

B&Q Cricklewood Health Impact Assessment

Montreaux Cricklewood Developments Ltd

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Quality information

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List of Abbreviations

A&E	Accident and Emergency
AAP	Area Action Plan
CCG	Clinical Commissioning Group
CIL	Community Infrastructure Levy
CMP	Construction Management Plan
DfE	Department for Education
EA	Environment Agency
FRA	Flood Risk Assessment
FTE	Full Time Equivalent
GIA	Gross Internal Area
GLA	Greater London Authority
GP	General Practitioner
Ha	Hectares
HIA	Health Impact Assessment
HUDU	Healthy Urban Development Unit
IMD	Index of Multiple Deprivation
JSNA	Joint Strategic Needs Assessment
LB	London Borough
LSOA	Lower Super Output Area
MSOA	Middle Super Output Area
NHS	National Health Service
NIA	Net Internal Area
NPPF	National Planning Policy Framework
PCT	Primary Care Trust
PPG	Planning Practice Guidance
PPS	Planning Policy Statements
PTAL	Public Transport Accessibility Level
SPD	Supplementary Planning Document
SPG	Supplementary Planning Guidance
WHO	World Health Organisation

1 Introduction

1.1 Background

1.1.1 This Health Impact Assessment (HIA) has been prepared on behalf of Montreaux Cricklewood Developments Ltd (the 'Applicant'), in support of an Outline Planning Application (with all matters reserved except for access) for a residential led mixed-use development (the 'Proposed Development') at B&Q Cricklewood in the London Borough of Barnet (LBB). The description of development for the purposes of the planning application is:

“Outline planning application for the comprehensive redevelopment of the site to provide a mixed-use development comprising residential (C3 Use Class) (including BtR homes) and ground floor commercial floorspace (flexible A3/B1/D1/D2 Use Class), with associated car parking, cycle parking, playspace, and landscaping.”

1.2 Aims and Objectives of the HIA

1.2.1 The Mayor of London has committed to promote the health of Londoners and to take into account the effect of his policies on the health of London's population. The London Plan Policy 3.2¹ states that impacts of major development proposals on the health and wellbeing of communities should be considered, for example through the use of Health Impact Assessments (HIA).

1.2.2 The aims and objectives underpinning this HIA are to:

- Understand how the Proposed Development could directly and indirectly impact on the key determinants of health (see Section 4 Assessment Methodology for further detail);
- Identify those people most likely to be affected by the Proposed Development with regard to health inequality issues; and
- Identify measures to enhance the positive impacts and mitigate the negative effects of the Proposed Development on public health and establish responsibilities for delivering and monitoring these.

1.3 Report Structure

1.3.1 This HIA is structured as follows:

- **Section 2** provides a description of the existing Site and the Proposed Development;
- **Section 3** outlines the planning policy context relevant to the site and Proposed Development;
- **Section 4** outlines the assessment methodology;
- **Section 5** presents the existing population, health, and infrastructure baseline;
- **Section 6** presents the assessment of the effects of the Proposed Development on health and wellbeing; and
- **Section 7** provides conclusions of the HIA, and describes the likely overall impacts as well as setting out recommendations to enhance positive effects and reduce any potential negative health outcomes.

¹ Greater London Authority, (2016); The London Plan (Consolidated with Alterations since 2011).

2 The Existing Site and Proposed Development

2.1 Existing Site

- 2.1.1 The Proposed Development is located in the London Borough of Barnet (LBB), immediately west of and adjacent to Cricklewood railway station (postcode NW2 1ES, National Grid Reference TQ 23857 85892) (hereafter referred to as the 'Site'). The Site is bound by Kara Way and Campion Terrace to the north, national railway lines and Cricklewood Railway Station to the east, Cricklewood Lane to the south and Cricklewood Broadway (A5) to the west. The Site area is approximately 2.88 ha.
- 2.1.2 The Site is currently occupied by a range of retail outlets, including a large B&Q DIY Store, Pound Stretcher and Tile Depot. These large warehouse retail buildings are situated in the south-western aspect of the Site. The northern and eastern aspects of the Site mainly consist of car parking associated with the above retail outlets, as well as soft landscaping adjacent to the railway lines, and the southern entrance to the Site.
- 2.1.3 Additional retail properties are situated adjacent to the south-western boundary, including a large Co-Op supermarket, as well as numerous local business such as pharmacies, food take-aways, international supermarkets, barbers and other general stores. Other retail properties are located close to the Site beyond its north east boundary.
- 2.1.4 Residential properties are situated on the eastern boundary of the railway lines, southern boundary of Cricklewood Lane, western boundary of Cricklewood Broadway and to the north of the Travelodge, all within approximately 150m of the Site boundary.
- 2.1.5 There are 63 GP surgeries within NHS Barnet Clinical Commissioning Group (CCG). The closest GP surgery is adjacent to the Site (the Cricklewood Health Centre) and there are several other GP surgeries in close proximity. The Site is also located approximately 900m away from Cricklewood Library which offers a wide variety of services.
- 2.1.6 The LBB contains many primary and secondary schools, including a number of private/independent sector establishments. The closest primary schools are St Agnes Roman Catholic Primary School, Childs Hill School and Anson Primary School, located approximately 270m, 300m and 630m away from the Proposed Development. The closest secondary school is Hampstead Secondary School, located approximately 500m south of the Site.
- 2.1.7 In 2015, there were 465.2 hectares of parkland within the LBB, comprising around 5.4% of the total area². The Site is particularly close to Hampstead Cemetery, Clitterhouse Playing Fields and Gladstone Park, being located around 600m, 1km and 1.3km respectively away from the Site. There are also numerous smaller parks and green spaces accessible from the Site which offer child play space, allotment space and some space for outdoor sport.

Transport Accessibility

- 2.1.8 The Site is located immediately west of and adjacent to adjacent to Cricklewood railway station, which provides Thameslink services to central London and St Albans City. Willesden Green underground station is located approximately 1km or 15 minutes' walk south of the Site, providing access to the Jubilee Line of the London Underground. There are bus services located within walking distance of the Site, with bus stops located on Cricklewood Lane and Cricklewood Broadway to the south of the Site.

² Barnet Borough Council (2016); Parks and Open Spaces, Our Strategy for Barnet 2016-2026.

Flood Risk

- 2.1.9 According to the Environment Agency's (EA) flood zone maps³, the whole of the Site lies in Flood Zone 1. Flood Zone 1 is classed as low risk and comprises land assessed as having a less than 0.1% (1 in 1000) Annual Exceedance Probability (AEP) of flooding in any year. The River Brent and the Brent Reservoir are located approximately 2km to the north-west of the Site at its closest point.

Air quality

- 2.1.10 LBB, including the site location, is designated an Air Quality Management Area (AQMA), on the basis of predicted exceedances of the 1-hour mean and annual mean nitrogen dioxide (NO₂) and 24-hour mean particulate matter (PM₁₀) ambient air quality objectives. The AQAP 2003-2016 was published and adopted in 2003, which set out measures to improve air quality in the AQMA. An updated AQAP, Air Quality Action Plan 2017-2022 concluded that road transport emissions are the major source of air pollution in the borough. The Air Quality Annual Status Report for 2018 (2019) demonstrated that there has been a reduction in annual mean NO₂ concentration in the borough. However, there were several sites which continue to exceed the annual mean objective by a significant margin, including site at Cricklewood Lane.

2.2 The Proposed Development

- 2.2.1 The Proposed Development aims to provide a sustainable, high-density residential-led mixed-use development at the Site in line with aspirations set out within the Draft London Plan⁴ and the Cricklewood, Brent Cross and West Hendon Regeneration Area Development Framework⁵.

- 2.2.2 The key components of the Proposed Development are as follows:

- Up to 1,100 residential units, including up to 373 Build to Rent apartments and the aspiration to provide up to 35% affordable units;
- Up to 1,200m² GIA of flexible commercial floorspace (classes A3, B1, D1 and D2);
- Approximately 2.49ha of public realm and open space consisting of both paving and grassland; and
- Car and cycle parking spaces.

2.3 Overview of Construction Programme and Activities

- 2.3.1 The estimated demolition and construction duration of the Proposed Development is expected to last five years and seven months (67 months).

Control of Nuisance, Traffic Management and Environmental Aspects

- 2.3.2 A CEMP will form a planning condition attached to the planning consent. An Outline Construction Environmental Statement will be prepared by the Principal Contractor, as described within **ES Volume 1, Chapter 6: Demolition and Construction**. The CEMP will incorporate requirements for environmental mitigation, based on industry best practice. It is assumed that construction workers are properly trained and will wear personal protective equipment, and therefore health impacts on construction workers are not considered in the HIA.

- 2.3.3 Standard environmental mitigation measures required as part of the EIA are described within **ES Volume 1, Chapter 18 Summary of Mitigation**.

³ Environment Agency (EA); Flood Map for Planning. Accessible from: <https://flood-map-for-planning.service.gov.uk/>

⁴ Greater London Authority, (2019); The London Plan – Intend to Publish version December 2019.

⁵ LBB, 2005; Cricklewood, Brent Cross and West Hendon Regeneration Area Development Framework Supplementary Planning Guidance

3 Planning Policy Context

3.1 Introduction

- 3.1.1 This section highlights strategic policy objectives and requirements as they relate to health and well-being. The levels of policy that are considered are:
- National planning policy as presented through planning policy frameworks and guidance notes;
 - Regional planning policy as presented through the London Plan, and relevant health strategies; and
 - Local planning policy for the London Borough of Barnet.

3.2 National Planning Policy

National Planning Policy Framework (NPPF) (2019)

- 3.2.1 The National Planning Policy Framework (NPPF)⁶ was published and adopted in July 2018. Further updates on the adopted NPPF were published in February 2019⁷. The NPPF consolidates the Government's economic, environmental and social planning policies for England into a single document and describes how it expects these to be applied. The NPPF supersedes the 2012 NPPF⁸ and constitutes the existing overarching guidance on the Government's development aims.
- 3.2.2 At the heart of the NPPF is a presumption in favour of sustainable development, which the Government states should be seen as a common theme running through plan-making and decision-taking. The NPPF states that the purpose of the planning system is to contribute to the achievement of sustainable development.
- 3.2.3 The key theme relating to health and its wider determinants emphasises the importance of encouraging "*strong, vibrant and healthy communities*" by creating a good quality-built environment with accessible local services that reflect community needs and support wellbeing.
- 3.2.4 The NPPF provides guidance for local authorities about healthcare in their Local Plans. In paragraph 20, it suggests that "*strategic policies should set out an overall strategy for the pattern, scale and quality of development, and make sufficient provision for community facilities (such as health, education and cultural infrastructure).*"
- 3.2.5 In Chapter 8, the role that planning policy has regarding the principle of "Promoting healthy and safe communities" is emphasised. This includes considerations such as the availability of school places, public safety and security, and the promotion of social interaction and community cohesion. Within this chapter, the NPPF identifies key principles relating to the health and wellbeing of communities that local planning authorities should ensure they consider to achieve this aim, including:
- Paragraph 91 c) which states policies should aim to "enable and support healthy lifestyles, especially where this would address identified local health and well-being needs – for example through the provision of safe and accessible green infrastructure, sports facilities, local shops, access to healthier food, allotments and layouts that encourage walking and cycling"; and
 - Paragraph 92 b) which notes planning decisions should "take into account and support the delivery of local strategies to improve health, social and cultural well-being for all sections of the community".

⁶ Department for Communities and Local Government, (2018), National Planning Policy Framework

⁷ Department for Communities and Local Government, (2019), National Planning Policy Framework

⁸ Department for Communities and Local Government, (2012), National Planning Policy Framework

- Paragraph 127 states that well-designed places can improve health and well-being of the local community. Planning policies and decisions should aim to *“create places that are safe, inclusive and accessible and which promote health and well-being, with a high standard of amenity for existing and future users; and where crime and disorder, and the fear of crime, do not undermine the quality of life or community cohesion”*.
- Paragraph 180 illustrates that planning policies must conserve and enhance the natural and local environment and therefore, planning decisions on new developments should account for noise pollution. In doing so, planning policies and decisions should attempt to *“mitigate and reduce to a minimum potential adverse impact resulting from noise from new development – and avoid noise giving rise to significant adverse impacts on health and quality of life”*.

3.3 National Legislation and Guidance

Planning Practice Guidance (PPG) (2019)

- 3.3.1 The national Planning Practice Guidance (PPG)⁹ was first produced in November 2016 and most recently updated in October 2019. It provides a web-based resource in support of the NPPF and offers guidance on health and wellbeing in planning and planning obligations. It covers both:
- The role of health and wellbeing in planning; and
 - The links between health and wellbeing and planning.
- 3.3.2 The PPG suggests that Local authority planners should consult with the Director of Public Health on mitigation measures for any planning applications that are likely to have a significant impact on the health and wellbeing of the local population or particular groups. A health impact assessment is a useful tool to use when assessing expected significant impacts.
- 3.3.3 The guidance states that: *“plan-making authorities may work with public health leads and health organisations to understand and take account of the health status and needs of the local population, including the quality, quantity of and accessibility to healthcare and the effect any planned growth may have on this. Authorities should also assess quality, quantity of and accessibility to green infrastructure, sports, recreation and places of worship including expected future changes, and any information about relevant barriers to improving health and well-being”*.

The Public Health England Strategy 2020 to 2025

- 3.3.4 The Public Health England Strategy 2020 to 2025¹⁰ sets out how the organisation will work to improve public health and reduce health inequalities. The key objectives for the next five years are quoted below:
- “build and embed universal approaches to programme and project pipeline planning, reporting, and resource planning for use across Public Health England;
 - improve governance structures around projects and programmes to support decision making, help identify barriers to progressing projects and ensuring that projects are properly evaluated throughout and closed when complete; and
 - embed capacity planning within all programmes across Public Health England and, where relevant, agile approaches to bring greater flexibility and innovation to the work they do”.
- 3.3.5 In 2020, Public Health England published ‘Using the planning system to promote healthy weight environments’ provides strategic information on the use of the planning system to promote local healthy weight environments, supporting local businesses and workplaces to provide healthier food and drink to help enable people access to healthier food and active environments. Supporting healthy diets and a healthier weight is a priority in the PHE Strategic Plan 2020-2025.

