



BEROL QUARTER

Health Impact Assessment

BEROL QUARTER LIMITED

December 2022

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The Berol Quarter Rapid Health Impact Assessment

Final Report

Berol Quarter Limited

December 2022

LICHFIELDS

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Contents

1.0	Introduction	1
	Background and Site Context	1
	Proposed development	Error! Bookmark not defined.
	Report Structure	2
2.0	Policy Context	3
	National Policy Context	3
	Regional Context	5
	Local Context	7
3.0	Assessment Methodology and Significance Criteria	9
	Definition of Health	9
	Assessment Methodology	9
	Impact Area	9
	Determinants, Pathways and Outcomes	10
	Cause and Effect	11
	Significance Criteria	12
	Assumptions and Limitations	12
4.0	Baseline Conditions	13
	Population and Local Economic Profile	13
	Labour Market Indicators	17
	Education	18
	Access to Open Space and Nature	21
	Access to Community Facilities	23
	Community Safety	24
	Access to Healthy Food	26
	Health Infrastructure	26
	Adult Health	28
	Children's Health	28
	Priority Groups	28

5.0	Rapid Health Impact Assessment for Proposed development	0
6.0	Summary of Impact on Priority Groups	21
7.0	Summary and Conclusions	23

1.0 Introduction

- 1.1 This Health Impact Assessment ('HIA') has been prepared by Lichfields on behalf of Berol Quarter Limited ('the Applicant'). The HIA is a standalone report prepared to inform consideration of the redevelopment of the site at 'Berol Quarter' comprising of Berol House and 2 Berol Yard ('the proposed development'), which is located in the London Borough of Haringey ('LBH'). This HIA is, however, being submitted alongside the Environmental Impact Assessment ('EIA') of the proposed development, and seeks to identify, assess and present any potential effects on the health of the population within the Local Impact Area ('LIA') of the proposed development.

Background and Site Context

- 1.2 The existing site comprises 2 Berol Yard, a currently vacant plot of land on Watermead Way, and Berol House, the former Berol pencil factory which is now an existing office building, that runs north-south along Ashley Road.
- 1.3 The Site falls within the Ashley Road South Masterplan ('ARSM') Area in Tottenham Hale. To the north of the site lies the Cannon Factory, located off Ashley Road, which is owned by Notting Hill Genesis and has permission for new homes and commercial space, the Harris Academy is located further north. To the north east lies the Gessner which was delivered by the Applicant, Watermead Way and the Lee Valley Railway Line. To the south is Tottenham Hale Station and the Tottenham Hale District Centre, which mainly comprises Tottenham Hale Retail Park on the opposite side of Ferry Lane. To the west on the opposite side of Ashley Road are the development plots of Ashley Gardens, Ashley House and Ashley Park which will provide new residential accommodation. Down Lane Park is located further west and to the north west of the site and is within minutes walking distance.
- 1.4 The surrounding area is currently undergoing transformational change. It is a former industrial area, with a number of remaining warehouse-type buildings, however, there are several approved planning permissions for mixed-use development in the immediate surroundings, some of which are built or under construction. In the coming years, the area will be residential with a mix of commercial and employment uses across much of the ground floor.

Proposed Development

- 1.5 The description of the proposed development is as follows:

"Full planning permission for the refurbishment and extension of Berol House to include Use Class E floorspace and the redevelopment of 2 Berol Yard to provide new residential homes, Use Class E floorspace and associated landscaping, public realm improvements, car and cycle parking and other associated works."

Report Structure

1.6 The remainder of this HIA is structured as follows:

- **Section** Error! Reference source not found. sets out the legislative, policy and strategy contexts informing the development and delivery of the proposed development;
- **Section** Error! Reference source not found. sets out the approach to the HIA, and significance criteria used in determining the health impacts of the proposed development;
- **Section** Error! Reference source not found. presents the demographic, social, economic and environmental context of the LIA and more widely the LBH. This section concludes by identifying the priority groups against whom the HIA is considered;
- **Section** Error! Reference source not found. considers the health impacts of the proposed development as per the guidance the London Healthy Urban Development Unit ('HUDU') rapid HIA. This includes an overview of any mitigation and/or monitoring measures required to address any adverse health impact created by the proposed development; and
- **Section** Error! Reference source not found. provides a summary of conclusions to the assessment presented in this HIA.

2.0 Legislative & Policy Context

- 2.1 This section sets out the national, regional and local legislation, policy and strategic context relating specifically to health.

National Legislative & Policy Context

Health and Social Care Act

- 2.2 The Health and Social Care Act 2012¹ ('the Act') states that it is the Secretary of State's duty to promote a comprehensive health service designed to secure the improvement of the physical and mental health of people in England and the prevention, diagnosis and treatment of physical and mental health. The Act outlines the purpose of clinical commissioning as the function for the provision of services in accordance with the Act.

National Planning Policy Framework

- 2.3 The National Planning Policy Framework ('NPPF')² places a strong emphasis on sustainable development, and for planning to support national growth. Founded upon separate economic, social and environmental objectives, the NPPF seeks to work towards achieving each objective through plan-making and decision-taking, thereby, achieving the overarching aim of sustainable development and pursue the United Nations' ('UN') 17 Sustainable Development Goals ('SDGs') in the period to 2030. Paragraph 9 states that in order to accomplish these objectives:

"Planning policies and decisions should play an active role in guiding development towards sustainable solutions, but in doing so should take local circumstances into account, to reflect the character, needs and opportunities of each area."

- 2.4 Section 8 of the NPPF places significant emphasis on using planning policies and decisions on promoting health and safe communities. This includes through promoting social interaction, creating safe and accessible places to minimise crime and disorder, and enabling healthy lifestyles through the provision of community space, access to healthy food as well as safe and accessible green infrastructure.

Planning Practice Guidance

- 2.5 The Planning Practice Guidance³ ('PPG') highlights the need to consider the impact of the built and natural environment on health and well-being and to *"undertake positive planning to create environments that support and encourage healthy lifestyles"* (Reference ID: 53-001-20190722).
- 2.6 PPG sets out the Government's vision of a 'healthy place', which includes supporting and promoting healthy behaviours, reducing health inequalities and supporting community engagement and social interaction. It emphasises the importance of meeting the needs of children and young people, the increasingly elderly population, and those with dementia and other sensory or mobility impairments (Reference ID: 53-003-20191101).

¹ HM Government (2012), *Health and Social Care Act*.

² Ministry of Housing, Communities & Local Government (2021), *National Planning Policy Framework 2021*.

³ Department for Levelling Up, Housing and Communities (2022), *Planning Practice Guidance 2022*.

- 2.7 HIAs are recognised as useful tools in the consideration of planning applications where there are expected to be significant impacts (Reference ID:53-005-20190722).
- 2.8 PPG (in particular the section considering Healthy and Safe Communities⁴) focusses on how planning can play a crucial role in the creation of sustainable, inclusive and healthy communities. This starts by defining a healthy place as “*a place which supports and promotes healthy behaviours and environments and a reduction in health inequalities for people of all ages.*” This guidance is to be read alongside the National Model Design Guide (see below) which provides further detail on how design can promote social interaction, physical activity and safe communities.

National Model Design Guide

- 2.9 The National Model Design Code⁵ provides detailed guidance on the production of design codes, guides and policies to promote successful (as well as a healthy) design. This places a greater emphasis on development supporting wider health outcomes, such as:
- How the design of new development should enhance the health and wellbeing of local communities and create safe, inclusive, accessible and active environments;
 - How landscape, green infrastructure and biodiversity should be approached including the importance of streets being tree-lined; and
 - The environmental performance of place and buildings ensuring they contribute to net zero targets.
- 2.10 The National Model Design Code provides detailed guidance on the production of local design codes, guides, and policies to promote successful design. Design codes are important because they provide a framework for creating healthy, safe, green, environmentally responsive, sustainable and distinctive places, with a consistent and high-quality standard of design.

Design: Process and Tools Planning Practice Guidance

- 2.11 The Design: Process and Tools PPG⁶ provides advice on the key points to take into account in order to plan for well-designed places. This includes thinking about the context, identity, built form, movement, public spaces of the development and how the development hopes to achieve a plan’s vision and objectives. The guidance also states how can design be considered throughout the planning process, including within the pre-application process, outline planning application and full application process. The guidance also recommends using the National Design Code to help assess the design quality of a development.

⁴ Department for Levelling Up, Housing and Communities (2022), *Healthy and Safe Communities Planning Practice Guidance*. [Available at: <https://www.gov.uk/guidance/health-and-wellbeing>.]

⁵ Ministry of housing, Communities & Local Government (2021), *National Model Design Code*. [Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1009793/NMDC_Part_1_The_Coding_Process.pdf].

⁶ Department for Levelling Up, Housing and Communities (2019), *Design: Process and Tools Planning Practice Guidance*. [Available at: <https://www.gov.uk/guidance/design>].

