and natural spaces?	Yes
In areas of deficiency, does the proposal provide new open or natural space, or improve access to existing spaces?	No
Does the proposal provide a range of play spaces for children and young people?	Yes
Does the proposal provide links between open and natural spaces and the public realm?	Yes
Are the open and natural spaces welcoming and safe and accessible for all?	Yes
Does the proposal set out how new open space will be managed and maintained?	Yes

- 102** The Proposed Development retains and enhances Regent’s Place Plaza by creating a welcoming, flexible space which encourages active use by local residents, Euston Tower employees, and visitors. The new Regent’s Place Plaza includes a central water feature which can be used as reflective pool for ambiance or play, and which can also be drained to be used as an events space. The new Plaza will also feature extensive and varied planting, including wetland, woodland, heathland and grassland habitats.
- 103** The needs of children and young people in particular are addressed through multi-functional play spaces, including the central water feature and natural play elements integrated into the wider landscaping and hardscaping strategy.
- 104** The site is well situated within a permeable public realm including varied pedestrian and cycle routes. The Proposed Development will link the newly enhanced Regent’s Place Plaza and Euston Tower to these existing routes and thus to wider green infrastructure, as well as facilitating access from other areas to the newly enhanced Plaza.

- 105** Accessibility is promoted throughout the site through the provision of ramps and un-stepped access points, as well as integrated seating and shaded resting areas, with further detail of inclusive design and accessibility provided in the **Access Statement** and appropriate sections of the **Design and Access Statement (DAS)**. Safety is promoted through the incorporation of Secured by Design measures (see *Health Department 6: Crime Reduction and Community Safety*).
- 106** At this stage of the development process, final management and maintenance of the Proposed Development has not been determined. However, a reputable management company is expected to operate the entirety of the Proposed Development once completed, including interior and exterior spaces, according to relevant legislation and appropriate best practice. An appropriate Ecological Management Plan (EMP) is also likely to be secured by way of planning condition.
- 107** Overall, the Proposed Development will have a **positive** effect on this determinant of health by significantly enhancing existing public realm and open space.

#### Health Determinant 4: Air Quality, Noise and Neighbourhood Amenity

*“The quality of the local environment can have a significant impact on physical and mental health. Pollution caused by construction, traffic and commercial activity can result in poor air quality, noise nuisance and vibration. Poor air quality is linked to incidence of chronic lung disease (chronic bronchitis or emphysema) and heart conditions and asthma levels of among children and young people. Noise pollution can have a detrimental impact on health resulting in sleep disturbance, cardiovascular and psycho-physiological effects. Good design and the separation of land uses can lessen noise impacts.” – HUDU Planning for Health*

#### Summary of Baseline Conditions

- 108** Although baseline findings in this assessment suggest that residents of the study area do not experience high rates of respiratory disease and thus poor air quality may be less of a concern in Regent’s Park ward compared to other areas, air quality is generally of concern across London. The site sits within both an AQMA and a GLA Air Quality Focus Area (*Marylebone Road from Marble Arch / Euston / King’s Cross Junction*), and the proximity of Euston Road is likely to negatively impact respiratory health on-site. Noise and vibration can also have a negative impact on health and wellbeing. Road traffic along both Euston Road and Hampstead Road has been identified as a primary noise source, and vibration from the London Underground lines are also a key contributor to noise and vibration conditions at the site.
- 109** Further details on air quality, noise and vibration, and wind are provided within the **ES Volume 1, Chapters 8: Air Quality**, and **Chapter 9: Noise and Vibration**.

#### Health Impact Assessment

Assessment Criteria	Relevant to This Assessment?
Does the proposal minimise construction impacts such as dust, noise, vibration and odours?	Yes
Does the proposal minimise air pollution caused by traffic and energy facilities?	Yes
Does the proposal minimise noise pollution caused by traffic and commercial uses?	Yes

- 110** Measures to minimise effects during the construction phase, including those arising in relation to dust, air quality, noise and vibration, as well as other environmental controls, will form the basis of the

Construction Management Plan (CMP) that will be implemented for the duration of the construction works. An Outline CMP setting out examples of these measures is submitted as part of the planning application, and the full version will be agreed with LBC prior to the commencement of works and secured via a suitably worded planning condition.