⁹ Department for Communities and Local Government (DCLG), (2019); Planning Practice Guidance

¹⁰ Public Health England, (2019) PHE Strategy 2020 to 2025

3.3.6 In 2017, Public Health England published ‘*Spatial Planning for Health: An evidence resource for designing healthier places*’¹¹, where the role of effective neighbourhood design for improving health outcomes was highlighted. The evidence presented in this report underpins the 2020 to 2025 strategy, with attention paid to the planning of housing, transport and the natural environment in promoting good health.

Health Equity in England: The Marmot Review 10 Years On (2020)

3.3.7 The Marmot Review (2010) argues that serious avoidable health inequalities exist across England and shows these inequalities to be determined by a wide range of socio-economic factors. Health is linked to both individuals and communities. The following policy objectives are identified:

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

3.3.8 Based on historical data, the report Marmot Review argues that economic growth without a reduction in inequality will not result in better health. Policies should not be targeted to only helping those with the poorest health, but also to reduce overall inequalities in health.

3.3.9 It is further argued that improving health results in economic benefits. The report links health equality to promoting environmental sustainability; as the poorest people in society are disproportionately affected by the adverse impacts of climate change.

3.3.10 The ‘10 years on’ report (2020) strengthens the argument provided in the Marmot Review, showing that health inequalities in England are increasing. Social and ethnic inequalities in health should be addressed to ensure better health outcomes for all.

3.3.11 The report makes the case for a multi-disciplinary approach to achieve a reduction in health inequalities, which integrates health policies with housing, economic development and transport policies.

Health and Social Care Act (2012)

3.3.12 The Health and Social Care Act 2012¹² was introduced following the Health and Social Care Bill 2011¹³ and outlines the Secretary of State’s duty to promote and improve the NHS, in pursuit of a number of key aims, which include:

- An improvement in the quality of services;
- A reduction in health inequalities;
- The promotion of autonomy for GPs and health centres; and
- Improvements to the treatments and services offered to patients.

3.3.13 The document focuses on the regulation of the NHS at a national and local level, and also promotes changes such as the abolition of NHS Trusts, support for the production of Joint Strategic Needs Assessments (JSNA), and establishment of Health and Wellbeing boards at a local authority level. These boards will be established for the purpose of advancing the health and wellbeing of people within each local authority area and will aim to “*encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner*”.

¹¹ Public Health England, (2017) *Spatial Planning for Health: An evidence resource for designing healthier places*

¹² Department of Health, (2012); *Health and Social Care Act (c.7)*

¹³ Department of Health, (2011); *Health and Social Care Bill*

Healthy Lives Healthy People: Our Strategy for Health in England (2010)

- 3.3.14 The government published its public health White Paper ‘Healthy Lives, Healthy People’¹⁴ in 2010. It demonstrates the key principles and strategies focused around localism and the empowerment of individuals, putting local communities at the heart of public health provision.
- 3.3.15 The White Paper outlines a commitment to protecting against and preventing serious diseases which occur as a result of lifestyle choices and looks to improve public health by targeting the most deprived communities first. The White Paper outlines plans for a new integrated public health service, ‘Public Health England’, which will be responsible for delivering and addressing the aims outlined within the Paper. This new public health service is intended to replace the Health Protection Agency in the long term.
- 3.3.16 Within the Paper, a new approach to the management and delivery of healthcare is outlined, which will be undertaken at a local or community level, using a bottom-up approach to the delivery of health services.
- 3.3.17 The White Paper discusses the preparation of a public health framework, which has been established to support lifelong health and well-being, including the wider influences on health, and deliver solutions which are specifically tailored to address and take into account the variations in health levels which exist within communities and different income groups.

3.4 Regional Planning Policy

The London Plan (Consolidated with Alterations since 2011)

- 3.4.1 The March 2016 London Plan¹⁵ is an update of the 2011 London Plan to ensure it has relevant regard to government guidance and national legislation enacted since 2011. The London Plan sets out an integrated social, economic and environmental framework for the development of London to 2036.
- 3.4.2 The following policies are relevant to healthy communities and health infrastructure:
- Policy 3.1: ‘Ensuring equal life chances for all’ emphasises that *“the mayor is committed to ensuring equal life chances for all Londoners. Meeting the needs and expanding opportunities for all Londoners – and where appropriate, addressing the barriers to meeting the needs of particular groups and communities – is key to tackling the huge issue of inequality across London”*.
 - Policy 3.2: ‘Improving health and addressing health inequalities’ outlines *“the Mayor will take account of the potential impact of development proposals on health and health inequalities within London. The Mayor will work in partnership with the NHS in London, boroughs and the voluntary and community sector as appropriate to reduce health inequalities and improve the health of all Londoners, supporting the spatial implications of the Mayor’s Health Inequalities Strategy”*.
 - Policy 3.17 ‘Health and social care facilities’ outlines that *“the Mayor will support the provision of high quality health and social care appropriate for a growing and changing population, particularly in areas of under provision or where there are particular needs”*. Additionally, *“development proposals which provide high quality health and social care facilities will be supported in areas of identified need, particularly in places easily accessible by public transport, cycling and walking. Where local health services are being changed, the Mayor will expect to see replacement services operational before the facilities they replace are closed, unless there is adequate justification for the change”*.

¹⁴ Department of Health, (2010); Healthy Lives, Healthy People: Our Strategy for Health in England

¹⁵ Greater London Authority, (2016); London Plan Spatial Development Strategy for Greater London (Consolidated with Alterations since 2011)

- 3.4.3 Overall the London Plan seeks the provision and enhancement of social infrastructure such as health facilities to create an environment in which people and communities can prosper.

The New London Plan: Intend to Publish (2019)

- 3.4.4 A Draft London Plan¹⁶ was published in December 2019 which presents new targets and provides the most up to date expectations of what is to be included in the new London Plan. Once published, the document will officially supersede the current 2016 London Plan.

- 3.4.5 The document focuses on planning for 'good growth' which is socially and economically inclusive as well as environmentally sustainable. The new London Plan will include supervised policies and objectives on a full range of London's challenges, including the Mayor's approach to transport, health, social infrastructure, heritage, the economy and the natural environment.

The London Health Inequalities Strategy (2015)

- 3.4.6 A new London Health Inequalities Strategy¹⁷ was published in June 2015 as a statutory requirement of the GLA and covers the period between 2015 and 2018.

- 3.4.7 The key objectives of the Health Inequalities Strategy are as follows:

- To set out an overall approach the GLA will take from 2015-2018 to tackle health inequalities.
- To align the Mayor's response to the London Health Commission recommendations (published in Autumn 2014) with the Health Inequalities Commitments.
- To describe what role Health and Wellbeing Boards, Clinical Commissioning Groups, Public Health England, NHS England, local public health teams, and voluntary and community sector have in tackling health inequalities.
- To develop a set of indicators to describe health inequalities in London that are meaningful to elected members (for example local councillors, Assembly Members, and MPs) and can be tracked over time.
- To map the Mayor's actions and programmes to reduce health inequalities against the commitments of the Health Inequalities Strategy 2010¹⁸.

The London Health Inequalities Strategy (2018)

- 3.4.8 A new London Health Inequalities Strategy¹⁹ was published in September 2018 as a statutory requirement of the GLA.

- 3.4.9 The key objectives of the Health Inequalities Strategy are as follows:

- Healthy children;
- Healthy minds;
- Healthy places;
- Healthy communities; and
- Healthy living.

- 3.4.10 The report also outlines the Mayor's 'Strategy for Social Integration' to reduce social isolationism from physical and mental health issues'

¹⁶ Greater London Authority, (2019); The London Plan – Intend to Publish version December 2019

¹⁷ Greater London Authority, (2015); Health Inequalities Strategy

¹⁸ Greater London Authority, (2010); Health Inequalities Strategy

¹⁹ Greater London Authority, (2018); The London Health Inequalities Strategy

London Environment Strategy (2018)

- 3.4.11 The Mayor's London Environment Strategy²⁰ was published in May 2018 and sets out the Mayor's vision for London's environment to 2050. The London Environment Strategy brings together approaches in many areas to make sure London is *"greener, cleaner, and ready for the future"*.
- 3.4.12 Chapter 04: 'Air quality' lists out the actions required for the city to achieve its aim of having the best air quality of any major city by 2050.
- 3.4.13 Chapter 05: 'Green infrastructure' aims to promote green infrastructure through planning system by making parks more accessible and better connected via greener streets and *"buildings themselves will become greener, with green roofs and walls, and drainage systems that allow rainwater to flow back to rivers and streams more naturally"*.
- 3.4.14 Chapter 06: 'Climate change mitigation and energy' aims for London to be a zero carbon city by 2050 with energy efficient buildings, clean transport and clean energy.
- 3.4.15 Chapter 08 'Adapting to climate change' states actions that London need to undertake to adapt to climate change:
- *"London's infrastructure providers and businesses must understand and manage climate change risks and impacts to deliver resilient growth and services"*; and
 - *"People, infrastructure, and public services must be better prepared for extreme heat events and increases temperatures"*.
- 3.4.16 Chapter 09: 'Ambient noise' outlines how London needs to tackle the adverse impacts of ambient noise through *"promoting good acoustic design and quiet tranquil spaces, giving people respite from the noise of everyday city life"*.

Healthy Streets for London (2017)

- 3.4.17 In February 2017, the GLA released a 'Healthy Streets for London' report²¹ to set out ways in which it is committed to encouraging people to use healthier modes of transport across London and how these can be incorporated into future developments.
- 3.4.18 The 10 Healthy Streets Indicators are shown in Figure 3-1.

Figure 3-1 Healthy Streets indicators

²⁰ Greater London Authority (2018); London Environment Strategy

²¹ Greater London Authority, (2017); Healthy Streets for London



Source: Transport for London (2017)

3.5 Local Planning Policy

LBB Core Strategy Development Plan Document (2012)

- 3.5.1 LBB's Local Plan is comprised of a portfolio of Local Development Documents (LDDs) and a number of Supplementary Planning Documents (SPDs).
- 3.5.2 The Core Strategy²², adopted in September 2012, is its main document which sets out the long-term spatial vision and objectives for the borough. There are nine core objectives outlined which to deliver the Local Plan's vision. The most applicable to this assessment are "to promote healthy living and well-being" and "to promote strong and cohesive communities".
- 3.5.3 The relevant policies in the Core Strategy include:
- Policy CS3: 'Distribution of growth in meeting housing targets' states that the Council expects in the range of 28,000 new homes to be provided over the planning period to 2026. A focus of this growth will be within the North West London – Luton Coordination Corridor including the regeneration and development areas of Brent Cross – Cricklewood, Colindale and Mill Hill East. Brent Cross - Cricklewood is expected to provide in the region of 5,510 new homes up to 2026. Approximately 410 of these are expected to be delivered by 2016, with a further 1,800 to be delivered by 2021 and a further 3,300 new homes to be delivered by 2026.
 - Policy CS4: 'Providing quality homes and housing choices in Barnet' aims to create successful communities by ensuring a suitable mix and range of dwellings sizes and types within the borough. It is expected that a minimum target of 5,500 new affordable homes is met by 2026 and a borough wide target of 40% affordable homes will be sought on sites providing 10 or more dwellings. The policy also seeks to ensure that a mix of 60% social rented and 40% intermediate housing is achieved.
 - Policy CS7: 'Enhancing and protecting Barnet's open spaces' aims to increase the opportunities for physical activity through securing provision in identified growth areas including such as 8ha at Brent Cross - Cricklewood;

²² LB Barnet, (2012); Core Strategy Development Plan Document

- Policy CS9: 'Providing safe, effective and efficient travel' promotes transport provision that is fully accessible to people with physical or sensory impairments, increases the access to health services or makes cycling and walking more attractive. Mixed-use developments that reduce the distance to access everyday goods and services are encouraged.
- Policy CS10: 'Enabling inclusive and integrated community facilities and uses' commits to providing community facilities including schools, libraries and leisure centres as well as support services for the increasingly youthful population;
- Policy CS11: 'Improving health and well-being in Barnet' commits to delivering modern primary and community care facilities. The policy also aims to target the principal factors for unhealthier lifestyles such as smoking, improve housing choice and access to health services particularly for vulnerable people, and increase opportunities for physical activity;
- Policy CS12: 'Making Barnet a safer place' intends to tackle crime and anti-social behaviour by encouraging appropriate security measures in all spaces and requiring new developments to demonstrate the best design principles that maximise community diversity, inclusion and safety; and
- Policy CS13: 'Ensuring the efficient use of natural resources' promotes the highest environment standards, expects all developments to be energy-efficient and advises developments to implement Sustainable Urban Drainage Systems (SUDS).

LBB Local Plan Development Management Policies (2012)

3.5.4 The Development Management Policies²³ sets out the borough wide planning policies that implement the Core Strategy and will be used to deliver the general spatial vision and strategic place-shaping objectives in Barnet. The relevant policies are as follows:

- Policy DM02: 'Development standards' expects schemes to be compliant with set national and London-wide standards such as Lifetime Homes, minimum floor space, play space, BREEAM and Secured by Design. Paragraphs 3.11.3 and 3.11.4 highlight the purpose and value of a HIA;
- Policy DM08: 'Ensuring a variety of sizes of new homes to meet housing demand' outlines the Council's commitment to providing an appropriate mix of dwelling sizes and types; and
- Policy DM15: 'Green belt and open spaces' outlines that within areas "*which are identified as deficient in public open space, where the development site is appropriate or the opportunity arises the Council will expect on site provision*". The policy requires the provision of 1.63ha of park space per 1,000 residents, 0.09ha of children's play space per 1,000 residents, 0.75ha of sports pitches per 1,000 residents and 2.05ha of natural green spaces per 1,000 residents.

LBB Joint Health and Wellbeing Strategy 2015-2020 (2015)

3.5.5 The LBB Joint Health and Wellbeing Board's Strategy²⁴ provides the framework and direction for planning within the health sector, with the overall goal of the commitment of improving the health and wellbeing of residents across the borough. The Strategy identifies two overarching aims: "*keeping well*" and "*promoting independence*". To achieve these aims, the following four themes are set out, each with their own objectives:

- 'Preparing for a health life' aims to improve "outcomes for babies, young children and their families" by focusing on the environment in which young people are raised including any additional support to parents who need it;
- 'Wellbeing in the community' aspires to create "*circumstances that enable people to have greater life opportunities*" with a particular focus on supporting individuals find and retain employment, the conditions within workplaces and mental health;

²³ LBB, (2012); Development Management Policies Development Plan Document

²⁴ LBB Health and Wellbeing Board, (2015); Joint Health and Wellbeing Strategy 2015-2020.