Health Impact Assessment in Spatial Planning

- 2.12 Public Health England's ('PHE')⁷ guide describes the health and well-being outcomes that can be influenced or optimised as part of the plan-making and planning application process.
- 2.13 The guide sets out an evidence-based approach for preparing HIAs, which includes establishing the baseline for the project, identifying HIA health outcomes, identifying specific population groups that could be affected, assessing the potential impacts of wider determinants of health as part of the scheme, and identifying recommendations for implementation and monitoring that will support positive health outcomes. It sets out that the extent of assessment within HIAs should be proportionate to the significance of impact of a proposed development. This HIA follows the approach set out in this document.

Regional Context

London Plan

- 2.14 In March 2021 the Mayor of London published the New London Plan⁸, which replaces the 2016 London Plan. The policies set out in the New London Plan comprise an “integrated economic, environmental, transport and social framework for the development of London over the next 20-25 years”.
- 2.15 Policies that are relevant to healthy communities and health infrastructure include, but are not limited to, the following:
- **Policy GG3 – Creating a healthy city** states that planning and development must meet the following requirements in order to improve Londoners' health and reduce health inequalities:
 - i “Ensure that the wider determinants of health are addressed in an integrated and co-ordinated way, taking a systematic approach to improving the mental and physical health of all Londoners and reducing health inequalities”.
 - ii “Promote more active and healthy lifestyles for all Londoners and enable them to make healthy choices”;
 - iii “Use the Healthy Streets Approach to prioritise health in all planning decisions”;
 - iv “Assess the potential impacts of development proposals on the health and wellbeing of communities, in order to mitigate any potential negative impacts and help reduce health inequalities, for example through the use of Health Impact Assessments”;
 - v “Plan for improved access to green spaces and the provision of new green infrastructure”;
 - vi “Ensure that new buildings are well-insulated and sufficiently ventilated to avoid the health problems associated with damp, heat and cold”; and

⁷ Public Health England (2020), *Health Impact Assessment in spatial planning*. [Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/929230/HIA_in_Planning_Guide_Sept2020.pdf].

⁸ Mayor of London (2021), *The London Plan, 2021*. [Available at: https://www.london.gov.uk/sites/default/files/the_london_plan_2021.pdf].

vii *“Seek to create a healthy food environment, increasing the availability of healthy food and restricting unhealthy options”.*

- **Policy D14 – Noise** states that developments must *“Reduce, manage and mitigate noise to improve health and quality of life”*. This policy also states that *“residential and other non-aviation development proposals should manage noise by: [...] avoiding significant adverse noise impacts on health and quality of life”*.
- **Policy S2 – Health and social care facilities** identifies and addresses local health and social care needs within Development Plans taking account of NHS Forward Planning documents and related commissioning and estate strategies, Joint Strategic Needs Assessments (‘JSNA’) and Health and Wellbeing Strategies.
- **Policy SI1 – Improving air quality** states that *“Development proposals should use design solutions to prevent or minimise increased exposure to existing air pollution and make provision to address local problems of air quality. Particular care should be taken with developments that are in Air Quality Focus Areas or that are likely to be used by large numbers of people particularly vulnerable to poor air quality, such as children or older people”*.
- **Policy S1:2- Minimising greenhouse gas emissions** states that *“Major development should be net zero-carbon. This means reducing greenhouse gas emissions in operation and minimising both annual and peak energy demands in accordance with the following energy hierarchy:*
 - “1. be lean: use less energy and manage demand during operation*
 - “2. be clean: exploit local energy resources (such as secondary heat) and supply energy efficiently and cleanly*
 - “3. be green: maximise opportunities for renewable energy by producing, storing and using renewable energy on-site*
 - “4. be seen monitor, verify and report on energy performance”*.

It is also stated that a minimum on-site reduction of at least 35 per cent beyond Building Regulations is required for major developments. Residential development should achieve 10 per cent, and non-residential development should achieve 15 per cent through energy efficiency measures.

- **Policy T2 – Healthy Streets** promotes and demonstrates the application of the Mayor’s Healthy Streets Approach to improve health, reduce health inequalities and demonstrate how they will deliver improvements that support the ten Healthy Street Indicators in line with Transport for London (‘TfL’) guidance.

Health Inequalities Strategy

2.16

London’s Health Inequalities Strategy⁹ was published in September 2018 as a statutory requirement of the GLA. The Mayor’s vision for London is to be *“a healthier, fairer city, with all Londoners having the best opportunities to live a long life in good health”*. The Strategy sets out the following key objectives for London which are:

⁹ Mayor of London (2018), *The London Health Inequality Strategy*. [Available at: https://www.london.gov.uk/sites/default/files/health_strategy_2018_low_res_fa1.pdf].

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

2.17 The report also outlines the Mayor's Strategy for Social Integration, aimed at reducing social isolation, as well as physical and mental health issues.

Local Context

Haringey Local Plan

2.18 The Haringey Local Plan¹⁰ (2013-2026) proposes specific health related policies, including Policy SP14: Health and Wellbeing. This policy outlines the Council's objectives and strategic plans with regard to health outcomes, which include:

- Working with NHS Haringey in its goal to reduce health inequalities in the areas with poorest health
- Identifying appropriate sites for new health infrastructure including those in Haringey's growth areas based on a health service delivery plan agreed by the Council and its partners
- Protecting existing facilities and support the provision of new or improved health facilities through land use planning area plans, development management decisions, improved service management plans and through planning contributions
- Prioritising interventions and resources to those areas of the borough where health inequalities are greatest
- Supporting the integration of community facilities and services, i.e. health, education, cultural and leisure in multi-purpose buildings

Haringey Health and Wellbeing Strategy (2020-2024)

2.19 The Haringey Health and Wellbeing Strategy¹¹ acknowledges that the physical features of a place influence the health of residents in many ways. Air quality, communal facilities, good quality housing and green spaces all contribute to healthy, connected communities and prevention of mental and physical long-term conditions.

2.20 The Strategy emphasises the vision for Haringey to become a clean, green and safe borough where people of all ages want to live, work and play, now and in the future. Proposed overarching themes and priorities of the plan include:

¹⁰ Haringey Council (2017), *Haringey Local Plan Strategic Policies 2013-2026*. [Available at: https://www.haringey.gov.uk/sites/haringeygovuk/files/final_haringey_local_plan_2017_online.pdf].

¹¹ Haringey Council (2020) *Haringey Health and Wellbeing Strategy 2020-2024*. [Available at: https://www.haringey.gov.uk/sites/haringeygovuk/files/draft_hwbb_140820.pdf].

- Designing and planning future major public developments in Haringey to maximise health and wellbeing of residents – including promoting active travel and social connectedness
- Understanding how housing in the borough can promote good health and wellbeing
- Using licensing and planning regulations to promote healthy high streets
- Organising services around places or localities, so teams get to know each other and can connect residents more readily to the support they need, be it housing, employment or health and care advice or ways to be more active
- Improving air quality and reducing carbon emissions

3.0 **Assessment Methodology and Significance Criteria**

Definition of Health

- 3.1 The World Health Organisation ('WHO') defines health as the "*state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity*". Many factors combine to affect the health of individuals and communities. In addition to personal characteristics and behaviour (such as genetics and personal choices), the determinants of health include the social, economic and physical environment.

Assessment Methodology

- 3.2 Whilst it is recognised that there is no single, best-practice methodology for undertaking HIAs in England, this assessment follows the broad structure outline below:
- 1 A brief summary of the key policies and health strategies for the LBH, and where relevant for the wider London context;
 - 2 High level analysis of the demographic, economic, health and environmental profile for the LIA. Where appropriate, baseline data for the LBH and London more widely are included to provide additional context;
 - 3 Identify priority groups that may be particularly vulnerable to change from a health outcome perspective and consider these as separate groups;
 - 4 Use the London HUDU rapid HIA toolkit to undertake an assessment of the proposals, cross-referencing to other evidence and assessments prepared as part of the proposed development's planning application;
 - 5 Focussing on the key issues (such as assessing the impact upon new and existing employees in terms of amenity, access to green space, active travel, safety and access to jobs) to assess the potential health outcomes of the proposed development in more detail; and
 - 6 Draw conclusions and make recommendations on how the proposed development can mitigate adverse effects, and maximise beneficial ones.