- 111** The CMP will detail the necessary mitigation measures to be followed in order to reduce or prevent potential health impacts associated with enabling and construction works. This will include (but not be limited to) hours of operation, specifications for hoarding, dust control measures, noise and vibration control measures and vehicle emission controls. Although some temporary negative impacts will be unavoidable, these are not expected to be excessive or cause undue harm if an appropriate CMP is enforced and best practice is followed.
- 112** The air quality assessment (see **ES Volume 1, Chapter 8: Air Quality**) has concluded that emissions from enabling and construction activities and traffic associated with the Proposed Development will not significantly affect local air quality. Likewise, road traffic emissions caused by with the Proposed Development during operation will not significantly affect air quality.
- 113** The noise and vibration assessment (see **ES Volume 1, Chapter 9: Noise and Vibration**) has concluded that construction work may result in significant but temporary noise effects on residential receptors along Hampstead Road, although appropriate mitigation should keep these adverse effects to a minimum. In contrast, neither road traffic caused by the Proposed Development during operation nor its commercial units will result in significant noise effects.
- 114** The Proposed Development will also mitigate against poor air quality and noise pollution through its design. As an active travel-focused scheme, the promotion of walking and cycling over driving will help to reduce vehicle emissions and noise as the Proposed Development is car-free (with the exception of two blue badge parking spaces) and will remove 102 existing car parking spaces. In addition, the inclusion of air source heat pumps (ASHPs) and photovoltaic (PV) panels as well as trees and other dense planting will improve air quality and help to absorb ambient noise.
- 115** Wind mitigation has also been addressed on-site, particularly through the inclusion of staggered berms and densely canopied trees.
- 116** Overall, the Proposed Development will have a **positive** effect on this determinant of health, with the implementation of a suitable CMP.

## Health Determinant 5: Accessibility and Active Travel

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

### Summary of Baseline Conditions

- 117** As a whole, the site has ‘excellent’ transport connectivity, with a Public Transport Accessibility Level (PTAL) rating of 6b. Of particular note, it is situated across the street from Warren Street London Underground station (across Euston Road to the south) and adjacent to bus stops serving a range of north-south and east-west bound routes. In addition, there are a number of pedestrian and cycle routes in the vicinity.

- 118 Although rates of obesity and physical activity are not dissimilar to regional and national rates, local communities would still benefit from more opportunities to integrate movement into their daily lives, including through active travel.
- 119 Further details on travel and transport are provided within the **ES Volume 1, Chapter 7: Traffic and Transport** and the **Transport Assessment**.

### ***Health Impact Assessment***

<b>Assessment Criteria</b>	<b>Relevant to This Assessment?</b>
Does the proposal address the ten Healthy Streets indicators?	Yes
Does the proposal prioritise and encourage walking (such as through shared spaces?)	Yes
Does the proposal prioritise and encourage cycling (for example by providing secure cycle parking, showers and cycle lanes)?	Yes
Does the proposal connect public realm and internal routes to local and strategic cycle and walking networks?	Yes
Is the proposal well connected to public transport, local services and facilities?	Yes
Does the proposal include traffic management and calming measures to help reduce and minimise road injuries?	Yes
Does the proposal seek to reduce car use by reducing car parking provision, supported by the controlled parking zones, car clubs and travel plans measures?	Yes
Does the proposal allow people with mobility problems or a disability to access buildings and places?	Yes

- 120 A complete assessment of the Proposed Development against the Healthy Streets indicators has been included within the **Transport Assessment**, which demonstrates that the Proposed Development will have a positive impact on the local streetscape and its users.
- 121 Walking is prioritised within and around the Proposed Development through the provision of shared and pedestrianised spaces, and a public realm which encourages gathering and social interaction.
- 122 Cycling is prioritised within and around the Proposed Development through the provision of cycling infrastructure including a prominent cyclists' entrance to Euston Tower, an accessible cycle lift, 861 short- and long-stay cycle parking for a range of cycle types, a cycling reception and workshop space for repairs and maintenance, and accessible changing and showering facilities for cyclists.
- 123 The Proposed Development will be well integrated into existing travel networks and public transport links through connections to infrastructure surrounding and near to the site via continuous and accessible routes. This will be supported by the inclusion of active frontages along the ground floor of Euston Tower and the enhanced public realm in Regent's Park Plaza.
- 124 To help minimise road injuries around the Proposed Development, a shared pedestrian and cycle lane has been introduced to separate active travellers from road traffic. The Proposed Development also promotes pedestrian and cyclist safety through physical barriers such as planters and steps between the public realm and busy roads, particularly Euston Road.
- 125 As well as promoting active travel, the Proposed Development seeks to reduce car-use by only providing limited vehicle parking to be reserved for blue-badge holders, deliveries and service use as detailed in the **Outline Travel Plan** submitted as part of the planning application.
- 126 Accessibility will be promoted throughout the site, across both indoor and outdoor spaces, via accessible entrances, wide smooth surfaces, drop kerbs, ramps, lifts, accessible toilets, accessible showers and changing facilities, and varied cycle parking to suit a variety of cycle types. There will also

be integrated seating and shaded places for rest. Further details of accessible and inclusive design measures are included in the **Access Statement** and appropriate sections of the **DAS**.

- 127** Overall, the Proposed Development will have a **positive** effect on this determinant of health by facilitating accessibility and actively encouraging active travel throughout the site.