- ‘How we live’ wants to encourage “*healthier lifestyles*” by, where possible, prevent long-term ill-health conditions such as obesity through the promotion of physical activity and, where possible, promote measures that will result in the early identification of disease; and
- ‘Care when needed’ aims to provide “*care and support to facilitate good outcomes and improve user experience*” by integrating health and social care services as well as improving the support to carers, in particular young carers, so that their well-being is enhanced.

Cricklewood, Brent Cross and West Hendon Regeneration Area Development Framework (2005)

3.5.6 The Cricklewood, Brent Cross and West Hendon Regeneration Area Development Framework²⁵ released in 2005 is a supplementary planning guidance (SPG) to the 2004 London Plan. The SPG outlines a 20-year plan to 2025. The plans for the area outlined in this document include the provision of:

- up to 420,000m² of business space, primarily comprising office accommodation
- In the region of 10,000 new homes of mixed type and tenure
- 27,000m² of leisure space
- 55,000m² of comparison retail
- 20,000m² of convenience shopping
- two new hotels
- community facilities, (quantity and nature to be defined)
- a freight facility
- a waste handling facility

Brent Cross – Cricklewood Opportunity Area

3.5.7 The Site is situated within the southern aspect of the Brent Cross – Cricklewood Opportunity Area²⁶, as outlined within the London Plan. It is identified as an Opportunity Area (324 ha) with a minimum target of 20,000 jobs and 10,000 new homes delivered between 2011 and 2031.

3.5.8 In 2010, outline planning permission was secured for a £4 billion masterplan of the Brent Cross Cricklewood Opportunity Area to create a new town centre, including 841,615 sqft of retail space, 7,500 homes, 27,000 jobs, three re-built schools and new parks and community facilities. An additional train station on the Thameslink line and major road and public transport improvements were also major features of the plans. The masterplan for the area covers 141 hectares of the Opportunity Area, with the Site being featured in the southern section. This masterplan contributes significantly to the 23,489 new homes which the London Plan aims to deliver within the area.

3.5.9 In March 2015, the LBB resolved to make a Compulsory Purchase Order (CPO) to assist with the land assembly for the initial phases of the development. In December 2017, the Secretary of State approved the CPO granted to the LBB. However, in July 2018, the decision was taken to defer the start on site for the development works due to increased market risks in the UK with the intention to start once conditions are more settled. Construction timescales are still to be confirmed.

²⁵ LBB, (2005); Cricklewood, Brent Cross and West Hendon Regeneration Area Development Framework Supplementary Planning Guidance

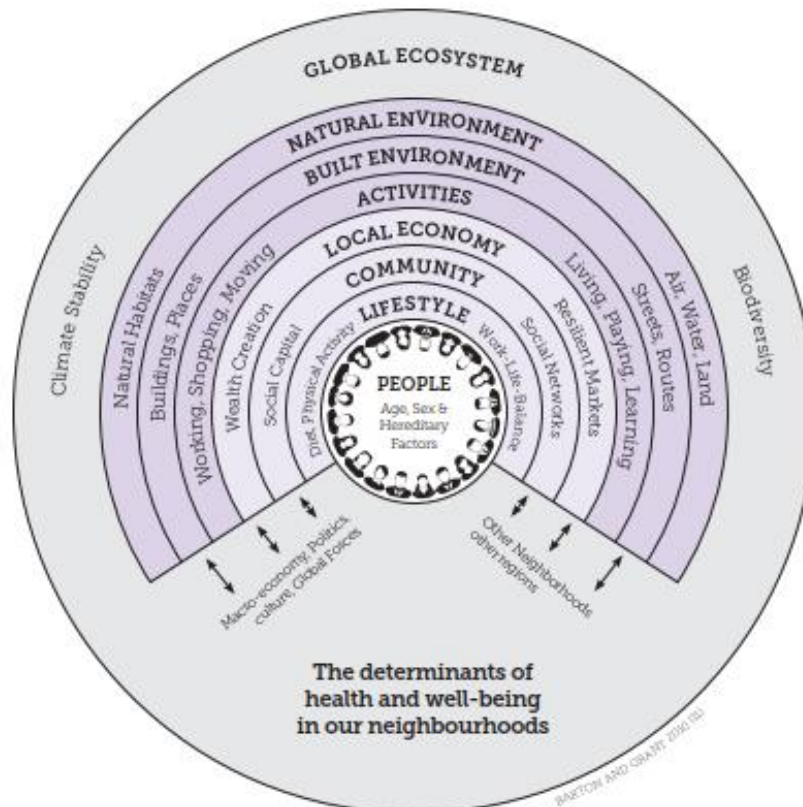
²⁶ GLA, (2014); Brent Cross – Cricklewood Opportunity Area Framework

4 Assessment Methodology

4.1 Assessing the Outcomes for Public Health and Wellbeing

- 4.1.1 The World Health Organisation (WHO) Europe defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”²⁷. Consequently, public health encompasses general well-being, not just the absence of illness. Some effects are direct and obvious, others are indirect and some may be synergistic, with different types of impact acting in combination.
- 4.1.2 Factors that have the most significant influence on the health of a population are called ‘determinants of health’; these include an individual’s genetics and their lifestyle, the surrounding environment, as well as policy, cultural and societal issues. The interrelationship between these factors is shown in **Figure 4-1**.
- 4.1.3 Within a population there can also be health ‘inequalities’. The WHO defines these as “differences in health status or in the distribution of health determinants between different population groups as for example, differences in mobility between elderly people and younger populations or differences in mortality rates between people from different social classes”²⁸. This HIA has taken account of these factors and considered how the Proposed Development may influence the physical and mental health wellbeing of local residents using or affected by the Proposed Development and inhabitants of the Proposed Development.

Figure 4-1 The Wider Determinants of Health



Source: Barton and Grant (2006)

²⁷ World Health Organisation, (2006); Constitution of the World Health Organisation.

²⁸ Ibid.

4.2 Scope

- 4.2.1 The scope of a HIA is established by identifying the likely determinants and possible pathways between a health influence and a receptor (an affected community).
- 4.2.2 The London Healthy Urban Development Unit (HUDU) Planning for Health Rapid HIA Tool²⁹ recommends the assessment of potential health impacts under eleven topics or broad determinants. These are listed in **Table 4-1** below, together with the key potential health impacts associated with each.

Table 4-1 Health Determinants

<i>Health Determinant</i>	<i>Potential Health Impacts</i>	<i>Relevant to the Proposed Development?</i>
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.	Yes
Access to healthcare 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.	Yes
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 are missing out on regular exercise, and an increasing number of children are being diagnosed as obese. Access to play spaces, community or sport facilities such as sport pitches can encourage physical activity. There is a strong correlation between the quality of open space and the frequency of use for physical activity, social interaction or relaxation.	Yes
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. 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.	Yes
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.	Yes

²⁹HUDU, (2019); Planning for Health Rapid HIA Tool, Fourth Edition.

<i>Health Determinant</i>	<i>Potential Health Impacts</i>	<i>Relevant to the Proposed Development?</i>
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 impact 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. New environmental impact assessment regulations entering into force in 2017 require consideration of any significant effects arising from the vulnerability of the Proposed Development to major accidents or disasters that are relevant to that development.	Yes
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.	Yes
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.	Yes
Social cohesion and 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. 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.	Yes
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.	Yes
Climate change	There is a clear link between climate change and health. The Marmot Review is clear that local areas should prioritise policies and interventions that 'reduce both health inequalities and mitigate climate change' because of the likelihood that people with the poorest health would be hit hardest by the impacts of climate change. 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.	Yes

Source: HUDU Planning for Health Rapid HIA Tool, Second Edition (2019).

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

4.2.4 This HIA considers the potential consequences for health and wellbeing from the construction and operation of the Proposed Development. In particular, it draws upon information and conclusions from:

- Air Quality Assessment;
- Masterplan Design and Access Statement;

- Sustainability Statement;
- Noise and Vibration Impact Assessment;
- Transport and Access Assessment; and
- Construction Programme.

4.2.5 The geographical extent of the impacts assessed within this HIA is dependent upon the type of effects and receptors. Effects will be considered for the construction phase, and once the Proposed Development is complete and occupied.

4.2.6 This HIA is a qualitative rather than quantitative assessment, due to the diverse nature of health determinants and health outcomes which are assessed. Although this HIA describes the likely qualitative health impacts, it is not possible to quantify the severity or extent of the effects which give rise to these impacts. As such, the potential health impacts during construction and operation are described as outlined in **Table 4-2** below, based on broad categories for the qualitative impacts identified. Where an impact has been identified, actions have been recommended to mitigate any negative impact on health, or to maximise opportunities to enhance health benefits. It should be noted that in many cases, mitigation to reduce these impacts or measures to enhance certain benefits already form an integral part of the Proposed Development and the assessment has considered these impacts as such.

Table 4-2 HIA Impact Categories

<i>Impact Category</i>	<i>Impact symbol</i>	<i>Description</i>
Positive	+	A beneficial impact is identified
Neutral	0	No discernible health impact is identified
Negative	-	An adverse impact is identified
Uncertain	?	Where uncertainty exists as to the overall impact

5 Health and Socio-Economic Baseline

5.1 Community Demographics

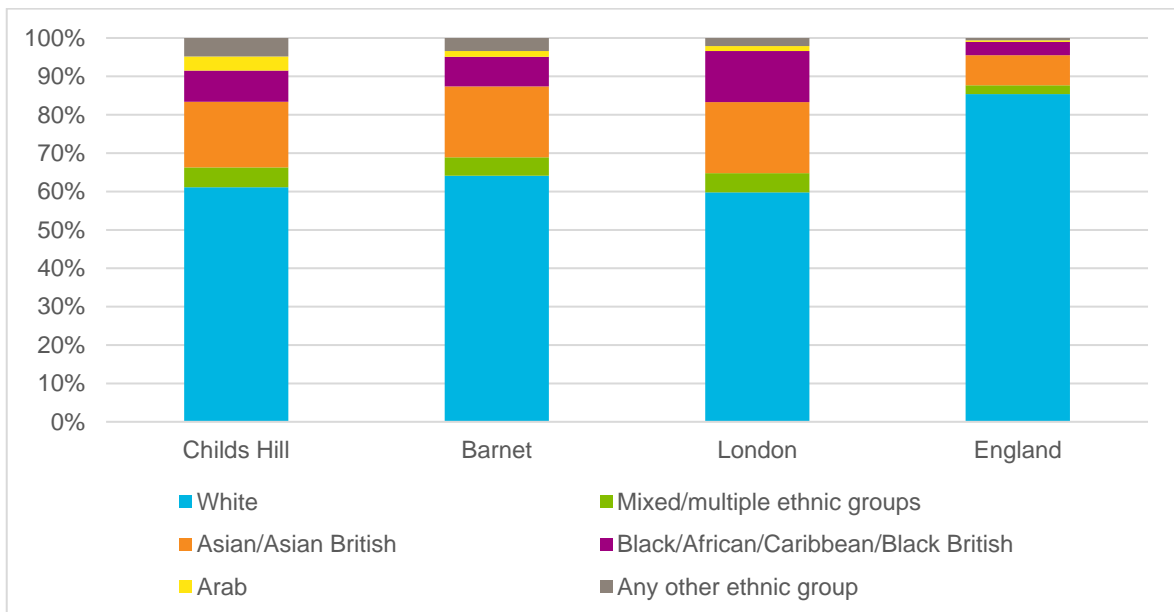
5.1.1 To understand the potential for health impacts, it is important to establish the assessment baseline. This section focuses on a number of health determinants in the area surrounding the Site in order to provide a demographic context of the existing community locally.

Population

5.1.2 The Site is located in the ward of Childs Hill³⁰, where 22,119 of Barnet’s 395,869 residents lived³¹ at the time of the Census 2011. Childs Hill has a relatively less youthful population than seen in Barnet and London with the proportion of residents aged 15 and under (19.1%) slightly lower than the rate observed across Barnet (21.4%), London (20.6%). However, this figure is in line with the proportion seen across England & Wales (also 19.1%). In contrast, the proportion that are of working age (16 to 64) (68.2%) is 3.7 percentage points higher than across Barnet (64.5%). This rate is also higher than the London (67.5%) and national (62.5%) averages. Childs Hill has a relatively small proportion of residents aged 65 and over (12.6%), notably less than the borough (14.3%) and national (18.3%) average but slightly higher than the average for London (11.9%).

5.1.3 At the time of the Census 2011³², the population of Childs Hill was much more diverse than the average for England but has a similar ethnic profile to that of Barnet and London. As presented in **Figure 5-1** Figure 5-1 Ethnic Profile of the Population (2011), the largest ethnic group in Childs Hill is the White population (61.1%), a pattern that is also observed to a greater extent across Barnet (64.1%), London (59.8%) and England (85.4%).

Figure 5-1 Ethnic Profile of the Population (2011)



Source: ONS Census (2011).

5.1.4 The Census 2011, which is the latest source of health data at ward level, provides two indicators of health across the population. Figure 5-2 presents the general health of the population, ranging from very good to very bad.