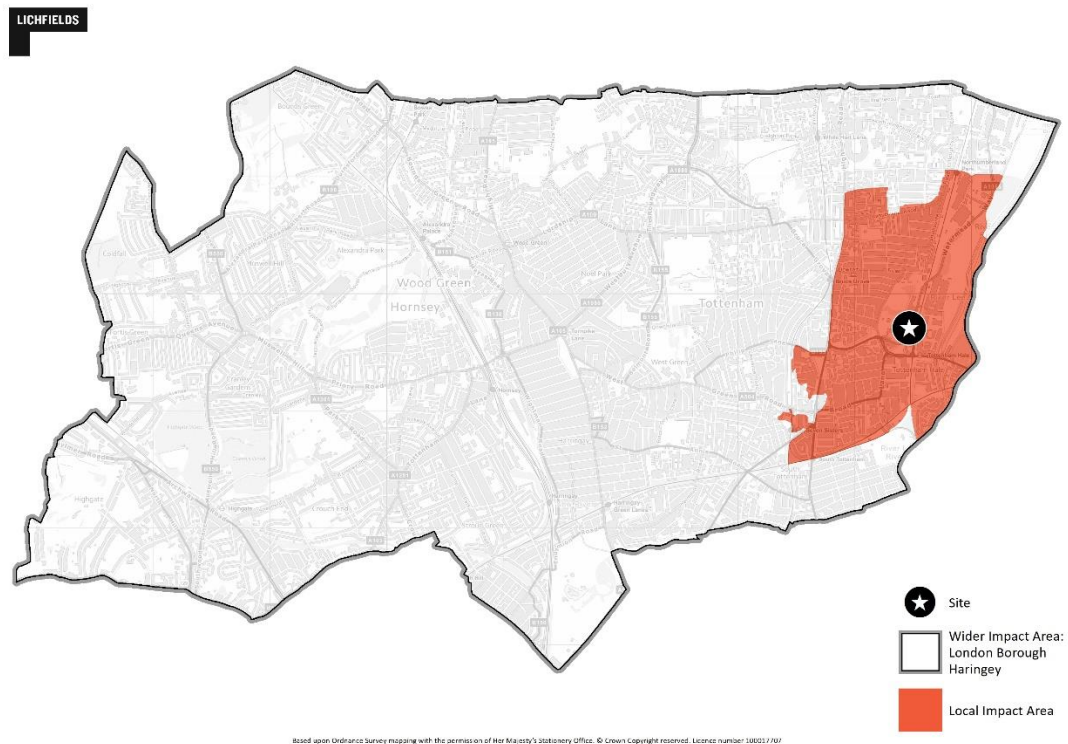
Impact Area

- 3.3 A LIA is considered to be the area most directly and significantly affected by a proposed development. The proposed development is located within the east of the LBH, within the electoral ward of Tottenham Hale.
- 3.4 The LIA is determined based on consideration of the site's location, the proposed development and the unique geographical location and character of the surrounding area. The LIA aligns with the statistical boundary of the following middle-layer super output areas ('MSOA')¹²: Haringey 012, 015 and 025, as shown in Figure 3.1.

¹² A MSA is a statistical geographic area designed to improve the reporting of small area statistics in England and Wales.

- 3.5 A wider impact area ('WIA') consisting of the LBH (i.e. the Borough in which the proposed development is located) is also considered. For benchmarking purposes, the regional economy (i.e. London) has also been included to set the relevant baseline and assessment in context.

Figure 3.1 Local Impact Area



Source: Lichfields analysis

Determinants, Pathways and Outcomes

- 3.6 The underlying approach to this HIA is based on a determinants, pathways and outcomes approach. This is a readily recognised approach to assessing the impacts of any proposed development on human health. The definitions for these three terms are outlined below:
- 3.7 Health determinants are factors that can influence health outcomes (see below). Factors may be personal, social, cultural, economic and/or environmental. They include living and working conditions such as housing, employment, the environment, transport, education and access to services. This HIA follows the approach set out within the HUDU rapid HIA tool, and is therefore based on the following 11 determinants:
- 1 Housing design and affordability;
 - 2 Access to health and social care services and other social infrastructure;
 - 3 Access to open space and nature;
 - 4 Air quality, noise and neighbourhood amenity;
 - 5 Accessibility and active travel;

- 6 Crime reduction and community safety;
- 7 Access to healthy food;
- 8 Access to work and training;
- 9 Social cohesion and inclusive design;
- 10 Minimising the use of resources; and
- 11 Climate change.

3.8 Health pathways are factors that lead to a change in a determinant which creates the health outcome.

3.9 Health outcomes reflect the range of medical and general wellbeing impacts on a particular population. For the purposes of this HIA, health impacts are considered as potential changes in health outcomes arising from the Proposed development.

Cause and Effect

3.10 PHE contends that the natural and built environment both play a key role in shaping the social and economic determinants of health, but there is often not a single direct cause and effect relationship between a determinant and a health outcome. Many factors influence the effect of a determinant, including those unrelated to the influences of the built environment and the planning system (such as genetics or decision to smoke). The issues are therefore complex, multi-dimensional and with a multitude of inter-dependent factors.

3.11 As recognised by PHE, the evidence underpinning the principles of improving health outcomes through action on the built and natural environment is still a matter of debate amongst scientific and practitioner communities. It is difficult to universally apply evidence for the successful transfer of practices.

3.12 Long-term studies have, however, demonstrated that there are clear relationships and trends between a range of determinants and outcomes, with a greater impact upon vulnerable groups within the general population.

3.13 The assessment has used this evidence base to discuss the potential effects of the proposed development. It is important to understand that a HIA cannot be definitive or exhaustive, nor can it predict the future. However, where potential effects are identified, the benefit of the effect or otherwise is set out in the assessment and where necessary mitigation and/or long-term recommendations are made.

3.14 The evidence base has been developed based upon the themes and associated issues, potential health impacts and the possible adverse and beneficial effects of planning detailed within the HUDU rapid HIA tool and PHE's guidelines.

Significance Criteria

- 3.15
- In line with the guidance set out in the HUDU rapid HIA tool, this assessment considers the impacts of the proposed development on local receptors based on a review of evidence and embedded mitigation measures aimed at reducing any adverse effects. The overall impact of the proposed development has been determined by the expected magnitude on health and wellbeing. These may be positive, negative, neutral or uncertain.
- 3.16
- Table 5.1 presented later in this report both use the following red/amber/green ('R/A/G') classification as outlined in Table 3.1 below, to identify the nature of each effect on the general population, as well as the priority groups identified.

Table 3.1 Nature of Impact

Nature of Impact	Classification
Positive	
Neutral	
Negative	
Uncertain	

Assumptions and Limitations

- 3.17
- It should be noted that this HIA draws on the latest-available socio-economic and health data. In most cases, much of the data reported will have been collected prior to and during the Covid-19 pandemic. Given the wider health and economic impacts of the pandemic, some of the data may not fully reflect the current situation.

4.0 Baseline Conditions

4.1 This section sets out the profile of the LIA by identifying the key characteristics of the local population and environment based on a number of demographic and socio-economic indicators. Whenever possible, the demographic and socio-economic characteristics of the LIA are benchmarked against the LBH and London averages to help understand the wider context in which the LIA sits.

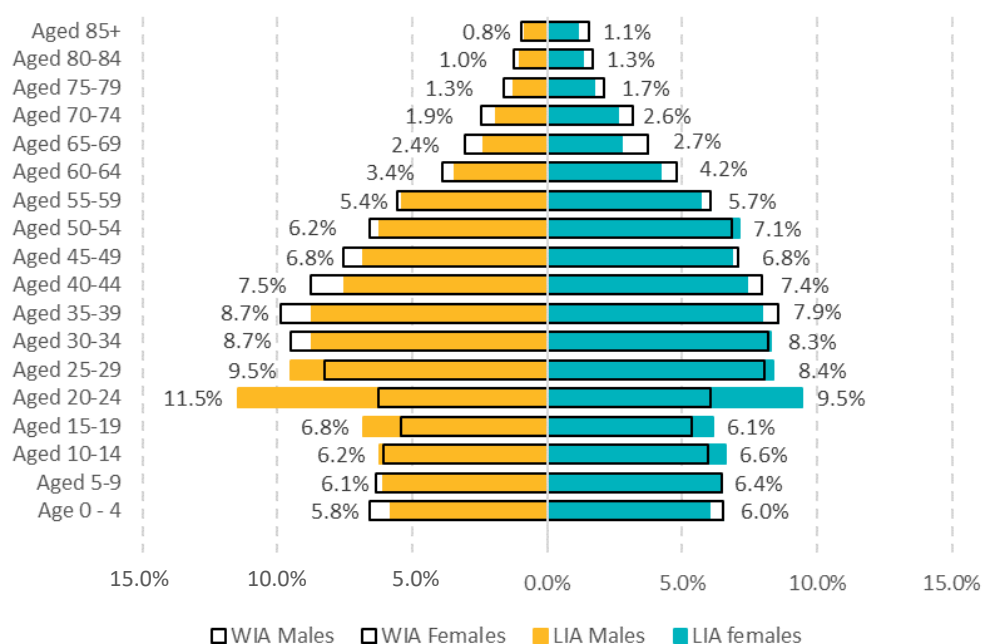
Population and Local Economic Profile

Age

4.2 In 2020, the population of the LIA numbered just over 27,200 people¹³, or the equivalent of approximately 10.2% of the total resident population of LBH (estimated to be 266,350 people).

4.3 Figure 4.1 below provides a comparison of the age structure in the LIA and LBH by gender and five-year age groups. This shows an age profile that is relatively characteristic of urban areas with a fairly high proportion of younger working age adults (especially residents (i.e. both male and female) aged 20 to 24).