## Health Determinant 6: Crime Reduction and Community Safety

*“Thoughtful planning and urban design that promotes natural surveillance and social interaction can help to reduce crime and the ‘fear of crime’, both of which impacts on the mental wellbeing of residents. As well as the immediate physical and psychological impact of being a victim of crime, people can also suffer indirect long-term health consequences including disability, victimisation and isolation because of fear. Community engagement in development proposals can lessen fears and concerns.” – HUDU Planning for Health*

### Summary of Baseline Conditions

- 128** Crime is on the rise within the LBC and, according to the IoD, some parts of the study area face significant deprivation in this domain. However, the nature of the offences recorded within the Borough is common for urbanised areas like the LBC and London and can be reduced with good design and appropriate best practice.

### Health Impact Assessment

Assessment Criteria	Relevant to This Assessment?
Does the proposal incorporate elements to help design out crime?	Yes
Does the proposal incorporate design techniques to help people feel secure and avoid creating ‘gated communities’?	Yes
Does the proposal include attractive, multi-use public spaces and buildings?	Yes
Has engagement and consultation been carried out with the local community and voluntary sector?	Yes

- 129** The Proposed Development is supported by adherence to Secured by Design principles and a Crime Impact Assessment. As such, the scheme incorporates a range of elements meant to deter criminal and anti-social behaviour, and to promote community cohesion. These including providing overlooked spaces and passive surveillance, adequate lighting especially in shielded spaces and entrances, bollard along site edges and around entrances, and CCTV systems. Such measures will also decrease stress caused or exacerbated by worries about potential crime.
- 130** To avoid ‘gated communities’ and promote a sense of security, public spaces are permeable and overlooked by surrounding structures and streets and designed to feel welcoming for both employees and visitors. Seating and play spaces encourage people to stop and linger, and the integration of commercial, public and green spaces encourage varied use throughout the week and throughout the day.
- 131** Overall, the Proposed Development will have a **positive** effect on this determinant of health by prioritising actual and perceived safety and encouraging a sense of community.

## Health Determinant 7: Access to Healthy Food

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

### Summary of Baseline Conditions

- 132** Obesity and related conditions, particularly coronary heart disease, are noteworthy risk factors within the study area and the LBC. However, the E-Food Desert Index and desktop research indicate that there are several shops and supermarkets at a variety of price points within a reasonable walking distance (800m) of the site, the nearest of which is a Sainsbury’s Local within an adjacent building.

### Health Impact Assessment

Assessment Criteria	Relevant to This Assessment?
Does the proposal facilitate the supply of local food, i.e. allotments, community farms and farmers’ markets?	Yes
Is there a range of retail uses, including food stores and smaller affordable shops for social enterprises?	Yes
Does the proposal avoid contributing towards an overconcentration of hot food takeaways in the local area?	Yes

- 133** The Proposed Development’s central water feature is designed to be a flexible events space when drained, usable for market events which may include farmers’ markets. There is no provision for allotments or community farms on-site.
- 134** The Proposed Development includes the provision of commercial and retail spaces which are envisioned to comprise shops and food and beverage options including cafes and restaurants. Some of this space is likely to be allocated to a convenience or grocery store when tenants are agreed, although the final occupants of these spaces have not been determined at this stage.
- 135** Hot food takeaways are unlikely to take up occupancy in the Proposed Development given the nature and atmosphere of the scheme.
- 136** Overall, the Proposed Development will have a **neutral** effect on this determinant of health, provided hot food takeaways do not take up tenancy on-site.

## Health Determinant 8: Access to Work and Training

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

### Summary of Baseline Conditions

- 137** Economic activity and unemployment within LBC are consistent with wider regional and national rates, with 74.6% of working age residents in the Borough being economically active and only 3.2% being unemployed. However, the poor scores in the domain of income in the IoD, coupled with this unemployment rate suggests that while study area residents may be employed, they are likely to be in relatively lower paying roles.
- 138** Further details on the local economy and employment are provided within the **ES Volume 1, Chapter 6: Socio-Economics** and the **Employment and Regeneration Statement** submitted as part of the planning application.