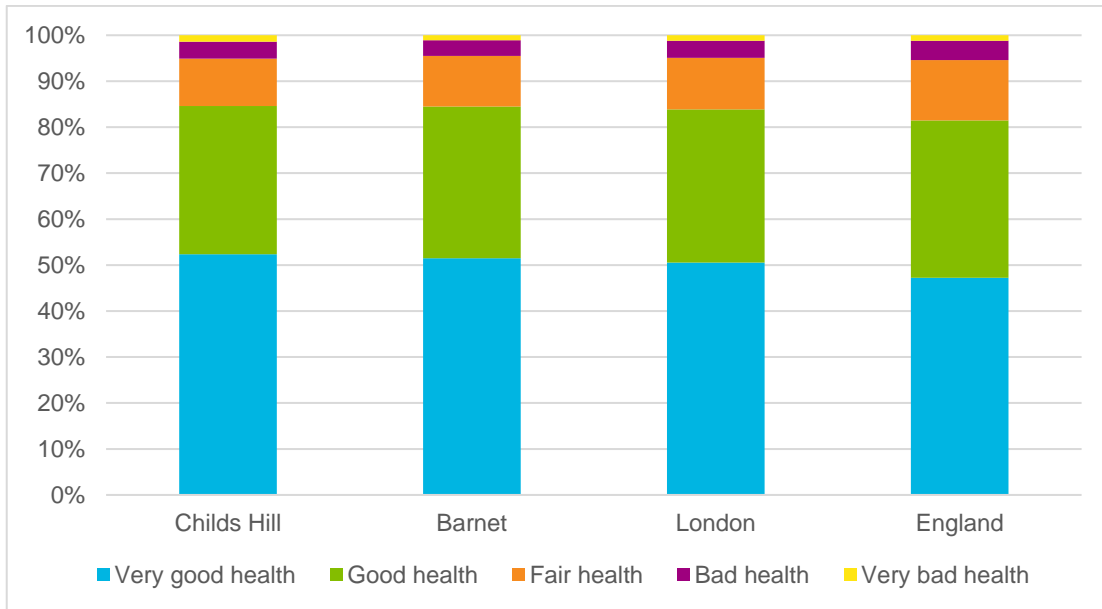
³⁰ As defined by the Census 2011

³¹ ONS, (2020); Mid-Year Population Estimates 2019.

³² ONS, (2015); Census 2011.

5.1.5 Figure 5-2 shows that the population of Childs Hill is generally in a similar state of health to Barnet and London, but in slightly better health than the country as a whole. The proportion of the population of Childs Hill whose health is either bad or very bad (5.1%) is 0.6 percentage points greater than the rate across Barnet (4.5%) and 0.2 percentage points greater than the London (4.9%). This figure is however 0.3 percentage points lower than the overall average for England (5.4%). The proportion of Childs Hill's population whose health is very bad (1.4%) is higher than that experienced as across Barnet (1.1%), London (1.2%) and England (1.2%).

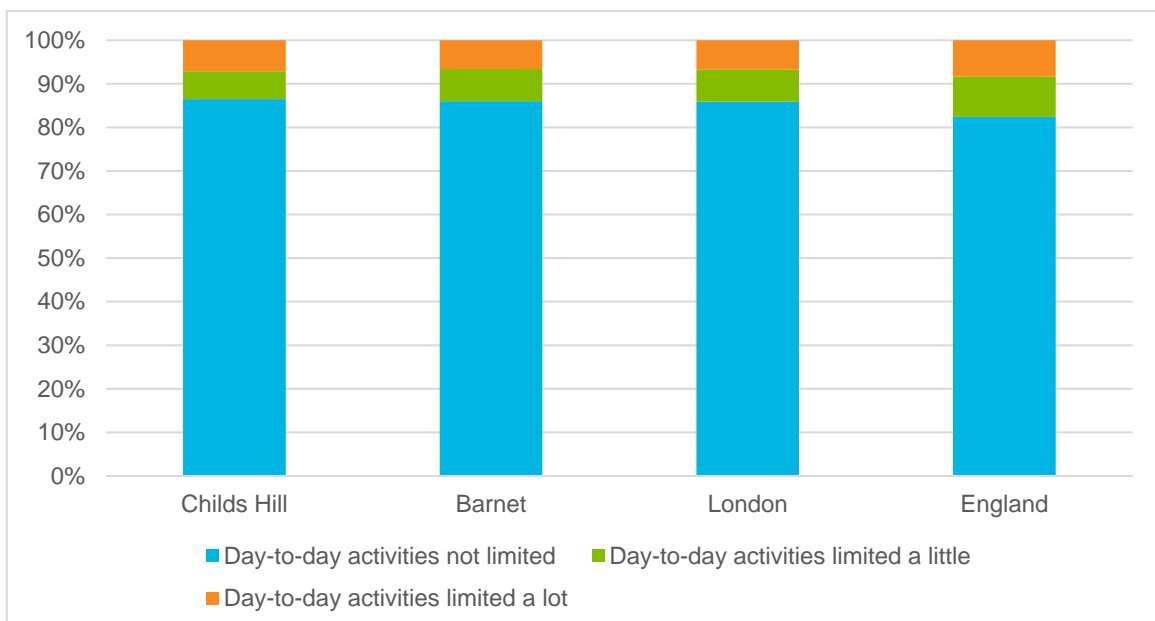
Figure 5-2 General Health of the Population (2011)



Source: ONS Census (2011).

5.1.6 **Figure 5-3** presents the proportion of the population whose day-to-day activities were limited by a long-term health problem or disability at the time of the Census 2011. This shows that relatively few residents within Childs Hill ward suffer from health problems on a daily basis. The proportion of the population whose day-to-day activities are limited in some way (13.5%) is lower than across Barnet (14.0%), and London (14.2%) and considerably lower than the national average (17.9%). The proportion of the population whose day-to-day activities are limited a lot by their health (7.1%) is higher than across Barnet (6.6%) and London (6.7%) but lower than the average for England (8.3%).

Figure 5-3 Long Term Health Problem or Disability (2011)



Source: ONS Census (2011).

Health Profiles

5.1.7 Public Health England³³ publishes local authority health profiles on an annual basis, detailing health outcomes against 32 different indicators. Relative to London and the country, in 2019 LBB mostly performs well in these main health indicators signalling a low number of health issues. The key health outcomes include the following:

- **Child obesity:** 18.2% of children in Barnet in Year 6 (aged 10-11 years) are obese (defined as having a BMI greater than 95th centile of the UK90 growth reference). This rate is the 4th lowest across London, equivalent to 4.9 percentage points lower than the London average (23.1%) and 1.9 percentage points lower than the national average (20.1%).
- **Employment rate:** the employment rate (for residents aged 16-64) in Barnet is estimated to be 71.7%. This rate is 8th lowest in London, equivalent to 2.5% lower than the London average (74.2%) and 3.9% lower than the national average (75.6%).
- **Sexually transmitted infections:** the annual incidences of new STI diagnoses (excluding Chlamydia in under 25 year olds) in Barnet is estimated to be 1,094 per 100,000 residents. This rate is the 12th lowest in London, equivalent to 619 per 100,000 residents less than (or under two-thirds of) the London average (1,713 per 100,000 residents).
- **Teenage pregnancy:** the rate of teenage pregnancies in Barnet equates to 11.2 per 1,000 resident females aged 15 to 17. This rate is 6nd lowest in London, equivalent to 5.2 per 1,000 resident females aged 15 to 17 less than the London average (16.4 per 1,000 resident females aged 15 to 17).
- **Smoking prevalence:** 10.9% of the adult population of Barnet smoke. This rate is the 5th lowest in London, equivalent to 3.0 percentage points lower than the London average (13.9%).
- **Cardiovascular mortality:** the cardiovascular mortality rate for those aged 75 and under in Barnet equates to 54.8 per 100,000 residents. This rate is the 5th lowest in London, equivalent to 15.7 per 100,000 residents lower than the London average (70.5 per 100,000 residents); and
- **Cancer mortality:** the cancer mortality rate for those aged 75 and under in Barnet equates to 100.2 per 100,000 residents. This rate is the 3rd lowest in London, equivalent to 19.1 per 100,000 residents greater than the London average (120.1 per 100,000 residents).
- **Violent crime:** the annual incidences of violent offences in Barnet are 32.6 offences per 1,000 residents. This rate is the 6th lowest in London, equivalent to 11.8 offences per 1,000 residents less than the London average (44.4 per 1,000 residents).

Deprivation

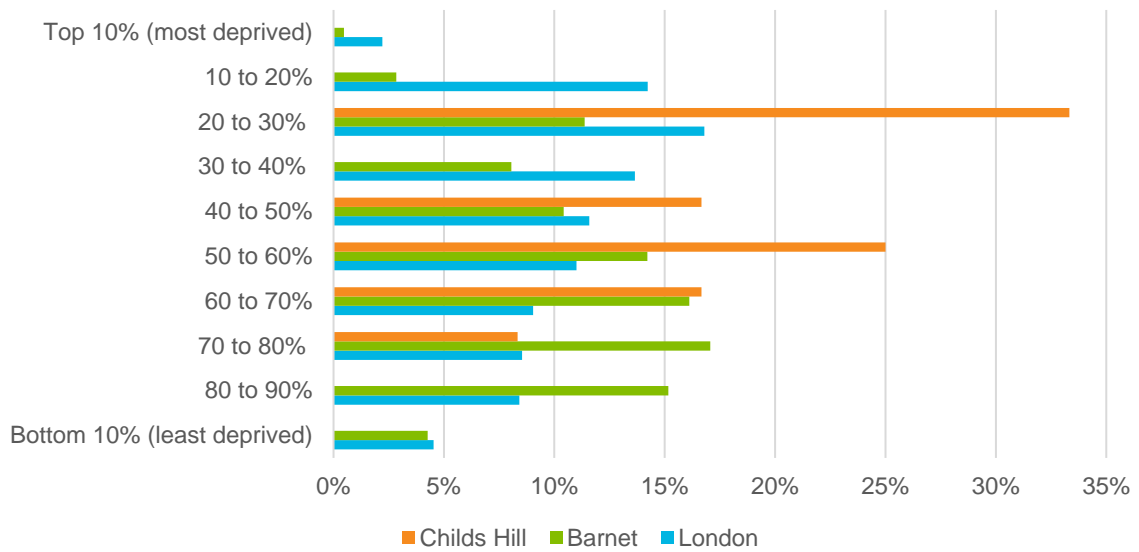
5.1.8 The extent of deprivation is measured by the English Indices of Deprivation³⁴. The English Indices of Deprivation provides an overall deprivation score (the Index of Multiple Deprivation) by Lower Layer Super Output Area (LSOA), building upon a series of domains and sub-domains. These statistics provide a measure of 'relative deprivation', not affluence. As such, it is important to recognise that not every person in a highly deprived area will themselves be deprived and likewise, that there will be some deprived people living in the least deprived areas.

5.1.9 **Figure 5-4** presents the overall index of deprivation by decile. This shows that deprivation in LSOAs across Childs Hill have less variance than the distribution seen in Barnet and London. Although none of the LSOAs in Childs Hill are within the top 20% most deprived in the country, a third (33.3%) of them are within the 20% to 30% most deprived. Meanwhile, this proportion is similar to the average across London (33.2%). There are seven LSOAs in Barnet that are within the 20% least deprived areas of the country, and none of these are located within Childs Hill.

³³ Public Health England, (2019); Health Profiles (2019).

³⁴ Department for Communities and Local Government (DCLG), (2019); English Indices of Deprivation 2019.

Figure 5-4 Index of Multiple Deprivation (2019)



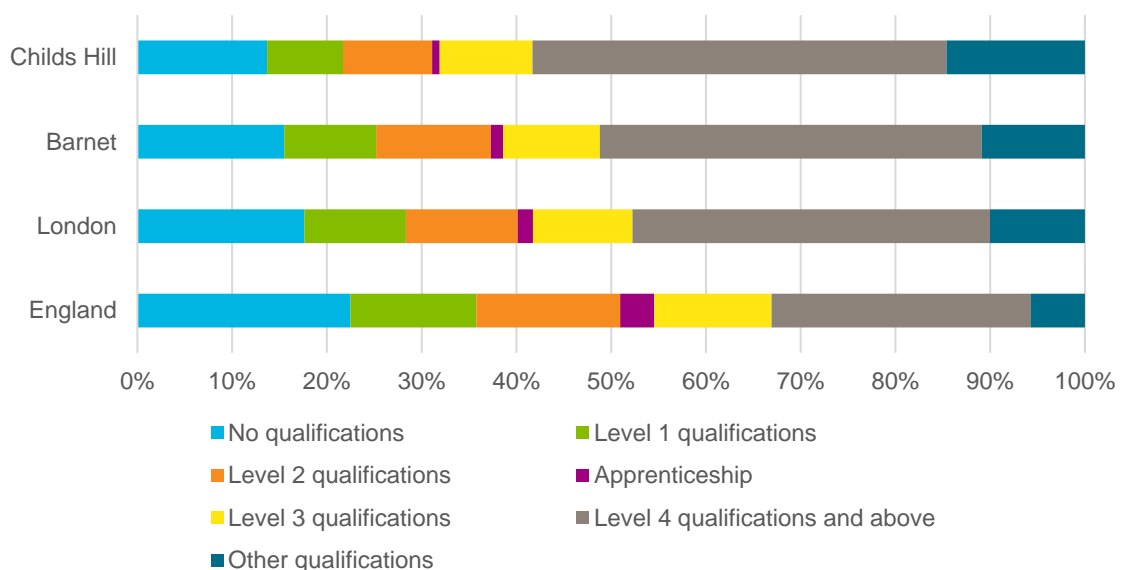
Source: DCLG English Indices of Deprivation (2019).

Access to Work

5.1.10 In order to understand the potential for the local population to benefit from employment opportunities arising from the Proposed Development, it is important to consider the occupation, qualification, economic activity and unemployment profile of the local resident population.

5.1.11 **Figure 5-5** sets out the qualifications profile for residents aged 16 and over for Childs Hill, Barnet, London and England & Wales. This shows that residents of Childs Hills are well-qualified compared to residents in Barnet and London and especially compared to the national average. The proportion of residents of the Childs Hill who are qualified to NVQ Level 4 or above (43.7%) is 3.4 percentage points higher than recorded across Barnet (40.3%), 6 percentage points higher than London’s average (37.7%) and 16.3% higher than the national average (27.4%). Similarly, the share of residents that hold no qualifications (18.0%) is higher than across Barnet (15.5%) and London (17.6%), but lower than the national average (22.7%).