Figure 4.1 Population pyramid for local impact area and LBH (2020)



Source: Office for National Statistics (2020), *Population Estimates* /Lichfields Analysis

4.4 Table 4.1 provides a breakdown of the LIA's population by broad age group. It shows that 71.8% of the LIA's population are of core working age (i.e. aged between 16-64), which is higher than the equivalent figure for both LBH (69.2%) and London (67.2%). When considering only the working age population, the LIA has a significantly higher proportion of younger (16-24) working age adults (22%) than the LBH (15%) and London (15.4%).

¹³ ONS Mid-Year population estimates (2020)

Table 4.1 Comparative age structure for resident populations (2020)

Age Group		Local Impact Area	LBH	London
0-15		19.8%	20.1%	20.6%
16-64		71.8%	69.2%	67.2%
65+		8.4%	10.7%	12.2%
Aged 16-64	16-24	22.0%	15.0%	15.4%
	25-44	46.3%	50.0%	50.2%
	45-64	31.7%	34.9%	34.4%
	Total	100.0%	100.0%	100.0%

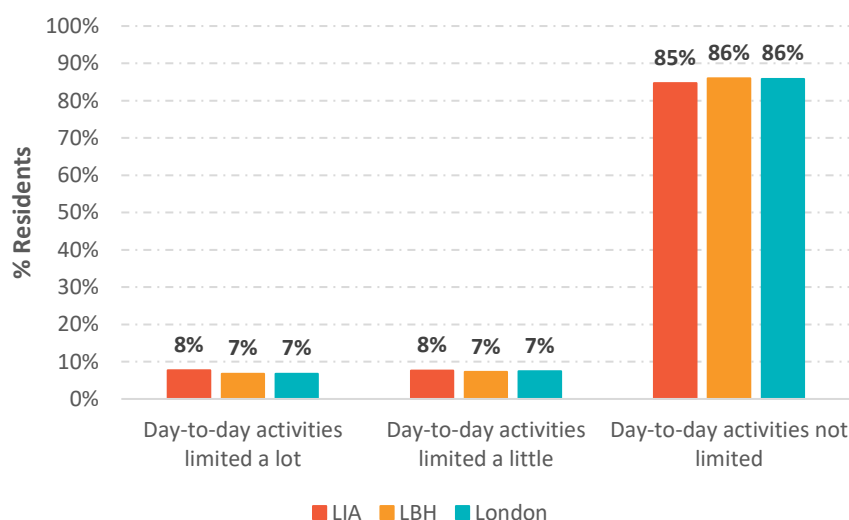
Source: Office for National Statistics (2020), *Population Estimates* /Lichfields Analysis

Disability

4.5

As shown in Figure 4.2 below, data from the 2011 Census¹⁴ indicates that approximately 16% of the LIA's population have a long-term health problem or disability that limits their day-to-day activities, compared with around 14% across both LBH and London. Around 8% of residents in the LIA defined their disability as 'limited a lot', with a further 8% defining their disability as 'limited a little'.

Figure 4.2 % Population with long-term health problems and/or disabilities (2011)



Source: Office for National Statistics (2011), *Census of Population, 2011* / Lichfields analysis

4.6

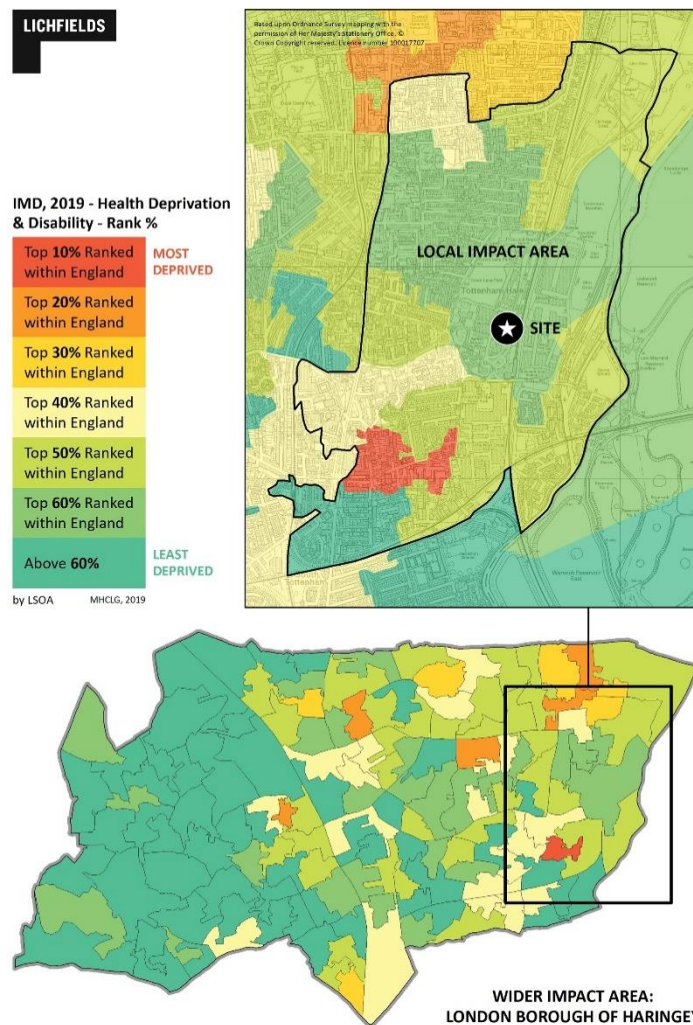
In terms of general health of the LIA's workday population, data from the 2011 Census indicates that 44.3% claimed to have very good health. This falls slightly below the equivalent figures for LBH (47.7%) and London (50.9%). Conversely, 1.9% of the LIA's workday population claimed to have very bad health, compared with 1.8% for LBH and 1.2% for London.

¹⁴ ONS Census (2011)

- 4.7 Data from the 2019 English Indices of Deprivation¹⁵ ('IoD') ranks the LBH as the 154th most deprived local authority area in England in terms of health deprivation and disability. The 2019 IoD comprises of seven domains (and several other sub-domains) which cover the following:
- Income – which measures the proportion of the population experiencing deprivation relating to low income;
 - Employment – which measures the proportion of the working age population in an area involuntarily excluded from the labour market;
 - Education – which measures the lack of attainment and skills in the local population;
 - Health and disability – which measures the risk of premature death and impairment of quality of life through poor physical or mental health;
 - Crime – which measures the risk of personal and material victimisation at the local level;
 - Barriers to housing and local services – which measures the physical and financial accessibility of housing and local services; and
 - Living environment – which measures the quality of both the 'indoor' and 'outdoor' local environment.
- 4.8 A detailed look at the health deprivation and disability domain for the LBH suggests that the majority of lower-layer super output areas ('LSOA') making up the Borough fall within the top 60% least deprived areas in England. The Eastern section of the Borough performs slightly worse than the Western portion, however the LSOA within which the site is located still outperforms the national average, ranking within the top 50% least deprived neighbourhoods nationally.

¹⁵ Ministry for Housing Communities and Local Government (2019), *English Indices of Deprivation*.

Figure 4.3 Indices of Deprivation – Health deprivation and disability domain (2019)



Source: Ministry of Housing, Communities & Local Government (2019), *English Indices of Deprivation* / Lichfields analysis

Gender

- 4.9 Data from the ONS¹⁶ suggests that in 2020, there were just over 14,000 males and 13,200 females within the LIA, representing a split of 51.5% male to 48.5% female. This is slightly less balanced than the LBH (50.8% male to 49.2% female) and London (50.1% male to 49.9% female) figures as a whole.

¹⁶ Office for National Statistics (2020), *Mid-Year population estimates*.