### Health Impact Assessment

Assessment Criteria	Relevant to This Assessment?
Does the proposal provide access to local employment and training opportunities, including temporary construction and permanent 'end-use' jobs?	Yes
Does the proposal include managed and affordable workspace for local businesses?	Yes
Does the proposal include opportunities for work for local people via local procurement arrangements?	Yes
Does the proposal provide childcare facilities?	Yes

- 139** The Proposed Development is expected to provide opportunities for training and employment during both its construction phase (approximately 1,057 FTE per annum over a 65-month period) and operational phase (between 2,429 and 4,439 FTE<sup>50</sup>). Furthermore, as outlined in the **Employment & Skills Strategy and Regeneration Statement**, the Applicant has a demonstrable track record showcasing its commitments to ensuring these benefits are actualised and experienced by local people.
- 140** During the construction phase, the Applicant will work with the King's Cross Construction Skills Centre (KXCSC), LBC, contractors and other organisations to reasonably endeavour to fulfil a range of training and employment initiatives. These include, but are not limited to, employing local people, ensuring workers are paid the London Living Wage or more, and providing apprenticeships and work experience.
- 141** During the operation of the Proposed Development, the Applicant envisions developing science, technology, engineering, art and mathematics (STEAM) training and employment plans. These will align with LBC and KQID objectives, provide training and apprenticeships, facilitate job take-up by local people, and operate in tandem with initiatives by LBC and other organisations.
- 142** The existing plans for the Proposed Development include the provision of Use Class E and F floorspace which is envisions for community use. However, the exact nature of this space will only be determined once the structure is complete and tenancies have been agreed. Therefore, it is not possible at this time to predict with certainty whether affordable workspaces will be included on-site, although this is a possibility.

<sup>50</sup> Figures taken from **ES Volume 1, Chapter 6: Socio-Economics**



- 143** In addition, there are no childcare facilities included in existing plans, and it is unlikely that such organisations or businesses will take up tenancy within the Proposed Development. However, this is not expected to have a significant impact on the local workforce as there are not currently any childcare facilities on-site that would be lost as a result of the Proposed Development and there are other childcare facilities in the area surrounding the site.
- 144** Overall, the Proposed Development will have a **positive** effect on this determinant of health, with the scheme providing construction and operational phase employment opportunities.

## Health Determinant 9: Social Cohesion and Lifetime Neighbourhoods

*“Friendship and supportive networks in a community can help to reduce depression and levels of chronic illness as well as speed recovery after illness and improve wellbeing. Fragmentation of social structures can lead to communities demarcated by socio-economic status, age and/or ethnicity, which can lead to isolation, insecurity and a lack of cohesion. Voluntary and community groups, properly supported, can help to build up networks for people who are isolated and disconnected, and to provide meaningful interaction to improve mental wellbeing. Planning proposals should be developed in consultation with differentiated community groups (such as children, young people, residents, families, businesses, faith groups, community organisations). They should be involved in the planning of the project from the beginning and throughout the life cycle of the project. Opportunities for post-planning qualitative consultations should be considered with these different groups to explore a range of social, emotional and health needs. Lifetime Neighbourhoods places the design criteria of Lifetime Homes into a wider context. It encourages planners to help create environments that people of all ages and abilities can access and enjoy, and to facilitate communities that people can participate in, interact and feel safe.” – HUDU Planning for Health*

### Summary of Baseline Conditions

- 145** The population of Regent’s Park ward, and the LBC more widely, is young and diverse, with a larger working age population than is typical for the borough, region or country, and less than half of residents identifying as White. Situated to the north of the site, Regent’s Park Estate is residential and family-oriented, including multi-bedroom homes, community centres, and open and play space.

### Health Impact Assessment

Assessment Criteria	Relevant to This Assessment?
Does the proposal consider health inequalities by addressing local needs through community engagement?	Yes
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
Does the proposal include a mix of uses and a range of community facilities?	Yes
Does the proposal provide opportunities for the voluntary and community sectors?	Yes
Does the proposal take into account issues and principles of inclusive and age-friendly design?	Yes

- 146** The design of the Proposed Development has been supported by an extensive public consultation including a co-design workshops and subsequent panel discussions which allowed the public to actively participate in the development of final designs. Of priority for participants, and incorporated into final

designs, is the need to create a public realm which is accessible for all, flexible and inclusive in its functions, and promotes physical and mental wellbeing through enhanced green infrastructure and biodiversity. There was also an identified need to provide places for gathering and child-friendly spaces, to better support nearby residential communities, and to place physical barriers between the public realm and Euston Road to the south to protect children from traffic.

- 147** The Proposed Development will connect to existing communities through a permeable urban fabric which avoids physical barriers and a sense of severance by instead promoting public open and mixed-use spaces. This will primarily be achieved through the extensive redesign of Regent's Park Plaza which will provide formal and informal opportunities for interaction between employees, local residents and passersby.
- 148** As a mixed-use development featuring a substantial public realm, the Proposed Development provides a range of community uses including retail and commercial opportunities, a flexible events space, open and green space, and play space. The events space in particular is intended to be used for a range of programming, potentially run by voluntary and community sector (VCS) organisations, such as exhibitions, markets, an outdoor cinema or performances.
- 149** As outlined in *'Health Determinant 5: Accessibility and Active Travel'* and in *'Health Determinant 6: Crime Reduction and Community Safety'*, the Proposed Development has been designed to be accessible and secure. It also incorporates age-friendly design through its accessible features and the provision of multi-use play spaces throughout different elements of the public realm.
- 150** Overall, the Proposed Development will have a **positive** effect on this determinant of health by providing public and mixed-use spaces which encourage social interaction and are suitable for a range of ages, abilities and other needs.