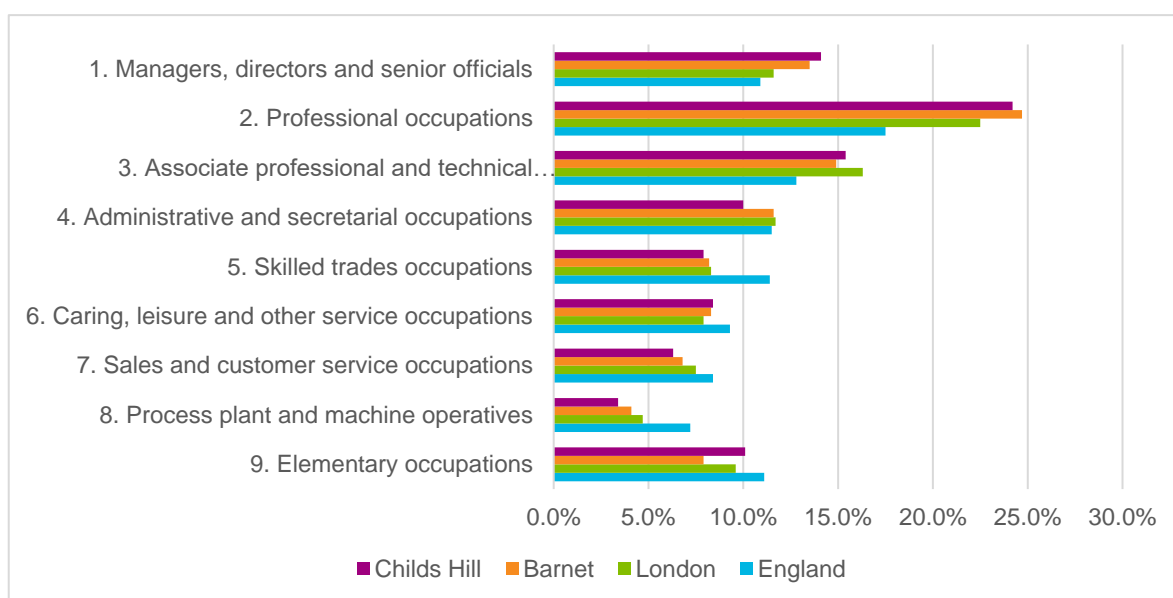
Figure 5-5 Qualifications Profile of the Population (2011)



Source: ONS Census (2011).

5.1.12 **Figure 5-6** presents the occupational profile of residents between the ages of 16 and 74. This shows that residents in Childs Hill tend to work in relatively high-level jobs, reflecting the well-educated qualifications profile detailed in Figure 5.8. The proportion of residents in Childs Hill who are managers, directors or senior officials (14.1%) is higher than the Barnet average (13.5%) and considerably higher than London (11.6%) and England (10.9%) averages. That said, a relatively high of residents work in elementary occupations (10.1%) compared to Barnet (7.9%) and London 9.6%), although this figure is still lower than the national average (11.1%).

Figure 5-6 Occupational Profile of Residents (2011)



Source: ONS Census (2011).

5.2 Infrastructure Baseline

5.2.1 To understand the potential for health impacts, it is important to establish the assessment baseline. This section focuses on the community infrastructure facilities and services (i.e. education and primary healthcare) in the area surrounding the Site in order to provide infrastructure context of the existing community locally.

Primary Healthcare

5.2.2 The Site is located within the NHS Barnet Clinical Commissioning Group (CCG) area which currently has 54 member General Practitioner (GP) practices, with a total of 431,311 registered patients, and 218.6 full-time equivalent (FTE) GPs³⁵. This equates to an average patient list size of 1,973 patients per FTE GP. The average number of patients per GP (or 'list size') in England, as assessed by the Royal College of General Practitioners, is around 1,800³⁶. As LBB have not stated a specific target level of provision, 1,800 patients per GP will be taken as the appropriate benchmark for the primary healthcare within the borough, though it should be noted that that service levels will naturally differ between, say, rural and urban areas across the country.

5.2.3 There are eight GP Practices within a typical walking distance (1km) of the Site, considered the appropriate catchment for primary healthcare. At the eight practices there are a total of 22.3 FTE GPs. The average number of patients per FTE GP across the practices (2,177) is higher than (i.e. a worse level of service) the target ratio of 1,800 patients per GP. Further details are presented in **Table 5-1**.

³⁵ NHS Business Services Authority. 2019. General Practice Workforce (30 Septemeber 2019)

³⁶ Royal College of General Practitioners. 2005. Information Paper. Royal College of General Practitioners

- 5.2.4 GPs in London are trialling appointments via telephone, video consultation and online prescriptions as a result of the Covid-19 pandemic. This has the potential to free some capacity at practices and allow for more efficient services available to a higher number of patients.

Table 5-1 GP Practices within 1km of the Site

<i>Practise name</i>	<i>Total patients</i>	<i>Total FTE GPs</i>	<i>Patients per FTE GP</i>
Chichele Road Surgery	5,894	2.7	2,210
Cricklewood Health Centre	5,094	2.0	2,547
Willesden Green Surgery	4,827	4.0	1,219
Jai Medical Centre	8,406	1.8	4,764
Greenfield Medical Centre	6,810	4.0	1,714
Mapesbury Medical Group	9,275	4.9	1,901
Walm Lane Surgery	8,157	3.0	2,707
Total	48,463	22.3	2,177

*Note: Mapesbury Medical Group includes figures are for both Cricklewood Broadway Surgery and The Windmill Surgery
Source: NHS Business Services Authority, (2019); General Practice Workforce 30 September 2019*

- 5.2.5 In addition to the GP provision outlined above, there are five dental practices within 1km walking distance of the Site which provide NHS treatment. In total, there are a combined 38 dentists among these practices.

Education

- 5.2.6 The existing baseline education provision relevant to the Proposed Development has been assessed taking account of guidance published by the National Audit Office³⁷. In terms of the availability of education places, the National Audit Office states that “it considered that on average 5 per cent was the bare minimum needed for authorities to meet their statutory duty with operational flexibility, while enabling parents to have some choice of schools.”

Primary Education

- 5.2.7 In 2018, 90.1% of primary school children in the LBB were living and studying in the borough, and 9.9% were studying elsewhere, mainly in the London Boroughs (LB) of Haringey (2.6%), Brent (2.4%) and Enfield (2.3%)³⁸. The National Travel Survey 2017/2018³⁹ states that the average distance for primary school children to travel to school in the LBB is 2.1km. The Site’s close proximity to other London Boroughs means that some primary school-aged pupils could choose to attend schools which lie within 2.1km of the Proposed Development but outside of the LBB.
- 5.2.8 **Table 5-2** presents data on the 21 primary schools located within 2km of the Site using information published by the Department for Education in 2019⁴⁰. Among these schools, nine are voluntary aided schools, six are community schools, two are free schools, two are academy converter, two are academy sponsor led and one is a foundation school.

Table 5-2 Primary Schools within 2.1km of the Site

<i>School</i>	<i>Number of School Places</i>	<i>Number on Roll</i>	<i>Surplus / Deficit</i>	<i>Surplus / Deficit at 95% Capacity</i>
Beckford Primary School	420	396	24	3
Emmanuel Church of England Primary School	240	239	1	-11
Childs Hill School	373	332	41	22
All Saints' CofE Primary School NW2	207	190	17	7
St Agnes RC School	384	331	53	34

³⁷ National Audit Office (NAO), (2013); Capital funding for new school places, 2013

³⁸ Department for Children, Schools and Families, (2018); School Cross Border Movements Matrix Tables: SFR28/2018

³⁹ Department for Transport, (2019) National Travel Survey 2017/18.

⁴⁰ Department for Education, (2019); Schools in England

School	Number of School Places	Number on Roll	Surplus / Deficit	Surplus / Deficit at 95% Capacity
Menorah Primary School	378	387	-9	-28
Anson Primary School	378	357	21	2
Malorees Infant School	210	199	11	1
Mora Primary School	420	411	9	-12
Our Lady of Grace Catholic Junior School	240	236	4	-8
St Mary Magdalen's Catholic Junior School	360	355	5	-13
Convent of Jesus and Mary RC Infant School	259	260	-1	-14
Our Lady of Grace RC Infant and Nursery School	196	177	19	9
Malorees Junior School	240	232	8	-4
Wessex Gardens Primary School	420	397	23	2
Avigdor Hirsch Torah Temimah Primary School	200	192	8	-2
St Luke's Church of England Primary	105	102	3	-2
Rimon Jewish Primary School	210	162	48	38
Gladstone Park Primary School	621	623	-2	-33
North West London Jewish Day School	291	235	56	41
St Andrew and St Francis CofE Primary School	425	396	29	8
Claremont Primary School	473	335	138	114
Total	7,050	6,544	506	154

Source: Department of Education (2018)⁴⁰.

- 5.2.9 **Table 5-2** indicates that there is a total net surplus of 506 places. If it is assumed that 95% occupancy should be planned for, as per the National Audit Office guidance, and therefore that a 95% occupancy rate means that a school has no further capacity, there would remain a total surplus of 154 places at primary schools within 2km of the Site.

Secondary Education

- 5.2.10 Travel statistics show that secondary school children travel further and therefore it is appropriate to consider education provision on a wider geographical basis. According to the National Travel Survey 2017/2018, the distance threshold for secondary school children to travel to school in the LBB is considered to be 4.7km⁴¹. Information from the Department for Education (DfE)⁴² indicates that 79.7% of secondary school pupils living in the LBB are educated within the Borough. The Site's close proximity to other London Boroughs means that some primary school-aged pupils could choose to attend schools which lie within 4.7km of the Proposed Development but outside of the LBB.
- 5.2.11 **Table 5-3** presents data from the Department of Education of the 28 schools within 4.7km of the Site. Of these schools eight of which are academy-converters, eight are academy sponsor led, seven are voluntary-aided, three are community schools and two are free schools. This data indicates that there is a total surplus of 4,973 secondary school places at the 28 secondary schools within 4.7km of the Site. If it is assumed that 95% occupancy should be planned for (as per the National Audit Office guidance), and assuming that a 95% occupancy rate means a school has no further capacity, there remains a surplus of 3,368 places for secondary school children within 4.7km of the Site.

Table 5-3 Secondary Schools within 4.7km of the Site

School	Number on Roll	Number of School Places	Surplus / Deficit	Surplus / Deficit at 95% Capacity
Haverstock School	1,224	1,048	176	115
Parliament Hill School	1,260	1,116	144	81
Hampstead School	1,312	1,241	71	5
William Ellis School	839	815	24	-18

⁴¹ Department for Transport, (2019); National Travel Survey 2017/18

⁴² Department for Education, (2018); Cross-Border Movement Matrix Tables: SFR28/2018 (2018)

School	Number on Roll	Number of School Places	Surplus / Deficit	Surplus / Deficit at 95% Capacity
La Sainte Union Catholic Secondary School	1,185	1,085	100	41
Sion-Manning Catholic Girls' School	628	414	214	183
St Augustine's CofE High School	900	958	-58	-103
Newman Catholic College	912	762	150	104
St Mary's and St John's CofE School	1,230	1,119	111	50
Paddington Academy	1,149	1,191	-42	-99
Westminster Academy	1,160	1,081	79	21
Ark Burlington Danes Academy	1,620	1,231	389	308
Capital City Academy	1,200	1,140	60	0
Ark Academy	1,570	1,487	83	5
The Crest Academy	2,050	1,047	1,003	901
The UCL Academy	1,150	1,098	52	-6
Whitefield School	1,000	798	202	152
Christ's College Finchley	1,150	747	403	346
Hasmonean High School	1,499	1,139	360	285
Hendon School	1,269	1,199	70	7
Convent of Jesus and Mary Language College	1,050	966	84	32
The Henrietta Barnett School	779	774	5	-34
Queens Park Community School	1,271	1,281	-10	-74
St George's Catholic School	883	937	-54	-98
Michaela Community School	840	481	359	317
Marylebone Boys' School	900	471	429	384
Menorah High School for Girls	618	285	333	302
Harris Academy St John's Wood	1,450	1,214	236	164
Total	32,098	27,125	4,973	3,368

Source: Department of Education (2019)

Open Space and Opportunities for Physical Activity

- 5.2.12 LBB's Local Plan Core Strategy notes that the borough is one of most green in London with over 200 parks or open spaces. Park sizes in Barnet range from Hamilton Road Playground (0.04ha) to Monken Hadley Common (41ha).
- 5.2.13 According to LBB's Parks and Open Space Strategy⁴³ there was a total of 465ha of parks in 2015. Based on the 2015 population, this total corresponds to a parks provision of 1.26ha per 1,000 residents. It is noted that LBB has a total greenspace provision (which includes parks, playgrounds, sports sites, natural and semi-natural green spaces) of 888ha, equating to 2.41ha per 1,000 residents.
- 5.2.14 The open space provision varies across the borough with some wards better served than others. Hence, Policy DM15 within the Local Plan Development Management Policies⁴⁴ states that "*where a development is in an area of deficiency for publicly accessible open space, new open space should be provided in line with these standards: Parks – 1.63ha per 1,000 residents*".
- 5.2.15 The provision of parks in Childs Hill falls below the borough average in terms of parks provision per 1,000 residents. Policy CS7 within the Core Strategy targets enhancing LBB's open space through securing additional on-site open space in growth areas including 8ha at Brent Cross- Cricklewood.
- 5.2.16 **Table 5-4** identifies the existing open space that is considered accessible to the Proposed Development, in line with the GLA's 'Shaping Neighbourhoods: Play and Informal Recreation' SPG

⁴³ LB Barnet, (2016); Parks and Open Spaces: Our Strategy for Barnet 2016-2026

⁴⁴ LB Barnet, (2012); Barnet's Local Plan: Development Management Policies

guidance⁴⁵. Given the Site's proximity to LB Brent's boundary, some of the parks accessible from the Site are located in this neighbouring borough. While there are no regional parks within an accessible district, nearby Hampstead Heath and Gladstone Park offer good open space access. That said, there are no local parks or pocket parks located within the distance guidelines recommended by the GLA.

Table 5-4 Parks within the Catchment Area of the Proposed Development

<i>Open Space Category (GLA Guidance)</i>	<i>Guidelines on Size of Site (ha)</i>	<i>Distances from Development (km)</i>	<i>Park/Open Space</i>	<i>Approximate Size (ha)</i>
Regional Parks	400	3.2-8	-	
Metropolitan Parks	60	3.2	Hampstead Heath	335
District Parks	20	1.2	Gladstone Park	43
Local Parks and Open Spaces	2	0.4	-	
Small Open Spaces	<2	<0.4	Cricklewood Millennium Green	0.5
			Allotment Way Allotments	0.5
Pocket Parks	<0.4	<0.4	-	-
Total	-	-	-	379.0

Source: GLA (2016), *The London Plan*; AECOM Research 2020.