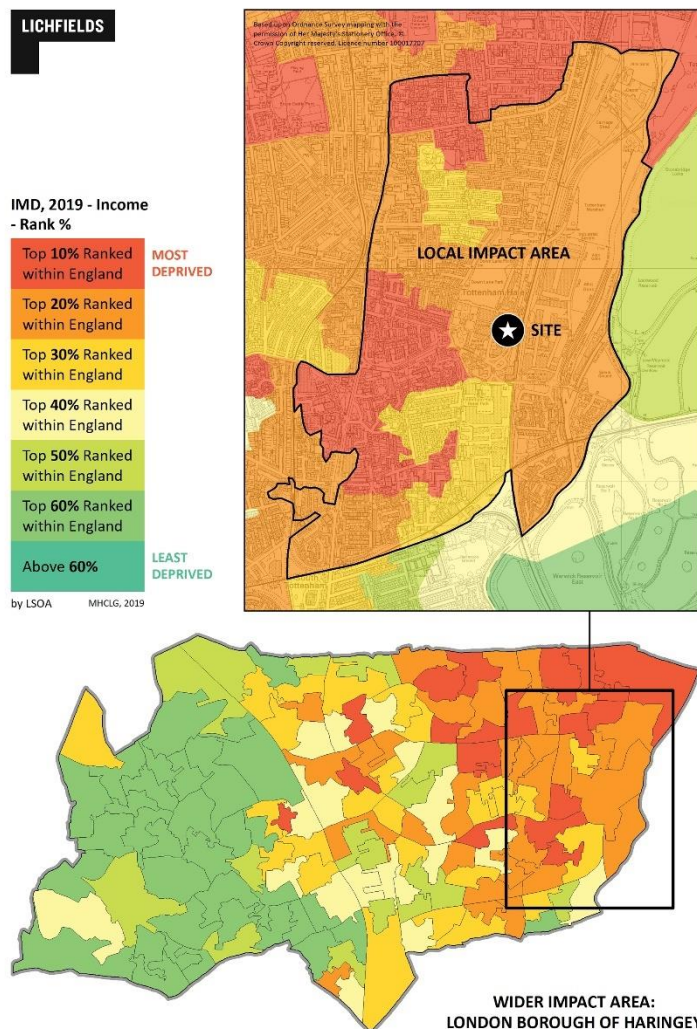
Labour Market Indicators

- 4.10 Data from the ONS¹⁷ shows that in the 12-months to December 2021, overall labour market participation (also referred to as the economic activity rate) for people of core working age (i.e. aged 16-64) in the LBH was 79.9% compared with 79.4% across London. The unemployment rate for the LBH was 4.7% compared with 5.8% across London.
- 4.11 Data for 2021 is not available at the LIA spatial level, with the latest data available dating from the 2011 Census of Population. At the time, the LIA performed relatively poorly compared with both the LBH and London, with an economic activity rate of 64.2%, compared with 71.6% in LBH and 71.7% across London. The LIA (7.5%) had a higher unemployment rate than both the LBH (6.1%) and London (5.2%). Please note that Census data is not directly comparable with the latest data (as it considers residents aged 16-74, rather than 16-64), but it does suggest that the LIA performs poorly in terms of economic activity and unemployment when compared with the wider spatial geographies.
- 4.12 The past two years have been especially difficult as the country battled against the Covid-19 pandemic and then the economic fallout which followed. Data for June 2022¹⁸ shows that within the LIA there were around 1,625 residents claiming Universal Credit, which is the equivalent to 8.3% of the LIA's core working age population. This is higher than the equivalent claimant rates for both the LBH (7.1%) and London (4.9%). Unsurprisingly, the June 2022 figure is higher than the claimant rate for the LIA in June 2019 (pre-pandemic), which stood at 3.9%.
- 4.13 The income domain of the 2019 IoD places the site of the proposed development within the top 20% most deprived LSOA's in England. The LBH as a whole varies significantly in relation to the income domain, with many LSOA's in the Central and Eastern areas of the Borough ranking in the top 10% most deprived neighbourhoods nationally. On the contrary, a large proportion of LSOA's located in the Western area of the LBH rank within the 50% least deprived neighbourhoods across England.

¹⁷ Office for National Statistics (2021), *Annual Population Survey*.

¹⁸ Office for National Statistics (2022), *Claimant Count*.

Figure 4.4 Indices of Deprivation - Income domain



Source: Ministry of Housing, Communities & Local Government (2019), *English Indices of Deprivation* / Lichfields analysis

Education

Early Years Provision

4.14

For early years and childcare places, a 1.6km (i.e. one mile) radius from the site has been considered as an appropriate impact area to reflect a 20-minute walking distance. Within this area only one nursery facility has been identified, which is Ramla Nursery. It is located approximately 1.4km Northwest of the site.

Primary School Provision

- 4.15 Data from the Department for Education ('DfE')¹⁹ indicates that there are 13 primary schools within a 1.6km (i.e. one mile) radius of the site. In total these primary schools have a total capacity for just under 5,350 pupil places. According to the latest school capacity statistics, there are currently 806 total surplus capacity places across these schools (or the equivalent of 15.1% capacity), which is above the DfE's recommended spare capacity (of between 5% to 10%) for schools in urban areas.

Table 4.2 Primary school capacity within 1 mile of the proposed development

School Name	Number of Pupils 2021/22	Number of School Places 2021/22	Surplus/Deficit
Welbourne Primary School	522	620	98
Ferry Lane Primary School	155	210	55
Holy Trinity CofE Primary School	186	236	50
The Mulberry Primary School	602	750	148
Harris Primary Academy Coleraine Park	446	452	6
Bruce Grove Primary School	337	390	53
Earlsmead Primary School	442	500	58
Crowland Primary School	382	420	38
St Paul's and All Hallows CofE Junior School	150	240	90
Lancasterian Primary School	378	459	81
Lea Valley Primary School	407	450	43
St Francis de Sales RC Junior School	318	360	42
Springfield Community Primary School	216	260	44
Total	4,541	5,347	806

Source: Department for Education (2022), Get Information About Schools, June 2022 / Lichfields analysis

- 4.16 The Haringey School Place Planning Report²⁰ notes that the Borough is over a recent rise in demand for primary school places and that key future themes are likely to include managing surpluses in primary schools alongside carefully monitoring capacity at secondary school stage.

Secondary School Provision

- 4.17 Data from the DfE indicates²¹ that there are 13 secondary schools located within a 3.2km (i.e. two mile) radius of the site. Together these schools have a capacity for just over 12,000 pupil places. According to the latest school capacity statistics from the DfE, there is currently surplus capacity of 537 places across these schools (or the equivalent of 4.5% capacity). This falls just short of the DfE's recommended spare capacity of 5-10% for schools in urban areas.

¹⁹ Department for Education (2022), *Get Information About Schools*.

²⁰ Haringey council (2021), *School Place Planning Report*.

²¹ Department for Education (2022), *Get Information About Schools*.

Table 4.3 Secondary school capacity within 2 miles of the proposed development

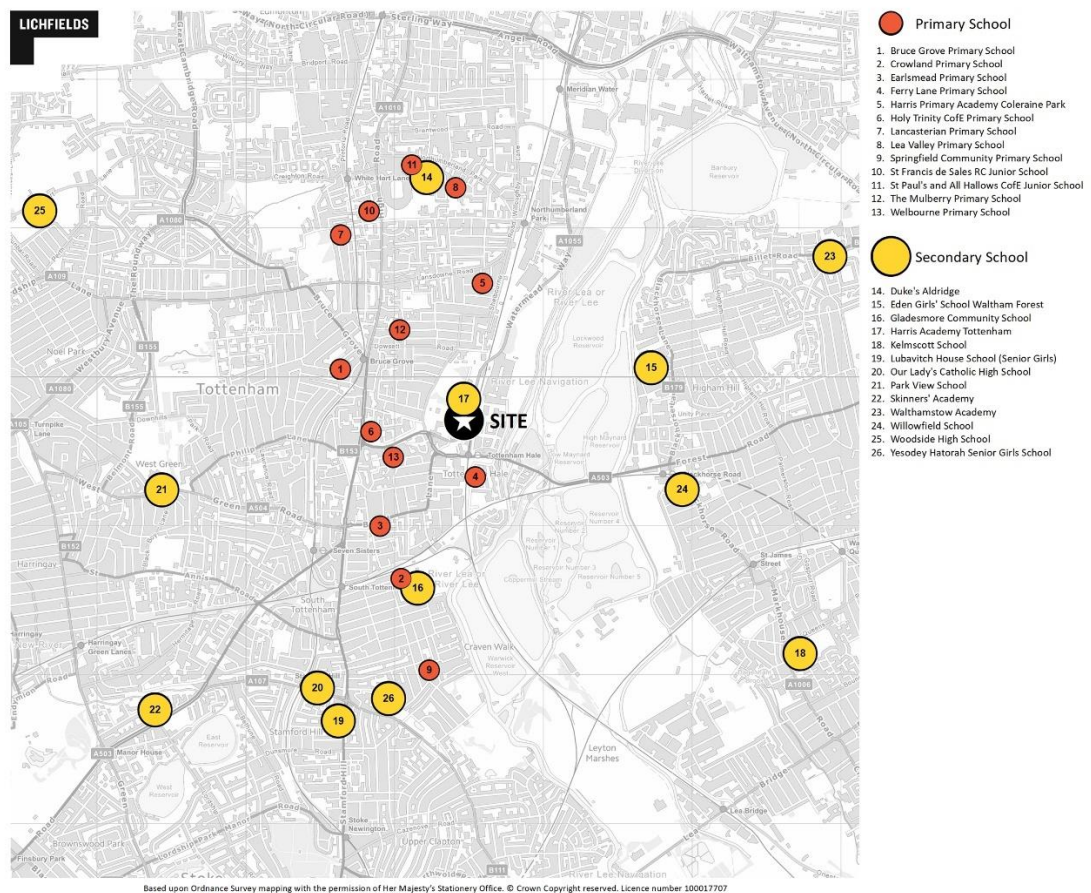
School Name	Number of Pupils 2021/22	Number of School Places 2021/22	Surplus/Deficit
Harris Academy Tottenham	1,200	1,570	370
Gladesmore Community School	1,314	1,215	-99
Eden Girls' School Waltham Forest	584	840	256
Willowfield School	895	930	35
Duke's Aldridge	1,022	1,050	28
Yesodey Hatorah Senior Girls School	353	400	47
Our Lady's Catholic High School	658	756	98
Park View School	1,150	1,215	65
Lubavitch House School	120	180	60
Walthamstow Academy	1,096	600	-496
Kelmscott School	898	960	62
Skinners' Academy	1,052	1,150	98
Woodside High School	1,187	1,200	13
Total	11,529	12,066	537

Source: Department for Education (2022), Get Information About Schools, June 2022 / Lichfields analysis

4.18

The Haringey School Place Planning Report suggests that consistently falling birth rates and roll numbers in primary schools are likely to reduce some of the recent pressure on secondary school places. Part of the reason for the pronounced increase in demand for secondary school places has been the inter-year volatility in the popularity of schools within and outside Haringey.