## Health Determinant 10: Minimising the Use of Resources

*"Reducing or minimising waste including disposal, processes for construction as well as encouraging recycling at all levels can improve human health directly and indirectly by minimising environmental impact, such as air pollution." – HUDU Planning for Health*

### Summary of Baseline Conditions

- 151** One of the key means of promoting sustainability and mitigating against climate change (see *'Health Department 11: Climate Change'*) is reduced resource consumption. According to the Waste Hierarchy, reducing consumption and reusing existing resources is preferable to recycling and composting, while disposal should only be a last resort<sup>51</sup>.
- 152** LBC has several 'reduce, reuse, recycle' style campaigns and programmes in place, in partnership with organisations including the North London Waste Authority, the Camden Climate Change Alliance, Refill London, and Bright Sparks, as well as offering a range of recycling and disposal options according to residents' and businesses' needs.
- 153** The LBC and the KQID are densely populated and space for new construction is limited. Even so, Euston Tower is largely unoccupied, save for the ground floor retail offering, and the office space within the tower, which has been stripped out, is laid out in inflexible floorplans. It does not maximise its commercial potential, nor is it in keeping with the rest of the KQID.

<sup>51</sup> Department for Environment, Food & Rural Affairs (Defra) (2011). *Guidance on applying the Waste Hierarchy*.

## Health Impact Assessment

Assessment Criteria	Relevant to This Assessment?
Does the proposal make best use of existing land?	Yes
Does the proposal encourage recycling (including building materials)?	Yes
Does the proposal incorporate sustainable design and construction techniques?	Yes

- 154** The Proposed Development makes best use of existing land by refurbishing and enhancing a previously developed but since disused site, rather than replacing a more effective structure or developing a greenfield site. The Proposed Development also retains the central core and foundations of the existing Euston Tower, maximising the usefulness of the existing property.
- 155** As outlined in the **Sustainability Statement**, **Circular Economy Statement** and **Strategy for Material Recovery**, the Proposed Development has been designed in line with circular economy principles and the Waste Hierarchy. The most obvious example of this is the retention of Euston Tower's central core and foundations, but also extends to include the re-use of other viable materials on-site throughout the construction of the Proposed Development. Where reuse is not possible, recycling will be prioritised.
- 156** The Proposed Development will incorporate sustainable design and construction techniques to achieve a 8% reduction in carbon dioxide (CO<sub>2</sub>) emissions beyond the GLA baseline, with further information regarding the calculation of these figures provided in the **Energy Statement**. This will be attained through a range of passive and active measures following the GLA's 'be lean, be clean, be green, be seen' principles, including natural ventilation, shading and light through building orientation; adequate insulation; the inclusion of energy efficient hardware and metering; and the installation of low-carbon technologies such as ASHPs and PV panels.
- 157** During the enabling and construction works, a CMP and Site Waste Management Plan (SWMP) will be implemented and will include appropriate measures in line with the circular economy and Waste Hierarchy. During operation, an Operational Waste Management Plan (OWMP) will include measures to encourage recycling and ensure efficient management of waste on-Site.
- 158** Overall, the Proposed Development will have a **positive** effect on this determinant of health, with the implementation of a suitable CMP, SWMP and OWMP.

### Health Determinant 11: Climate Change

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

### Summary of Baseline Conditions

- 159** LBC declared a climate emergency in 2019 and published its first Climate Emergency Action Plan in 2020. A relatively new area of focus for the Borough, there is little study area or LBC specific data on the effects of climate change. However, the Plan and associated initiatives aim to reduce emissions and waste, promote energy efficiency and a wider green economy, and protect human and environmental health in the face of rising temperatures and extreme weather events.

## Health Impact Assessment

Assessment Criteria	Relevant to This Assessment?
Does the proposal incorporate renewable energy?	Yes
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
Does the proposal maintain or enhance biodiversity?	Yes
Does the proposal incorporate sustainable urban drainage techniques?	Yes

- 160** As outlined in ‘*Health Determinant 10: Minimising the Use of Resources*’, the Proposed Development incorporates renewable energy and climate change-resistant design through passive and active measures such as substantial and varied planting; water features; natural ventilation, shading and light; adequate insulation; the inclusion of energy efficient hardware and metering; and the installation of ASHPs and PV panels. These measures, particularly the inclusion of green infrastructure, natural ventilation and adequate shading will also help the Proposed Development respond to changes in summer and winter temperatures and avoid the effects of urban heat islands. Further information on sustainable design and construction methods is also provided in a number of supporting documents, including the **Sustainability Statement**, **Energy Statement** and **Circular Economy Statement**.
- 161** The Proposed Development is expected to result in a Biodiversity Net Gain (BNG) of approximately 26.9%, as defined within the **Biodiversity Net Gain Assessment**. This will primarily be achieved through the introduction of substantial and varied habitat throughout the new Regent’s Park Plaza as well as the wider public realm.
- 162** Sustainable Drainage Systems (SuDS) have also been incorporated into the Proposed Development’s designs to capture excessive rainwater runoff, prevent erosion and provide natural habitat for local flora and fauna.
- 163** Overall, the Proposed Development will have a **positive** effect on this determinant of health, given its prioritisation of biophilic design and climate change-resistant techniques.