Child and Young People's Play Space

- 5.2.17 LBB's Core Strategy sets out which open spaces in the borough include some form of dedicated children's play provision. There are 49 sites in the borough that provide formal play space for children – equating to 0.05ha per 1,000 children aged less than 15 years. The Open Space Assessment which informed the Local Plan, demonstrates that the area in which Cricklewood is situated has 0.06ha of play space per 1,000 residents – the second highest of any area in the borough.
- 5.2.18 The Core Strategy states that the borough is relatively well provided for playing pitches and outdoor sports with 0.51ha of pitches per 1,000 residents. Almost the entire borough is within 1.2km of a playing pitch. Policy DM15 in the Development Management Policy sets out the sports pitch and children's play provision (0.75ha and 0.09ha per 1,000 residents respectively) that should be provided by developments if in an area of deficiency. However, Cricklewood is not identified as such.
- 5.2.19 The GLA's 'Shaping Neighbourhoods: Play and Informal Recreation' SPG provides guidelines on the maximum acceptable walking distances to access child play spaces. Consistent with the GLA, **Table 5-5** below gives the detail of the play spaces available within 800 metres of the Site.

Table 5-5 Child and Young People's Play Space accessible from the Proposed Development

<i>Maximum Walking Distance from Homes (taking barriers into account) (m)</i>	<i>Name of Space</i>	<i>Age Group</i>	<i>Approximate Size (ha)</i>
100m	0-4	Kara Way Playground	0.05
400m	5-11	Kara Way Playground	0.14

⁴⁵ Greater London Authority, (2012); *Shaping Neighbourhoods: Children and Young People's Play and Informal Recreation Supplementary Planning Guidance*

<i>Maximum Walking Distance from Homes (taking barriers into account) (m)</i>	<i>Name of Space</i>	<i>Age Group</i>	<i>Approximate Size (ha)</i>
800m	12+	Primemartin Activity Park	0.22
		Rusper Close	0.25
		Mapesbury Dell	0.26
		UCS Rugby Football Club	6.07
		Westcroft Estate Sports Pitch and Play Area	0.69
		Brondesbury Cricket, Tennis and Squash Club	0.80
Total	-	-	8.48

Source: GLA (2012); *Shaping Neighbourhoods: Play and Informal Recreation SPG*. AECOM calculations 2020.

- 5.2.20 In total, there are seven play spaces accessible from the Site totalling a combined area of 8.48 hectares. These areas include spaces for sport, including football, rugby and tennis. The closest playground is located on Kara Way, almost adjacent to the Site. This facility offers formal play opportunities for both young children (0-4) and primary school-aged children (5-11).

Social Infrastructure and Community Facilities

- 5.2.21 There are several gymnasiums located within walking distance of the Site. This includes Manor Health & Leisure Club is located around 400m away on Cricklewood Broadway, which includes a swimming pool, exercise classes and a gymnasium. Middlesex University facilities also include football pitches and tennis courts.
- 5.2.22 The Site has a good provision of community facilities and amenities located in the near vicinity. There are 14 libraries within the LBB. Cricklewood Library is the closest to the Site, located just over 0.9km away. McParland Pharmacy is the nearest pharmacy to the Site, situated around 0.6km away.
- 5.2.23 Ashford Place Community Centre and Kent Hall are both located around 0.5km away from the Site. Ashford Place Community Centre offers a variety of opportunities for social inclusion as well as programmes which specifically target improving physical and mental health. These include: counselling services, the 'befriending programme' which reaches out to isolated members of the community and encourages them to engage with the centre, and the 'good match' project which brings together Gaelic football and hurling players from across Britain to learn from and care for each other.

5.3 Future Baseline

- 5.3.1 The socio-economic and health profile in Childs Hill and Barnet can be expected to change during the construction of the Proposed Development. The population of LBB is expected to grow to 459,800 in 2038, an increase of 18.3% on 2018 levels, which is higher than expected across Greater London (15.7%). LBB's population demographic is expected to shift, with a larger proportion of the population becoming above the age of 65 by 2038. In 2018, 14.1% of the population was aged over 65 however; this is forecasted to increase to 20.8% by 2038.
- 5.3.2 The expected population growth will increase demand on social infrastructure in the local area. However, it is expected that planning policy will continue to ensure that there is sufficient investment into the necessary social infrastructure to accommodate this population increase. Therefore, it is not expected that there will not be any perceptible changes to the local economic assessment and the Proposed Development should be assessed against current baseline conditions and policies.

- 5.3.3 It is noted, however, that these forecasts might be subject to change due to the impacts on demographic growth and behavioural shift resulting from the Covid-19 pandemic, which might lead to some residents relocating outside of London. At the time of writing these impacts are still unknown and therefore cannot be quantified.

6 Assessment of Health Outcomes

6.1.1 The tables below set out the potential health and wellbeing impacts associated with the Proposed Development during demolition and construction and once the Proposed Development is complete and occupied. The potential health impact is described in accordance with the criteria set out in Section 4.2.

Table 6-1 Housing Quality and Design

<i>Assessment Criteria</i>	<i>Relevant to the Proposed Development?</i>	<i>Details and Evidence</i>	<i>Potential Health Impact</i>	<i>Further Action or Mitigation Recommended</i>
Does the proposal seek to meet all 16 design criteria of the Lifetime Homes Standard or meet Building Regulation requirement M4 (2)?	Yes	<p>It is understood that the Proposed Development will follow the design criteria of the Lifetime Homes Standard⁴⁶, endorsed by the Government, for well-designed homes and neighbourhoods.</p> <p>The Proposed Development aligns with Technical Housing Standards March 2015 and Building Regulations Approved Document Part M 2015 in order to maximise access for users with mobility, hearing and visual impairments. The Illustrative Masterplan aims to provide no less than 90% of residential units designed to M4(2) standards and up to 10% accessible to be M4(category 3) wheelchair accessible/adaptable units; to be agreed with LBB.</p>	N/A during construction + during operation	None required
Does the proposal address the housing needs of older people, ie. extra care housing, sheltered housing, lifetime homes and wheelchair accessible homes?	Yes	<p>The Proposed Development will provide a balanced and appropriate mix of house types and tenures to meet identified needs including affordable housing and design features to benefit the elderly and the physically impaired.</p> <p>The Masterplan Design and Access Statement demonstrates that the design has considered principles of inclusive design and the requirements of all users, (including those with mobility impairments, visual impairments, deaf, elderly, and children). Step-free external and other access features are provided throughout the Proposed Development.</p>	N/A during construction + during operation	None required.

⁴⁶ Building for Life Partnership, (2012); Building for Life 12: The sign of a good place to live

<i>Assessment Criteria</i>	<i>Relevant to the Proposed Development?</i>	<i>Details and Evidence</i>	<i>Potential Health Impact</i>	<i>Further Action or Mitigation Recommended</i>
Does the proposal include homes that can be adapted to support independent living for older and disabled people?	Yes	See above. The Applicant is committed to inclusive design which responds to the needs of all its users. The masterplan has been designed to be as inclusive as possible so that it can be comfortably and independently used by residents, visitors, people working in and visiting the development and the wider community. It considers, but is not limited to, the access and circulation needs of a wide range of people including the elderly, the disabled and parents with young children. The Applicant will endeavour to incorporate further means and regular reviews to ensure the buildings are accessible and effective.	N/A during construction + during operation	None required.
Does the proposal promote good design through layout and orientation, meeting internal space standards?	Yes	The Masterplan Design and Access Statement describes, during its key design approaches, that all units match or exceed the London SPG Space Standards. In addition to this, the proposal incorporates the core principles of Secured by Design including: environmental quality and sense of ownership, natural surveillance and design of access routes.	N/A during construction + during operation	None required.
Does the proposal include a range of housing types and sizes, including affordable housing responding to local housing needs?	Yes	The Proposed Development includes up to 1,100 units within its schedule of various sizes and housing tenures. Of these, 35% will be affordable units, including Built to Rent homes. However, the provision of 365 affordable houses (29.7% of the unit mix) is below the LBB's target for 40% of homes to be affordable and 60% of these to be socially rented. The LBB expects a minimum target of 5,500 new affordable homes by 2026, and the Proposed Development will address these needs by contributing to the 15-year plan period target.	N/A during construction 0 during operation	Further details on housing size and type will be explored during Reserved Matters stage. The Applicant should seek to maximise affordable and socially rented housing provision.

<i>Assessment Criteria</i>	<i>Relevant to the Proposed Development?</i>	<i>Details and Evidence</i>	<i>Potential Health Impact</i>	<i>Further Action or Mitigation Recommended</i>
Does the proposal contain homes that are highly efficient (e.g. have high SAP ratings)?	Yes	<p>Exact details of the SAP ratings achieved by the Proposed Development are not known at this stage.</p> <p>However, the Sustainability and the Energy Statements set out strategies that will be used to ensure the Proposed Development is highly efficient. For example, lighting within the Proposed Development will be energy efficient and adequately controlled through occupancy and daylight cut-off sensors where possible to ensure the conservation of energy.</p> <p>Additionally, energy efficient appliances will be chosen where provided by the developer, which will not only reduce unregulated CO₂ emissions but also save occupants money.</p>	<p>N/A during construction</p> <p>? during operation</p>	<p>All residential elements of the Proposed Development should meet building regulations emissions targets through energy efficiency measures, such as those set out in the Sustainability and Energy Statements, causing the homes to achieve a high SAP rating.</p>

Table 6-2 Access to Healthcare Services and Other Social Infrastructure

<i>Assessment Criteria</i>	<i>Relevant to the Proposed Development?</i>	<i>Details and Evidence</i>	<i>Potential Health Impact</i>	<i>Further Action or Mitigation Recommended</i>
Does the proposal retain or re-provide existing social infrastructure?	No	The Site is currently occupied by a range of retail outlets, including a large B&Q DIY Store, Pound Stretcher and Tile Depot. The Proposed Development will provide up to 1,200m ² of commercial, retail, non-residential institutions and leisure floorspace (flexible space in use classes A3, B1, D1 and/ or D2) contributing to the needs of local residents. These uses will help connect with the existing community.	N/A	Not applicable.
Does the proposal assess the impact on healthcare services?	Yes	<p>Chapter 5 of this report identifies existing healthcare services within accessible distance of the Site. There are currently seven GP surgeries within 1km of the Proposed Development, with 22.3 FTE GPs and an average patient list size of 6,923. There are on average 2,177 Patients per FTE GP, well above the 1,800 target set by the Royal College of General Practitioners.</p> <p>The additional 2,132 residents estimated to reside at the Proposed Development will place additional demand upon the local health facilities. Taking a 'worst-case scenario' in which all new residents register with a local GP practices, the additional residents would increase the overall practice list size to 2,269 patients per GP, which is above the 1,800 target set by the Royal College of General Practitioners.</p> <p>However, it is noted that GPs in London are increasingly trialling appointments via telephone, video consultation and online prescriptions as a result of the Covid-19 pandemic. This has the potential to free-up some capacity at practices and allow for more efficient services available to a higher number of patients.</p>	N/A during construction - during operation.	<p>The Applicant should seek to work with the LBB and/ or NHS to address the potential overcapacity of GP services in the local area.</p> <p>Use of appointments via telephone, video consultation and online prescriptions should be encouraged where possible.</p>
Does the proposal include the provision, or replacement of a healthcare facility and does the facility meet NHS requirements?	No	The Proposed Development does not include provision of a healthcare facility, and a healthcare facility was not previously operational on the Site.	N/A	Not applicable.

<i>Assessment Criteria</i>	<i>Relevant to the Proposed Development?</i>	<i>Details and Evidence</i>	<i>Potential Health Impact</i>	<i>Further Action or Mitigation Recommended</i>
Does the proposal assess the capacity, location and accessibility of other social infrastructure, e.g. schools, social care and community facilities?	Yes	<p>Easily accessible education facilities can help children and facilities integrate into the local community. Details of the assessment on capacity, location and accessibility of social infrastructure have been outlined in Chapter 5 of this report.</p> <p>During the operational phase, there will be an estimated 2,132 residents at the Proposed Development, including 106 primary school children and 31 secondary school children. There is sufficient capacity in the local area to accommodate the additional demand for primary and secondary school places.</p> <p>There is a good level of provision of other social infrastructure near the site with three leisure facilities within 1km and a variety of community facilities. Additionally, the Proposed Development includes new mixed-use retail space for local residents. This level of social infrastructure can be expected to cope with the additional demand arising from the Proposed Development.</p>	<p>N/A during construction</p> <p>0 during operation</p>	None required.
Does the proposal explore opportunities for shared community use and co-location of services?	Yes	<p>The Masterplan Design and Access Statement demonstrates that creating local tailored, interconnected community infrastructure to provide opportunities for people to interact is a key place-making design principle for the Proposed Development.</p> <p>The open space in the Proposed Development, including the entirely public open space, podium glades and communal rooftops, provides opportunities for community use. Commercial, retail, non-residential institutions and leisure floorspace uses will help create a space for connecting the community.</p>	<p>N/A during construction</p> <p>+ during operation</p>	None required.

<i>Assessment Criteria</i>	<i>Relevant to the Proposed Development?</i>	<i>Details and Evidence</i>	<i>Potential Health Impact</i>	<i>Further Action or Mitigation Recommended</i>
Does the proposal contribute to meeting primary, secondary and post 19 education needs?	Yes	<p>Based on the child population provided by the 2019 GLA population yield calculator⁴⁷ and the accommodation schedule, it is expected that 106 primary school children and 31 secondary children will reside in the Proposed Development.</p> <p>As described above, there is sufficient capacity in primary and secondary schools in the local area to accommodate the additional demand arising from the Proposed Development.</p> <p>There are a wealth of university facilities and other post-19 education opportunities available in London accessible from this location.</p>	<p>N/A during construction</p> <p>0 during operation</p>	None required.