Figure 4.5 Primary and Secondary schools within the LBH



Source: Lichfields analysis

Access to Open Space and Nature

- 4.19 The Haringey Open Space and Biodiversity Study²² sets out proposed accessibility standards for parks, gardens, natural green space and children's play space guided by the GLA's guidance on open space standards and the GLA's shaping neighbourhoods-play and informal recreation Supplementary Planning Document²³.
- 4.20 Table 4.4 overleaf identifies the current provision of open space and play space in the vicinity of the proposed development based on the GLA's accessibility standards.

²² Haringey Council (2014), *Open Space and Biodiversity Study*. [Available at: https://www.haringey.gov.uk/sites/haringeygovuk/files/haringey_open_space_and_biodiversity_study_final_report_-_mr_openspace_assessment.pdf].

²³ Greater London Authority (2012), *Shaping Neighbourhoods: Play and Informal Recreation*.

Table 4.4 Open Space and Play Space accessibility standards

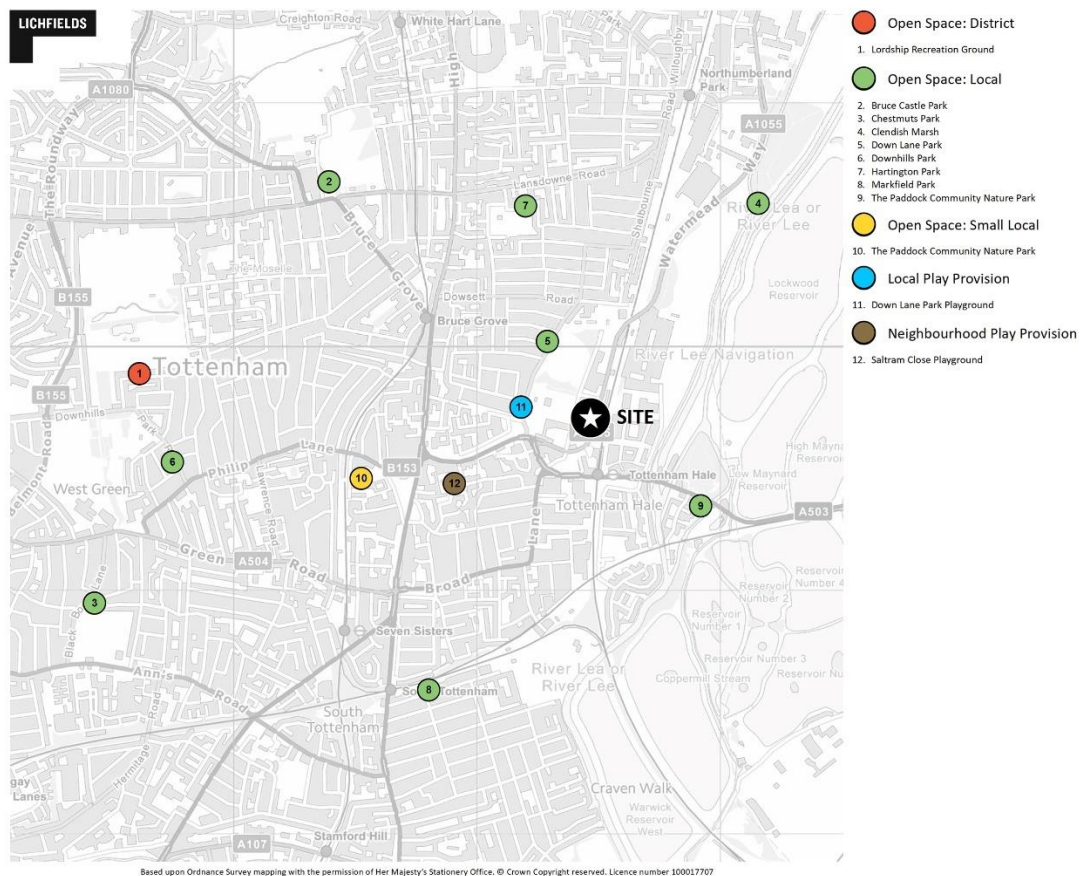
Classification	Accessibility Standard	Name of Space	Size (ha)
Metropolitan (>60 ha)	3.2km	-	-
District Parks (20-60ha)	1.2km	-	-
Local Parks (2-20ha)	400m	Down Lane Park The Paddock Community Nature Park	5.8 3.1
Small Local Parks (<2 hectares)	280m	-	-
Neighbourhood Play	800m	Saltram Close Playground	0.1
Local Play	400m	Down Lane Park Playground	0.24
Doorstep Play	100m	-	-
Total Open Space/Play Space			9.24

Source: Lichfields Analysis

4.21

Although there are relatively few open spaces which meet the GLA's accessibility requirements, there are multiple other open spaces within the LBH available for the local community to access, including Lordship Recreation Ground, Hartington Park, Markfield Park, Clendish Marsh, Bruce Castle Park, Downhills Park, Chestnuts Park and Tottenham Green.

Figure 4.6 Open space and play space



Source: Lichfields analysis

Access to Community Facilities

- 4.22 The Local Plan²⁴ focusses on the importance of community facilities, and how these provide people with opportunities to meet, learn, socialise and develop skills and interests, and by doing so help improve their quality of life. The Local Plan states that in terms of community service provision, it is desirable to have the widest possible range of facilities locally available and readily accessible to create balanced communities and reduce the need to travel.
- 4.23 Furthermore, the Local Plan emphasises the need to provide culture and leisure facilities across the whole of the LBH in order to meet local needs and to promote inclusive communities. The LIA is home to a number of community facilities, libraries and leisure centres, which include Marlborough Hall Community Centre, Marcus Garvey Library and Tottenham Green Pools & Fitness.
- 4.24 Table 4.5 below provides a breakdown of the social infrastructure and community facilities located within the LIA.

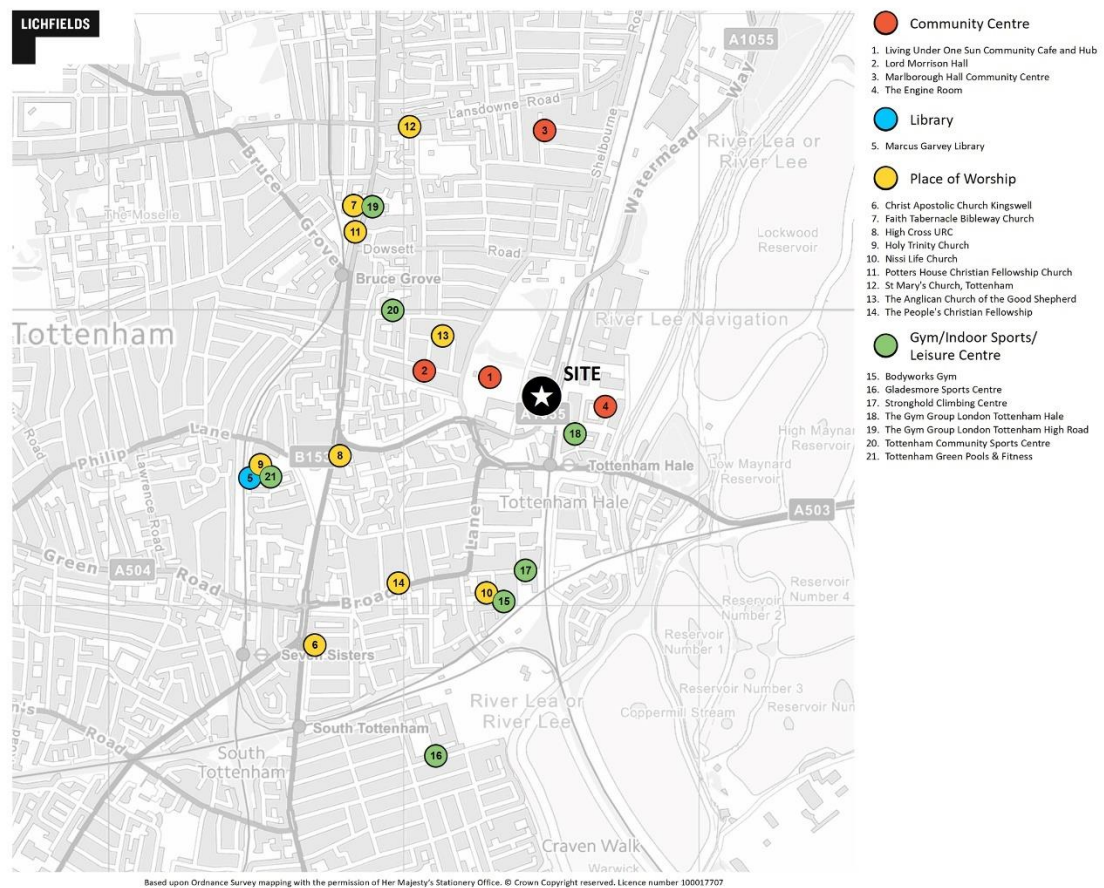
Table 4.5 Social infrastructure and community facilities within the LIA