## CONCLUSIONS

- 164** In line with relevant legislation, policy and guidance, this HIA assesses the Proposed Development's likely impacts on 11 key health determinants. Health-related impacts on future users, as well as the wider community, have been assessed against an existing baseline and geographic comparators at varying spatial levels. Evidence forming the basis of the assessment is gathered from information provided in the ES and other supporting documentation which have been submitted alongside the Planning Application.
- 165** Overall, the Proposed Development is expected to have a **positive** effect on health for people on-site and in the surrounding area.

**Table 8 Summary of Health Effects**

	Determinant of Health	Impact
1	Housing Quality and Design	Scoped Out
2	Access to Health and Social Care Services and Other Social Infrastructure	Neutral
3	Access to Open Space and Nature	Positive
4	Air Quality, Noise and Neighbourhood Amenity	Positive
5	Accessibility and Active Travel	Positive
6	Crime Reduction and Community Safety	Positive
7	Access to Healthy Food	Neutral
8	Access to Work and Training	Positive
9	Social Cohesion and Lifetime Neighbourhoods	Positive
10	Minimising the Use of Resources	Positive
11	Climate Change	Positive

- 166** The Proposed Development will have the greatest positive impact in terms of its provision of space which facilitates access to a diverse and naturalistic public realm (Health Determinant 3), its improvement of neighbourhood amenity (Health Determinant 4), its facilitation of active travel (Health Determinant 5), its facilitation of training and employment opportunities (Health Determinant 8), its promotion of social cohesion through thoughtful public spaces suiting a range of ages and needs (Health Determinant 9), and its use of eco-friendly and climate change resistant methods and design (Health Determinants 10 and 11).
- 167** While still positive in nature, the Proposed Development will have less of an impact on improvements to actual and perceived community safety (Health Determinant 6).
- 168** The Proposed Development will have a neutral effect on local access to health and social care infrastructure (Health Determinant 2) and access to healthy food (Health Determinant 7), provided hot food takeaways do not take up tenancies on-site.
- 169** No notable negative effects are expected to come forward as a result of the Proposed Development across the assessed health determinants.

## APPENDIX A: Policy and Legislation Summary

### The Localism Act 2011

The Localism Act 2011 aims to:

*“... make provision about the functions and procedures of local and certain other authorities; to make provision about the functions of the Commission for Local Administration in England; to enable the recovery of financial sanctions imposed by the Court of Justice of the European Union on the United Kingdom from local and public authorities; to make provision about local government finance; to make provision about town and country planning, the Community Infrastructure Levy and the authorisation of nationally significant infrastructure projects; to make provision about social and other housing; to make provision about regeneration in London; and for connected purposes.”*

In short, the Act enshrines the ‘neighbourhood plan’, a new layer of development plan. Neighbourhood Development Plans are initiated by communities and become part of the Local Plan. The policies contained within these are then used in the determination of planning applications. Neighbourhood Development Orders and Community Right to Build Orders allow communities to grant planning permission either in full or in outline for the types of development they want to see in their areas.

### The Health and Care Act 2022

The Health and Care Act 2022 was introduced following the Health and Care Bill 2021. The Act was established to facilitate greater collaboration within the NHS and between the NHS, local government and other partners, and to support recovery from the Covid-19 pandemic.

The Health and Care Act removes existing competition rules and formalises Integrated Care Systems (ICS) as commissioners of local NHS services. It also grants the health secretary authority over the health service. In addition, CCGs will be absorbed into their ICSs, which are then formed of two component parts: the Integrated Care Board (ICB) and the Integrated Care Partnership (ICP).

### National Planning Policy Framework (2023)

The National Planning Policy Framework (NPPF), which was adopted in 2021, and most recently updated in September 2023, sets out the Government’s planning policies for England and how these are expected to be applied. The NPPF provides a framework for which local people and their respective councils can produce their own local and neighbourhood plans, which are relevant to the needs and priorities of their communities.