⁴⁷ GLA, (2019); GLA Population Yield Calculator 2019

Table 6-3 Access to Open Space and Nature

<i>Assessment Criteria</i>	<i>Relevant to the Proposed Development?</i>	<i>Details and Evidence</i>	<i>Potential Health Impact</i>	<i>Further Action or Mitigation Recommended</i>
Does the proposal retain and enhance existing open and natural spaces?	No	There are no open and natural spaces currently at the Site.	N/A	Not applicable.
In areas of deficiency, does the proposal provide new open or natural space, or improve access to existing spaces?	Yes	<p>The Proposed Development does not lie in an area of open space deficiency. As described in Chapter 5 of this report, LBB is one of most green boroughs in London with over 200 parks or open spaces.</p> <p>Childs Hill ward is below the borough average in terms of parks provision per 1,000 residents, however the Proposed Development seeks to deliver approx. 2.49ha of public realm and open space consisting of both paving and grassland on a Site which previously did not have open space.</p> <p>These will be provided as part of Arboretum Place, the Wood Way, Cricklewood Lawn, the Rail Side, the Podium Glades and the Communal Rooftops. The Landscape Strategy describes these six landscape character areas which are designed to provide a variety of different spatial and social conditions for both residents and the public. Of the proposed 2.49ha, approx. 1.60ha will be new publicly available space on the ground floor and an additional 0.89ha will be private open space on the podium and rooftop.</p>	0 during construction + during operation	None required.
Does the proposal provide a range of play spaces for children and young people?	Yes	<p>The Proposed Development will provide 3,614m² of play space as part of the open space provision. This comprises 1,743m² of play space suitable for children under five years old, 1,280m² of play space suitable for children aged between five and 11 years old, 382m² of play space suitable for children aged 12 to 15 year olds and 192m² provision for 16 year olds and older.</p> <p>A destination play area is proposed in the Cricklewood Lawn; this will provide a complimentary space to the existing Kara Way play space, with an improved safe pedestrian connection across the roads.</p> <p>In addition, the gardens will include playful trails on the history of the area, the tales of the "woodland", which are designed to entertain and educate children and grow-ups alike.</p>	N/A during construction + during operation	None required.

<i>Assessment Criteria</i>	<i>Relevant to the Proposed Development?</i>	<i>Details and Evidence</i>	<i>Potential Health Impact</i>	<i>Further Action or Mitigation Recommended</i>
Does the proposal provide links between open and natural spaces and the public realm?	Yes	<p>The active streets principle and pedestrian connections within the Proposed Developments provides accessible links to the open space and public realm.</p> <p>The primary north-south route will act as the central spine to the public realm, providing a pedestrian street that is activated by flexible commercial land uses, ultimately concluding at Arboretum Square and Cricklewood Green.</p>	0 during construction + during operation	None required.
Are the open and natural spaces welcoming, safe and accessible for all?	Yes	The Masterplan Design and Access Statement demonstrates that public realm has been designed to maximise accessibility for all, with paved level access or ramp access directly off the pedestrian streets. The open spaces are easily accessible by the active streets principle and the network of pedestrian routes throughout the Proposed Development. These streets connect the public realm spaces and create links to the surrounding area.	N/A during construction + during operation	None required.
Does the proposal set out how new open space will be managed and maintained?	Yes	<p>Details of how open space will be managed and maintained are not available at this stage.</p> <p>However, the Landscape Strategy highlights that most of the open space provide by the Proposed Development will be paved and include low maintenance planting and self-seeded vegetation.</p>	N/A during construction ? during operation	The Applicant should provide details regarding the management and maintenance of the open spaces at the Reserved Matters Stage.

Table 6-4 Air Quality, Noise and Neighbourhood Amenity

<i>Assessment Criteria</i>	<i>Relevant to the Proposed Development?</i>	<i>Details and Evidence</i>	<i>Potential Health Impact</i>	<i>Further Action or Mitigation Recommended</i>
Does the proposal minimise construction impacts such as dust, noise, vibration and odours?	Yes	<p>As with any large-scale construction programme in an urban context, there will be temporary impacts on local receptors. However, construction noise and vibration, mitigated through 'Best Practicable Means' (BPM) as defined by Section 72 of the Control of Pollution Act 1974 and careful management which will be documented in a Construction Environmental Management Plan (CEMP). The CEMP will be prepared prior to the commencement of works which will describe the mitigation measures that will be applied for construction activities which is expected to be secured by an appropriately worded planning condition.</p> <p>Without mitigation, the Air Quality Assessment considers there to be potential for significant effects on human receptors due the dust impacts during the construction phase activities. However, if all construction dust mitigation measures set out in <i>ES Volume 1, Chapter 18 Summary of Mitigation</i> are effectively implemented and monitored through an effective CEMP, the construction dust effects are anticipated to be not significant.</p>	<p>0 during construction (given the mitigation measures in the relevant assessments are implemented)</p> <p>N/A during operation</p>	<p>The mitigation measures proposed in the Noise Assessment must be implemented to avoid any adverse effects.</p> <p>All construction dust mitigation measures must be effectively implemented and monitored through an effective CEMP to avoid potential significant construction dust effects.</p>
Does the proposal minimise air pollution caused by traffic and energy facilities?	Yes	<p>The Air Quality Assessment demonstrated that the operational Proposed Development, accounting for traffic and energy plant, will not cause any exceedances of the air quality objectives and that the overall air quality effect of the Proposed Development will be not significant.</p> <p>The Proposed Development is considered to be air quality neutral with regards to both building and transportation emissions.</p>	<p>N/A during construction</p> <p>0 during operation</p>	None required.
Does the proposal minimise noise pollution caused by traffic and commercial uses?	Yes	<p>Reducing noise pollution can help improve quality of life.</p> <p>The noise assessment has demonstrated that no significant impacts are expected to arise from traffic or commercial uses at all receptors. There are no predicted changes to road traffic noise levels due to demolition and construction routes along Cricklewood Lane and Cricklewood Broadway.</p>	<p>N/A during construction</p> <p>0 during operation</p>	Ensure the mitigation measures set out in the Noise Assessment and CEMP are adhered to.

Table 6-5 Accessibility and Active Travel

<i>Assessment Criteria</i>	<i>Relevant to the Proposed Development?</i>	<i>Details and Evidence</i>	<i>Potential Health Impact</i>	<i>Further Action or Mitigation Recommended</i>
Does the proposal address the ten Healthy Streets indicators?	Yes	The Traffic Assessment (<i>ES Volume III: Appendix 15-1</i>) includes a Healthy Streets assessment in accordance with TfL guidance. The Proposed Development is low-car and only provides the minimum parking in accordance with the Intend to Publish London Plan. The Proposed Development will be supported by a Framework Travel Plan in order to promote sustainable travel choices from the outset.	N/A during construction + during operation	Put in place the improvements suggested in the Healthy Streets assessment and Framework Travel Plan.
Does the proposal prioritise and encourage walking (such as through shared spaces)?	Yes	The Proposed Development will provide a new traffic-free pedestrian and cycle route between Depot Approach and Cricklewood Lane. This will serve not only the Proposed Development but will provide a more direct link between Cricklewood Station and land to the north-west of the Site. In addition, the Site is located within walking distance from shops and community facilities, as described in Chapter 5 of this report, and it is expected that the recent Covid-19 pandemic is likely to result in a modal shift from public transport towards walking and cycling, encouraging shopping in local areas.	0 during construction + during operation	None required.
Does the proposal prioritise and encourage cycling (for example by providing secure cycle parking and cycle lanes)?	Yes	Specific cycle infrastructure is limited in Cricklewood, but many local roads are suitable for travel by bike. As mentioned above, the Proposed Development will provide a new traffic-free pedestrian and cycle route between Depot Approach and Cricklewood Lane. The recent Covid-19 pandemic is expected to result in a modal shift from public transport to active modes such as walking and cycling, increasing the number of cyclists in the short and medium term.	N/A during construction. + during operation	Appropriate information on cycle parking and local public transport could be made available to future residents to promote their use (e.g. in a residents' travel pack). Particular support may want to try and encourage specific groups who are generally less well represented cycling, for example women and ethnic minorities.

<i>Assessment Criteria</i>	<i>Relevant to the Proposed Development?</i>	<i>Details and Evidence</i>	<i>Potential Health Impact</i>	<i>Further Action or Mitigation Recommended</i>
Does the proposal connect public realm and internal routes to local and strategic cycle and walking networks?	Yes	<p>The Proposed Development will include a new area of traffic-free public realm linking Depot Approach to Cricklewood Lane. The reduction in traffic flow and new pedestrian connections along with the overall public realm enhancements will create a substantially more permeable and attractive place to travel to, from and through.</p> <p>The Proposed Development has been developed in accordance with Secure by Design standards throughout and the increase in pedestrians and cyclists will improve passive surveillance in the area.</p>	N/A during construction + during operation	None required.
Does the proposal include traffic management and calming measures to help reduce and minimise road injuries?	Yes	<p>Creating a safe and secure environment during construction and operation is important to ensure the wellbeing of inhabitants and local residents. Being able to enjoy where a person lives is important to facilitate social interaction and cohesion, without feeling threatened by traffic, poor lighting or insecure environment.</p> <p>During the peak demolition and construction period, the HGV activity and traffic changes are not expected to result in changes which could affect accidents and safety. The Proposed Development will seek to mitigate construction traffic and will introduce traffic calming measures.</p> <p>Once complete and operational, the Proposed Development will include a new area of traffic-free public realm linking Depot Approach to Cricklewood Lane, leading to the reduction in traffic flow and new pedestrian connections.</p>	N/A during construction + during operation	Detailed elements of the road design are to be set out during the Reserved Matters stage.

<i>Assessment Criteria</i>	<i>Relevant to the Proposed Development?</i>	<i>Details and Evidence</i>	<i>Potential Health Impact</i>	<i>Further Action or Mitigation Recommended</i>
Is the proposal well connected to public transport, local services and facilities?	Yes	<p>The Proposed Development is located immediately west of and adjacent to Cricklewood railway station, which provides Thameslink services to central London and St Albans City. Willesden Green underground station is located approximately 1km or 15 minutes' walk south of the Site, providing access to the Jubilee Line of the London Underground. There are bus services located within walking distance of the Site, with bus stops located on Cricklewood Lane and Cricklewood Broadway to the south of the Site.</p> <p>The Proposed Development is connected to local services and facilities, as displayed in the baseline. These facilities include local gyms, retail stores and libraries. The Proposed Development also includes retail and commercial space and community facilities to provide services to residents and the public.</p>	N/A during construction + during operation	None required.
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	<p>The Proposed Development will include a new area of traffic-free public realm linking Depot Approach to Cricklewood Lane.</p> <p>The total number of car parking spaces are not defined at this stage; however, the Illustrative Masterplan shows a total of 110 car parking spaces. The Highways and Traffic assessment shows that traffic generation resulting from the complete and operational Proposed Development will be low due to the suppressed level of parking provision.</p>	N/A during construction 0 during operation	Further details on quantum and strategy of car parking will be detailed at the Reserved Matters stage. At this stage consideration should be given to the need to reduce car use and encourage sustainable travel options.
Does the proposal allow people with mobility problems or a disability to access buildings and places?	Yes	<p>The Proposed Development will be fully wheelchair accessible as the proposals are designed in compliance with Part M4(2). The Illustrative Masterplan aims to provide no less than 90% of residential units designed to M4(2) standards and up to 10% accessible to be M4(3) wheelchair accessible/adaptable units.</p> <p>In addition, the Illustrative Masterplan shows that 10% accessible spaces could be provided for the residential accommodation.</p>	N/A during construction + during operation	Accessible apartments and parking will be given consideration through the Reserved Matters Stage.

Table 6-6 Crime Reduction and Community Safety

<i>Assessment Criteria</i>	<i>Relevant to the Proposed Development?</i>	<i>Details and Evidence</i>	<i>Potential Health Impact</i>	<i>Further Action or Mitigation Recommended</i>
Does the proposal incorporate elements to help design out crime?	Yes	<p>The Proposed Development has sought to integrate Secured by Design core principles, based on the Secure by Design (SBD) New Homes 2016⁴⁸ standards for security. The general layout and design accommodate these principles to minimise the opportunity for crime and disorder.</p> <p>Community facilities will be within walking distance from all homes and jobs to support sociable neighbourhoods and will be safe, attractive and accessible. This will support interaction and natural surveillance.</p> <p>Streets and communal areas will be well lit, secure and maintained ensuring that no-one feels at risk when using them, especially after dark.</p> <p>With regards to physical security of each residential unit, dwelling security lighting will illuminate each elevation with a door that can be used by public, visitors and residents. All access doors and low level windows will be secure and lockable.</p>	N/A during construction + during operation	None required.
Does the proposal include attractive, multi-use public spaces and buildings?	Yes	<p>The Proposed Development includes good-quality public realm throughout which have multiple purposes, providing recreation and relaxation spaces. It also provides play space.</p> <p>In addition, the Proposed Development includes proposals for up to 1,200 m² GIA of mixed-use retail, leisure and food/drinks floorspace (A3, B1, D1 and/ or D2) which will contribute to creating an attractive and multi-use environment for residents as well as the local community.</p>	N/A during construction + during operation	None required.

⁴⁸ Official Police Security Initiative, 2016; Secured by Design Homes 2016 – Volume 1: February 2016

<i>Assessment Criteria</i>	<i>Relevant to the Proposed Development?</i>	<i>Details and Evidence</i>	<i>Potential Health Impact</i>	<i>Further Action or Mitigation Recommended</i>
Has engagement and consultation been carried out with the local community?	Yes	<p>In order to give the local community an opportunity to view, consider and provide feedback on the emerging proposals a two day drop in public consultation was held on 2nd and 3rd February at Ashford Place, which was attended by 143 local people. The outcome of these has been summarised in a Statement of Community Engagement.</p> <p>In May a project update newsletter including a summary of feedback from the drop-in public consultation was emailed to ward councillors, key community groups and residents who attended the drop-in event in February. The project website was also updated in line with this information.</p>	<p>+ during construction</p> <p>+ during operation</p>	None required.