Name	Facility Type	Distance from site of proposed development (km)
Lord Morrison Hall	Community Centre	0.5
Living Under One Sun Community Hub	Community Centre	0.13
The Engine Room	Community Centre	0.24
Marlborough Hall Community Centre	Community Centre	0.94
Marcus Garvey Library	Library	0.88
The Anglican Church of the Good Shepherd	Place of Worship	0.37
Faith Tabernacle Bibleway Church	Place of Worship	0.8
High Cross URC	Place of Worship	0.68
Christ Apostolic Church Kingswell	Place of Worship	1.08
The People's Christian Fellowship	Place of Worship	0.71
St Mary's Church, Tottenham	Place of Worship	0.97
Holy Trinity Church	Place of Worship	0.69
Potters House Christian Fellowship Church	Place of Worship	0.8
Nissi Life Church	Place of Worship	0.59
The Gym Group Tottenham Hale	Gym	0.15
Bodyworks Gym	Gym	0.61
The Gym Group Tottenham High Road	Gym	0.78
Tottenham Community Sports Centre	Indoor Sports	1.31
Gladesmore Sports Centre	Indoor Sports	1.07
Stronghold Climbing Centre	Indoor Sports	0.47
Tottenham Green Pools & Fitness	Leisure Centre	0.9

Source: Lichfields analysis

²⁴ Haringey Council (2017), *Haringey Local Plan Strategic Policies (2013-2026)*. [Available at: https://www.haringey.gov.uk/sites/haringeygovuk/files/final_haringey_local_plan_2017_online.pdf].

Figure 4.7 Leisure and community facilities



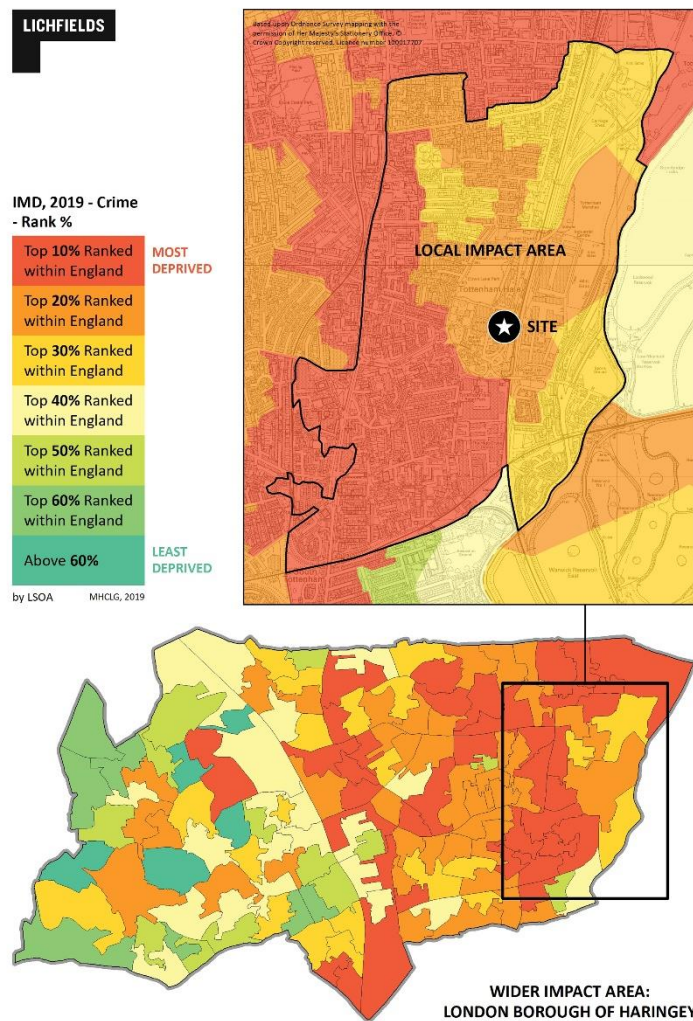
Source: Lichfields analysis

Community Safety

- 4.25 The Planning for Equality and Diversity in London Supplementary Planning Guidance²⁵ ('SPG') indicates that hate crimes tend to be specifically directed at groups with 'protected characteristics' (as defined in the Equality Act 2010), and can range from verbal abuse to direct hostility and physical attacks. On this basis, this assessment also considers incidences of crime.
- 4.26 The 2019 IoD ranks the LBH as the 9th most deprived local authority area in England in terms of crime, putting it in the top 5% most deprived authorities in England. Figure 4.8 maps the crime dimension of the IoD in the LBH. It indicates that the Borough performs very poorly in relation to the crime domain, with large sections falling within the top 10% most deprived neighbourhoods across England. The LSOA within which the site is located falls within the 20% most deprived neighbourhoods.

²⁵ Mayor of London (2007), *Planning for Equality and Diversity in London*.

Figure 4.8 Indices of Multiple Deprivation - Crime Domain



Source: Ministry of Housing, Communities & Local Government (2019), *English Indices of Deprivation* / Lichfields analysis

Table 4.6 Summary of crime statistics for the LBH (July 2021-June 2022)

Type of Offence	Count	% Of Total Offences
Violence against the person	8,501	28.6%
Theft	6,191	20.8%
Vehicle offences	5,105	17.2%
Public order offences	2,162	7.3%
Burglary	2,143	7.2%
Arson and criminal damage	1,737	5.8%
Drug offences	1,259	4.2%
Robbery	1,229	4.1%
Sexual offences	886	3.0%
Miscellaneous crimes against society	325	1.1%
Possession of weapons	181	0.6%
Total	29,719	100%

Source: Metropolitan Police Service (2022), *Crime Data Dashboard*.

- 4.27 Data from the Metropolitan Police Crime Data Dashboard²⁶ indicates that in the 12 months to June 2022, there were just over 29,700 instances of crime within the LBH. The most common types of offence included violence against the person (28.6% of total offences), theft (20.8%) and vehicle offences (17.2%).

Access to Healthy Food

- 4.28 A review of local shops providing access to healthy food within 1.5km of the site has identified the following convenience stores and supermarkets, including:

- Tesco Express (Hale Village);
- Asda (High Road);
- Tesco Superstore (High Road);
- Cyprus Supermarket (High Road); and
- West Green Supermarket (Green Road).

- 4.29 There are also a range of cafes, convenience stores and small comparison goods shops within walking distance of the site which provide healthy food options.

Health Infrastructure

- 4.30 The NHS North Central London Integrated Care Board ('ICB') is the relevant NHS body in charge of healthcare facilities within the LIA and LBH. The ICB was established in 2022 and now serves over 1.7 million people across the local authorities of Barnet, Camden, Enfield, Haringey and Islington. The North East London ICB area comprises of 181 GP practices, which together support 911 full-time equivalent ('FTE') GPs, and look after around 1.75 million patients. Based on this, it is estimated that each FTE GP within the ICB area supports around 1,926 patients, compared with an overall national ratio of 1,782 patients per FTE GP. Please note that the analysis presented in this section is based on active GP practices at the time of writing (i.e. November 2022).

- 4.31 A review of NHS data²⁷ indicates that there are currently seven GP surgeries within a 1.6km distance of the proposed development. Together these surgeries support a total of 31 FTE GP's and look after over 62,000 patients, giving the LIA an overall ratio of 2,007 patients per 1 FTE GP. This is higher than both the national average (of 1,782 patients per FTE GP) and the London HUDU's overall benchmark (of up to 1,800 patients per FTE GP). However, it is noted that a further GP surgery is currently under construction as part of the Welborne development. However, as this practice is not yet fully commissioned, and information about the number of FTE GPs is not available, the additional capacity this will generate within the LIA has not been included as part of the baseline analysis.

²⁶ Metropolitan Police Service (2022), *Crime Data Dashboard*. [Available at: <https://public.tableau.com/app/profile/metropolitan.police.service/viz/MonthlyCrimeDataNewCats/Coversheet>].

²⁷ National Health Service (2022), *General Practice Workforce*.