The achievement of sustainable development is a key theme within the NPPF, and the three key themes to sustainable development (economics, social and environmental) are present throughout the NPPF. The NPPF states that the following objectives are required from the planning system when considering the social dimension of sustainable development:

*“...to support strong, vibrant and healthy communities, by ensuring that a sufficient number and range of homes can be provided to meet the needs of present and future generations; and by fostering a well-designed and safe built environment, with accessible services and open spaces that reflect current and future needs and support communities’ health, social and cultural well-being”.*

Section 8 of the NPPF, ‘Promoting Healthy and Safe Communities’, states:

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

- *promote social interaction, including opportunities for meetings between people who might not otherwise come into contact with each other – for example through mixed-use developments,*

*strong neighbourhood centres, street layouts that allow for east pedestrian and cycle connections within and between neighborhoods and active street frontages;*

- *are safe and accessible, so that crime and disorder, and the fear of crime, do not undermine the quality of life or community cohesion – for example through the use of clear and legible pedestrian routes, and high-quality public space, which encourage the active and continual use of public areas; and*
- *enable and support healthy lifestyles, especially where this would address identified local health and well-being needs – for example through the provision of safe and accessible green infrastructure, sports facilities, local shop, access to healthier food, allotments and layouts that encourage walking and cycling.”*

## **Planning Practice Guidance (2022)**

The Planning Practice Guidance (PPG), launched in March 2014, is an online resource which collates planning guidance on various topics into one place.

Of relevance to ‘Health and Wellbeing’ (updated 2022), the PPG states:

*“Local planning authorities should ensure that health and wellbeing, and health infrastructure are considered in local and neighbourhood plans and in planning decision making....”*

The PPG provides guidance on a range of health and wellbeing issues, including:

- The links between health and planning, and how to effectively incorporate these into local plans, development proposals etc.;
- How planning can help create a healthier food environment;
- The key health organisations local authorities should contact in regard to health;
- How health and well-being and health infrastructure should be considered in planning decision making; and
- What defines a healthy community.

## **Fair Society, Healthy Lives (the Marmot Review) (2012)**

The Marmot Review is a comprehensive independent review of the intersection of planning and health inequalities in England, undertaken by Prof. Michael Marmot. In its aims, it proposes the most cost-effective evidence-based strategies for reducing health inequalities in England. The Review had four main tasks:

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

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

- *“Give every child the best start in life*
- *Enable all children young people and adults to maximise their capabilities and have control over their lives*
- *Create fair employment and good work for all*

- *Ensure healthy standard of living for all*
- *Create and develop healthy and sustainable places and communities*
- *Strengthen the role and impact of ill health prevention”.*

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

This report focuses on public health in England, with regard to its current state, and commitments to:

- Protect the population from serious health threats;
- Help people live longer, healthier and more fulfilling lives; and
- Improve the health of the poorest, fastest.

‘Healthy Lives, Healthy People’ was produced in response to The Marmot Review and adopts its framework for tackling the wider social determinants of health.

As stated in paragraph 7 of the document:

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

## **NHS England’s Challenging Health Inequalities Report (2016)**

This document aims to help identify areas of variation in emergency admissions in more and less deprived CCGs and to promote a discussion where variation occurs. Health inequalities are currently estimated to cost the NHS a total of at least £20 billion each year so it is imperative to harness the influence of each CCG to challenge where health inequalities can be reduced, and greater equality established.

## **Public Health England’s Health Impact Assessment in Spatial Planning (2020)**

Public Health England, now the Office for Health Improvement and Disparities (OHID), existed to protect and improve the nation’s health and wellbeing and reduce health inequalities. This guide is for local authority public health and planning teams and supports the use of Health Impact Assessment (HIA) in the spatial planning process. It describes the health and wellbeing outcomes that are influenced through planning and how these outcomes can be optimised through the process of plan-making (when developing policies in local plans) and planning applications (designing proposals for development projects). It also describes how these health outcomes can be considered in other impact assessments (such as strategic and environmental impact assessments). The guide is targeted towards local authority public health and planning teams, planning applicants, impact assessment practitioners, and others involved in the planning process.

## **The London Plan: The Spatial Development Strategy for Greater London (2021)**

The New London Plan was adopted in March 2021. Under legislation establishing the GLA, the Mayor of London is required to publish a Spatial Development Strategy (SDS) and keep it under review, namely, The London Plan. As the overall strategic plan for London, it sets out an integrated economic,



environmental, transport and social framework for the development of London over the next 20-25 years. The New London Plan contains a number of policies relevant to HIA, the key ones of which are outlined below.

### ***Policy GG1 Building strong and inclusive communities***

This policy puts the onus on those involved in planning and development to seek to ensure that London continues to generate a wide range of economic and other opportunities benefiting all residents, as well as ensuring that good quality services, public places and open space, buildings and streets are well designed well, to promote and build strong and inclusive communities.