Table 6-7 Access to Healthy Food

<i>Assessment Criteria</i>	<i>Relevant to the Proposed Development?</i>	<i>Details and Evidence</i>	<i>Potential Health Impact</i>	<i>Further Action or Mitigation Recommended</i>
Does the proposal facilitate the supply of local food, i.e. allotments, community farms and farmers' markets?	Yes	The Proposed Development includes proposals for up to 1,200 m ² GIA commercial floorspace (Use Class A3, B1, D1 and/or D2) of commercial, retail, non-residential institutions and leisure floorspace, comprising a proportion of A3 uses which will provide services to local residents and communities. At this point, it is not known who will occupy these facilities or what services they will provide.	N/A during operation ? during operation	Should any of the flexible A3 space be food/drinks floorspace, it should be designed to allow/encourage the potential occupation by local healthy food stores.
Is there a range of retail uses, including food stores and smaller affordable shops for social enterprises?	Yes	The Proposed Development includes proposals up to 1,200 m ² GIA commercial floorspace (Use Class A3, B1, D1 and/or D2) of commercial, retail, non-residential institutions and leisure floorspace. These uses will provide services to local residents and communities. At this point, it is not known who will occupy these facilities or what services they will provide.	N/A during construction ? during operation	During the Reserved Matters stage a range of units types should be considered to encourage a range of occupiers.
Does the proposal avoid contributing towards an over-concentration of hot food takeaways in the local area?	Yes	A proliferation of hot food takeaways and other outlets selling fast food can harm the vitality and viability of local centres and undermine attempts to promote the consumption of healthy food. The surrounding area has number of these outlets, therefore the Proposed Development should avoid adding to this supply where possible. The flexible retail and food/drinks space is proposed to be A3 uses. Therefore, the Proposed Development will avoid contributing to the supply hot food takeaways (A5) to the local area but will provide other types of retail and food/drinks space.	N/A during construction + during operation	None required.

Table 6-8 Access to Work and Training

<i>Assessment Criteria</i>	<i>Relevant to the Proposed Development?</i>	<i>Details and Evidence</i>	<i>Potential Health Impact</i>	<i>Further Action or Mitigation Recommended</i>
Does the proposal provide access to local employment and training opportunities, including temporary construction and permanent end-use jobs?	Yes	<p>During the estimated 5 year and 7 months demolition and construction phase, the Proposed Development is likely to generate 369 net additional jobs per annum.</p> <p>The Proposed Development will comprise the demolition of 8,000m² of retail space, which is estimated to employ a gross of 94 FTE.</p> <p>During the operational phase, the Proposed Development is estimated to support a reasonable worst-case of 20 gross jobs on-site. This would result in the loss of 68 jobs, of which 53 are estimated to be taken up by workers residing within the Greater London. In the scale of the Greater London economy, the Socio-Economic Assessment considered this to be minor adverse. It should be noted that in the best case scenario, the Proposed Development is estimated to generate up to 75 jobs.</p>	+ during construction 0 during operation	At Reserved Matters Stage, the Applicant should seek to promote a range of employment generating spaces that ensures a no net loss of employment on Site if possible.
Does the proposal include managed and affordable workspace for local businesses?	No	There is no dedicated business floorspace within the Proposed Development.	N/A	Not applicable.
Does the proposal include opportunities for work for local people via local procurement arrangements?	Yes	Details regarding procurement of staff/workers are not known at this stage.	? during construction ? during operation	In order to provide employment opportunities for local residents, the Applicant should consider a contractor that includes policies to offer training and local employment opportunities within the local community

Table 6-9 Social Cohesion and Lifetime Neighbourhoods

<i>Assessment Criteria</i>	<i>Relevant to the Proposed Development?</i>	<i>Details and Evidence</i>	<i>Potential Health Impact</i>	<i>Further Action or Mitigation Recommended</i>
Does the proposal connect with existing communities, i.e. layout and movement which avoids physical barriers and severance and land uses and spaces which encourage social interaction?	Yes	The Proposed Development will include a new area of traffic-free public realm linking Depot Approach to Cricklewood Lane. The reduction in traffic flow and new pedestrian connections along with the overall public realm enhancements will create a substantially more permeable and attractive place to travel to, from and through, encouraging walking and cycling locally and social interaction. A variety of land uses and community facilities will help connect with the existing communities.	N/A during construction + during operation	None required.
Does the proposal include a mix of uses and a range of community facilities?	Yes	Yes. The Proposed Development includes residential land use, A3 uses, B1, D1 and/ or D2 uses and open space. As part of this flexible floorspace, a Community Centre is proposed in the Cricklewood Lawn in the Illustrative Masterplan.	N/A during construction + during operation	None required.
Does the proposal provide opportunities for the voluntary and community sectors?	Yes	At this stage, delivery of the Proposed Development does not directly specify opportunities for the voluntary sectors, however it is possible that voluntary and community groups could utilise the D1 community space as well as the extensive public realm including the new town square for market, events and curated community activities.	N/A during construction 0 during operation	The Proposed Development could consider providing opportunities for the voluntary and community sectors such as allowing community groups to hold charity events in the D1 community space.

<i>Assessment Criteria</i>	<i>Relevant to the Proposed Development?</i>	<i>Details and Evidence</i>	<i>Potential Health Impact</i>	<i>Further Action or Mitigation Recommended</i>
Does the proposal address the six key components of Lifetime Neighbourhoods?	Yes	<p>The Proposed Development addresses the following components of the Lifetime Neighbourhoods:</p> <ol style="list-style-type: none"> 1 . Resident empowerment: Community participation and feedback within the development of the masterplan. 2 . Access: Creation of a traffic-free pedestrian and cycle route, integrating with the existing and wider networks. 3 . Services and amenities: The Proposed Development provides a range of residential units in terms of sizes and tenures together with retail uses. 4 . Built and natural environments: Safe, inclusive accessible open spaces in addition to pedestrian and cycle routes. 5 . Social Networks/ Wellbeing: Addition of community space and improvements to the public realm. 6 . Housing: Provision of housing including a range of affordable housing choices. 	N/A during construction + during operation	None required.

Table 6-10 Minimising the Use of Resources

<i>Assessment Criteria</i>	<i>Relevant to the Proposed Development?</i>	<i>Details and Evidence</i>	<i>Potential Health Impact</i>	<i>Further Action or Mitigation Recommended</i>
Does the proposal make best use of existing land?	Yes	<p>The Proposed Development seeks to optimise the use of the existing Site whilst respecting the local context of the surrounding site. The Proposed Development will consist of a number of use types including residential and retail units and has an effective site layout in response to the neighbouring context.</p> <p>In addition, the Site is within the Cricklewood, Brent Cross and West Hendon Regeneration Area Development Framework and the proposals are in line with aspirations set out within the Draft London Plan.</p>	N/A during construction + during operation	None required.
Does the proposal encourage recycling (including building materials)?	Yes	<p>The CEMP will be prepared prior to the commencement of works to describe the mitigation measures that will be applied for construction activities to ensure that building materials are recycled and/or appropriately disposed.</p> <p>During the operation phase, space will be provided in the design to accommodate central waste storage provision for recyclable and non-recyclable waste generated by occupants.</p>	0 during construction + during operation	<p>Ensure that the appropriate strategies are implemented for the recycling of building materials.</p> <p>Explore opportunities to further encourage recycling within open and community space as well as employment space and homes.</p>
Does the proposal incorporate sustainable design and construction techniques?	Yes	The design satisfies appropriate building regulations and responds specifically to the Mayor's London Plan policies and Supplementary Planning Guidance on Sustainable Design and Construction (2014) and the policies of Barnet contained within the Local Plan.	+ during construction + during operation	None required.

Table 6-11 Climate Change

<i>Assessment Criteria</i>	<i>Relevant to the Proposed Development?</i>	<i>Details and Evidence</i>	<i>Potential Health Impact</i>	<i>Further Action or Mitigation Recommended</i>
Does the proposal incorporate renewable energy?	Yes	The design of the Proposed Development includes energy efficiency measures and the provision of renewable energy (such as solar panels and air source heat pumps) are to be confirmed at the detailed design stage. Provision of PV panels will be assessed and maximised against the other project requirements such as roof plant, external amenity space and surface water run-off control. Provision of centralised air source heat pumps technology for the Proposed Development will be included in the plans if a potential district heating system is not deemed feasible. Principles for these design measures have been incorporated within the Design Guidelines.	N/A during construction + during operation	Provide additional details on how renewable energy methods will be implemented into the Proposed Development. Implement all strategies such out in the Energy Statement.
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	Mitigation measures to reduce GHG emissions and respond to winter and summer temperature from the Proposed Development are to be confirmed at the detailed design stage, including material specifications, design measures for energy efficiency and renewable energy provision within the Proposed Development. Passive design and energy efficiency measures such as shading and landscaping are included in the design of the Proposed Development, in line with the GLA's aims in the Draft New London Plan. It is expected that the residential elements of the Proposed Development will achieve a carbon reduction of between 8 and 14% through passive design and energy efficiency measures alone, and the non-residential between 12 and 20%. The Energy Strategy outlines proposals for a balanced glazing to solid ratio through the façade which must not be greater than 40 % in order to prevent overheating. Green roofs will be introduced, where possible, to limit urban heat effect.	N/A during construction + during operation	Implement all strategies such out in the Sustainability Statement and Energy Statement.
Does the proposal maintain or enhance biodiversity?	Yes	The Site is currently occupied by a range of retail outlets and hardstanding areas for parking and servicing, with minimal biodiversity. The Proposed Development will not result in any loss of landscaping. The Site will benefit from the external green landscaping provided which will improve and enhance the existing biodiversity of the Site.	N/A during construction + during operation	None required.

<i>Assessment Criteria</i>	<i>Relevant to the Proposed Development?</i>	<i>Details and Evidence</i>	<i>Potential Health Impact</i>	<i>Further Action or Mitigation Recommended</i>
Does the proposal incorporate sustainable urban drainage techniques?	Yes	<p>A Sustainable Drainage System (SuDS) will be used where practicable throughout the Site to provide source control, improve water quality, reduce flood risk and provide amenity and biodiversity benefits.</p> <p>Surface water attenuation and treatment will be provided in the form of biodiverse roof, attenuation tanks and permeable paving to receive the run-off from the Site. Green/ brown roofs, raingardens and increased soft landscaping area have been proposed to reduce runoff, rainwater harvesting will be investigated at detailed design stage.</p> <p>This will represent a significant reduction in the surface discharge from the Site compared to that experienced at present.</p>	N/A during construction + during operation	None required.

7 Conclusions & Recommendations

7.1 Conclusions

- 7.1.1 This Rapid HIA has identified that LBB is mostly a healthy borough, particularly for London, that is performing well in the main health indicators. Chapter 5 shows residents in Barnet do not suffer from many health issues, as shown by the Index of Multiple Deprivation. The borough ranks 193 for the proportion of LSOAs in most deprived 10% nationally. Low levels of deprivation within the specific domains of health contribute to this overall result. Health indicators relating to child obesity, smoking prevalence and violent crime rates are amongst the lowest in London.
- 7.1.2 Analysis of Childs Hill ward specifically highlights similarly low levels of health deprivation as LBB, both of which are better than London as a whole. However, Childs Hill ward does not perform as well in the other factors, such as the employment and crime deprivation domains, which means many of the LSOAs in the ward are amongst the top 30% most deprived areas in the country when accounting for all domains.
- 7.1.3 The assessment of health impacts has been based on the details of the Proposed Development available at the time of writing and on published data. This HIA has followed the 'HUDU Rapid Health Impact Assessment Matrix' and has assessed the principal health benefits to the residents at the Proposed Development, and within the local community including:
- Provision of housing including a number of affordable housing choices, providing vital supply to the LBB's housing market. This provision will meet the needs of the lower income parts of the community and the specific needs of the elderly.
 - Provision of small amounts of employment-generating floorspace to support job creation, in addition to the employment created during the construction period. This will potentially give rise to positive health impacts associated with increased income, the establishment of networks, job satisfaction and a sense of self-worth;
 - Improvement in the environment and open space provision in the local area through the creation of approx. 1.60ha of new publicly available space and 0.89ha of private open space within the Proposed Development.
 - The creation of a new traffic-free pedestrian and cycling route which ensures permeability and connectivity through the site for pedestrians and cyclists. This route is connected into the local area's network.
 - The creation of community space to encourage social interaction and cohesion;
 - The inclusion of renewable energy and sustainable urban drainage techniques to ensure that the Proposed Development has a beneficial effect on climate change and can respond to changing conditions.
 - Engagement with the community has meant that the feedback and needs of local residents has helped guide the Proposed Development's masterplan.
- 7.1.4 During construction, potential adverse health impacts are associated with dust and noise during the construction works which could impact residents. The Air Quality Assessment and Noise Assessment identify a number of mitigation measures that must be implemented to reduce these temporary impacts.
- 7.1.5 Once the Proposed Development is operational, appropriate design measures will ensure most potential adverse health impacts are mitigated. A potential adverse health impact could arise from the additional demand on local health services, which currently have a higher patient list size than the CCG and country's target level. However, changes to the delivery of GP services through the introduction of appointments via telephone, video consultation and online prescriptions as a result of the Covid-19 pandemic could potentially release some capacity.

7.1.6 In addition, the provision of employment floorspace within the Proposed Development has the potential to generate a lower number of jobs than currently on Site, resulting in a loss of jobs to the local area in a worst-case scenario.

7.2 Recommendations

7.2.1 The key recommendations relevant to health and wellbeing associated with the Proposed Development include the following:

- The Applicant should continue to ensure homes that promote good design, layout and provide a range of types and sizes for the local community at the Reserved Matters Applications Stage, ensuring there are homes that are accessible for older and disabled persons.
- The Applicant should seek to maximise the number of affordable and socially rented homes available in the Proposed Development.
- The Applicant should ensure that standards relating to accessibility and sustainability set out in the relevant documents and strategies accompanying this application are implemented in full.
- The Applicant should seek to work with the community to bring forward or promote a variety of community uses at the Proposed Development.
- The Applicant should start discussions with the LBB and/ or NHS in relation to the mitigation of potential adverse effects on GPs capacity in the local area. Use of appointments via telephone, video consultation and online prescriptions should be encouraged where possible.
- The Applicant should seek to promote a range of employment generating spaces that ensures a no net loss of employment on the Site.
- The Applicant should provide details regarding the management and maintenance of the open spaces at the Reserved Matters Application Stage.
- The Applicant should ensure all mitigation measures set out in the relevant assessments for transport, air quality and noise are fully implemented to reduce the potential adverse effects, and follow the measures identified in the CEMP.
- The opportunities for local healthy stores or businesses to occupy the flexible mixed-use commercial floor space should be explored once its use is decided.

7.2.2 It is difficult to accurately measure the effectiveness of the measures set out in this HIA to promote health and wellbeing, as the affected population is subject to a multitude of influences on health. However, a range of health indicators have been provided in this report that could be used to compare current health characteristics of the population to future characteristics of the new community who will work or reside within the Proposed Development.