### ***Policy GG3 Creating a healthy city***

This Policy states:

*“To improve Londoners’ health and reduce health inequalities, those involved in planning and development must:*

- A) Ensure that the wider determinants of health are addressed in an integrated and co-ordinated way ...;*
- B) Promote more active and healthy lives for all Londoners...;*
- C) Use the Healthy Streets Approach to prioritise health in all planning decisions;*
- D) Assess the potential impacts of development proposals and development plans on the mental and physical health and wellbeing of communities ...for example through the use of Health Impact Assessments;*
- DA) plan for appropriate health and care infrastructure to address the needs of London’s changing and growing population;*
- DB) seek to improve London’s air quality, reduce public exposure to poor air quality and minimise inequalities in levels of exposure to air pollution.*
- E) Plan for improved access to and quality of green spaces, the provision of new green infrastructure, and space for play, recreation and sports;*
- F) Ensure that new buildings are well-insulated and sufficiently ventilated to avoid the health problems associated with damp, heat and cold.*
- G) Seek to create a healthy food environment, increasing the availability of healthy food and restricting unhealthy options.”*

### **The Greater London Authority’s London Health Inequalities Strategy (2018)**

This document sets out the Mayor of London’s aims and objectives for addressing health inequalities in London. It provides a vision for the health of Londoners and sets a direction for collaboration across institutions over the next ten years. Part 1 of the Strategy outlines the Mayor’s key objectives, actions and targets, arranged under five themes (healthy children, healthy minds, healthy places, healthy communities and healthy living), while Part 2 outlines the 14 population health indicators to be used to monitor progress in reducing inequalities.

### **The Greater London Authority’s Social Infrastructure Supplementary Planning Guidance (2015)**

Social infrastructure includes services and facilities that contribute to quality of life, such as health, education, recreation and sports facilities, community and faith facilities, emergency facilities and so

on. This supplementary planning guidance (SPG) focuses on elements of social infrastructure facing strategic challenges, specifically health, education, sport, faith and burials.

In the introduction to the SPG, then Mayor of London Boris Johnson states:

*“The purpose of this [SPG] is to help anyone engaged in development or plan-making to understand the quantity and types of social infrastructure needed to support growth. Against a changing background of provision in our public services it provides sensible guidance that will help planners and non-planners to work together. This SPG sets out realistic steps to promote the delivery of infrastructure that is well-phased and located to meet identified need. One way of achieving this is through collocation of social infrastructure facilities with each other and with housing development so that we can help to meet both housing and social infrastructure needs at the same time.”*

## **Our Camden Plan (2017)**

The Camden Plan is Camden Borough Council’s response to the Camden 2025 vision. It sets out how the Council will achieve this vision throughout 2018 to 2022, and it includes key priorities across five themes including homes and housing; strong growth and access to jobs; safe, strong and open communities; clean, vibrant and sustainable places; and healthy, independent lives. In doing so, it provides a framework for how the Council will operate and interact with partner organisations to build a happier, healthier, more resilient and more sustainable Borough.

## **Camden Local Plan (2017)**

Camden Borough Council’s Local Plan, like The London Plan, sets out the spatial vision and development requirements of the London Borough of Camden from 2016 to 2031. It replaced the Borough’s Core Strategy and Development Policies, adopted in 2010, and provides actionable objectives for the Council and partner organisations to deliver economic growth and its benefits, reduce inequalities, and secure sustainable neighbourhoods.

## **Camden Health and Wellbeing Strategy 2022-30 (2022)**

The Camden Health and Wellbeing Strategy outlines the key health and wellbeing trends and forecasts for the Borough, as well as the Camden Health and Wellbeing Board’s vision for the Borough through 2030. To achieve this vision, the Strategy also sets out the Board’s long-term ambitions and short-term priorities for addressing challenges and reducing embedded inequalities, as well as key partner organisations and vulnerable groups. The Strategy prioritises a ‘population health approach’ which assesses the state of the borough holistically, with a wide range of determinants of health considered relevant to improving overall community health and wellbeing.

## **Camden Planning Guidance: Planning for Health and Wellbeing (2021)**

This supplementary planning guidance (SPG) outlines when and how a HIA should be completed, how the Council monitors the built environment’s impacts on constituent health and wellbeing and how planning can enhance constituents’ quality of life. The SPG also includes a list of useful strategies and data sources which should be used to support the production of HIA and other health-related planning initiatives.

## **Euston Area Plan (2015)**

This document has been prepared to provide frameworks and objectives in relation to the regeneration of the Euston area. This Plan considers the health needs of Euston in terms of infrastructure provision, particularly as deprivation and poor health are significant issues for communities located to the north of

Euston Road, as well as acknowledging how new research and development space could support the life science and human health sectors.

Trium Environmental Consulting LLP  
+44 (0) 20 3887 7118  
hello@triumenv.co.uk  
www.triumenvironmental.co.uk