Table 4.7 General practice capacity

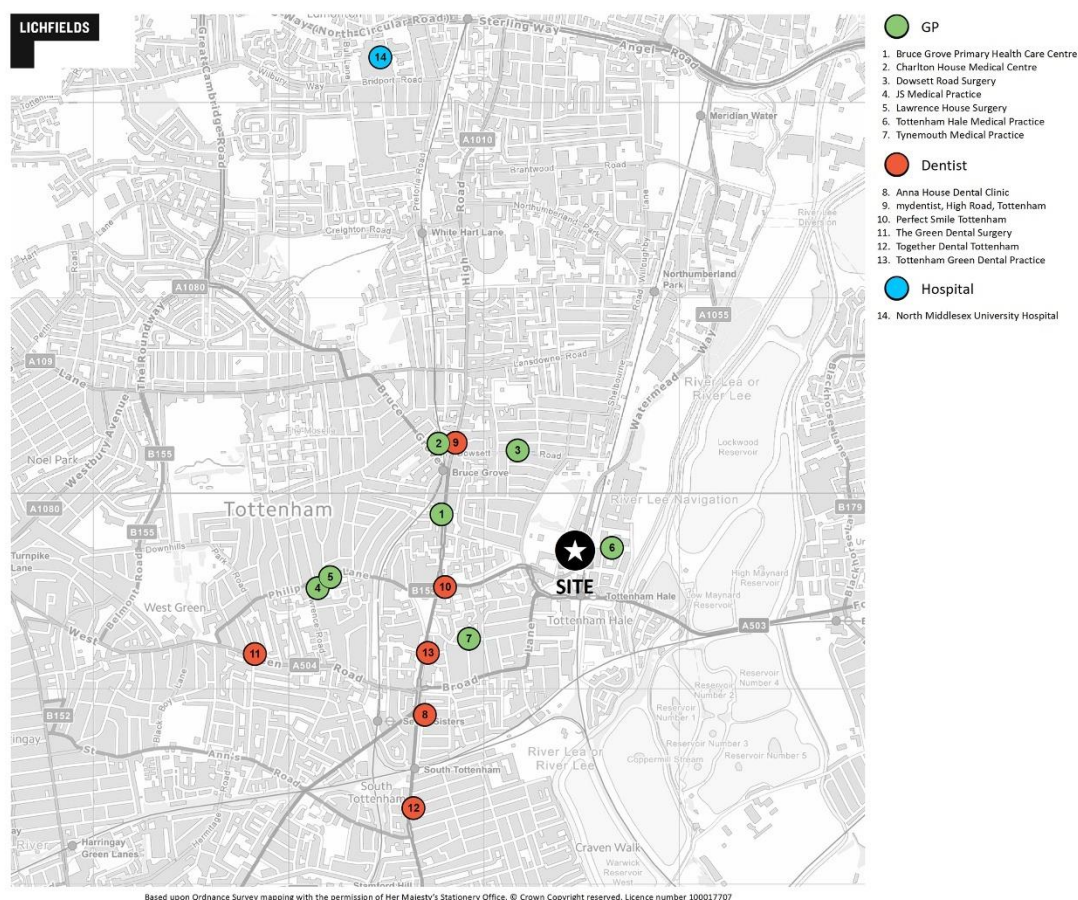
Practice Name	FTE GPs	Total Patients	Patients per FTE GP
Tottenham Hale Medical Practice	1	4,255	4,255
Dowsett Road Surgery	2	4,798	2,399
Tynemouth Medical Practice	6	9,010	1,502
Bruce Grove Primary Health Care Centre	3	7,424	2,475
Charlton House Medical Centre	2	6,466	3,233
JS Medical Practice	4	12,864	3,216
Lawrence House Surgery	13	17,397	1,338
Total	31	62,214	2,007

Source: National Health Service (2022) *NHS Digital* / Lichfields analysis

4.32 There are five dental surgeries located within a 2km distance of the site. In total, these five practices list a total of 15 dentists (excluding hygienists or orthodontists).

4.33 The North Middlesex University Hospital is the nearest Accident and Emergency ('A&E') facility to the site, located approximately 1.7 miles away. In addition to the A&E facilities, the hospital also provides maternity, oncology, and major trauma services.

Figure 4.9 GP's, dentists and hospitals in proximity to the site



Source: Lichfields analysis

Adult Health

- 4.34 Based on data from PHE's local authority health profile for Haringey²⁸ the overall health of LBH residents is varied compared with the national average. The 2019 IoD ranks the LBH as the 154th most deprived local authority in the country with respect to the health domain, placing it just below the national average within the top 50% most deprived areas. Life expectancy for both males and females in the LBH (at 80.8 years and 85 years respectively) outperforms the equivalent national averages (79.6 years and 83.2 years respectively).
- 4.35 The rate of hospital admissions for alcohol-specific conditions in the LBH is 618 per 100,000 population, which is considerably lower than the national average of 664 per 100,000. The percentage of adults who are physically active in the LBH is 67.4%, which is slightly higher than the equivalent figure for England (66.3%). The percentage of adults classified as overweight (52.7%) also outperforms the national average figure (of 62%).
- 4.36 The rate of emergency hospital admissions for self-harm is 70.9 per 100,000, which is significantly better than the national average figure of 193.4 per 100,000.
- 4.37 The rate of people killed and seriously injured on roads in the LBH is 40.8 per 100,000, slightly better than the national average (42.6). However, the rates of new sexually transmitted infections (2,155 per 100,000 population) and new cases of tuberculosis (21.7 ratio) are worse than the England averages.
- 4.38 However, the mortality rate as a result of cardiovascular diseases for under 75s in the LBH is 80.7 per 100,000, which is significantly higher than the national average of 71.7 per 100,000.

Children's Health

- 4.39 PHE data²⁹ indicates that around 23.8% of all children in year 6 within the LBH are classified as overweight or obese. This is significantly worse than the national average of 20.2%.

Priority Groups

- 4.40 This HIA considers the impacts of the proposed development on both the health of the LIA's population, and the wider LBH population as a whole.
- 4.41 However, there is also need to consider whether the proposed development could have a disproportionate impact upon particular groups within the general population. Such impacts could give rise to and/or exacerbate health inequalities between the main population and specific groups within it.

²⁸ Public Health England (2019) *Haringey Local Authority Health Profile*. [Available at: <https://fingertips.phe.org.uk/static-reports/health-profiles/2019/E09000014.html?area-name=Haringey>].

²⁹ Public Health England (2019) *Haringey Local Authority Health Profile*. [Available at: <https://fingertips.phe.org.uk/static-reports/health-profiles/2019/E09000014.html?area-name=Haringey>].

4.42

In this assessment these sub-groups are referred to as priority groups. The priority groups are likely to be more sensitive to change in the determinants of health and are therefore at higher risk of being adversely affected by greater health inequalities. The following priority groups have been identified through a review of literature and baseline evidence, having regard to the context of the site, and the nature of the proposed development. The priority groups considered in this HIA include:

- **Priority Group 1:** People with long-term health and disability issues, as well as residents above working age (65+);
- **Priority Group 2:** People on low income and/or unemployed; and
- **Priority Group 3:** Children and adolescents (0-15).

5.0

Rapid Health Impact Assessment for Proposed Development

Table 5.1 Rapid Health Impact Assessment Matrix

Assessment Criteria	Relevant?	Details / evidence	Potential health impact?	Recommended mitigation or enhancement actions
1. Housing design and affordability				
Does the proposal seek to meet all 16 design criteria of the Lifetime Homes Standard or meet Building Regulation requirement M4(s)?	☒ Yes ☐ No ☐ N/A	The proposed development is set out to meet Building Regulation requirements Part M and has been designed using inclusive design principles applied to all its public realm, commercial elements and residential amenities. 90% of the proposed development's residential units are designed to meet the Building Regulation M(2) of Approved Document M of the Building Regulations. In addition, 10% of housing units will also meet Building Regulation M4(3) Wheelchair user dwelling standards.	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	None
Does the proposal address the housing needs of older people, i.e. extra care housing, sheltered housing, lifetime homes and wheelchair accessible homes?	☒ Yes ☐ No ☐ N/A	As outlined above, 10% of the proposed development's residential units will be accessible to wheelchair users, aligning with Building Regulation M4(3) Wheelchair user dwelling standards. This means that the proposed development will provide access to wheelchair users, through the inclusion of ramps, lifts and compliant corridors, in addition to wide entrances which ensure that it is inclusive to all residents' accessibility needs. Furthermore, all homes are designed to meet technical housing standards, and the national minimum space standards. All homes have	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	None

		been designed to maximise internal space		
Does the proposal include homes that can be adapted to support independent living for older and disabled people?	☒ Yes ☐ No ☐ N/A	The baseline analysis estimates that around 16% of the population within the LIA have a long-term health problem and/or disability that limits their day-to-day activities (i.e. either 'a little' or 'a lot'). It is assumed that not all of these people will have conditions that limit their mobility (and therefore requiring physical adaptations to their dwellings). As set out above, 10% of the units on the proposed development (i.e. around 21 dwellings) will be accessible to wheelchair users. Whilst lower than the overall proportion of residents in the LIA with long-term health problems and/or disabilities (i.e. 16%), this represents a high proportion of provision in the context of the level of the population with long-term health problems and/or disabilities.	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	None
Does the proposal promote good design through layout and orientation, meeting internal standards?	☒ Yes ☐ No ☐ N/A	The layout and orientation of each residential unit have been carefully considered throughout the design process. All the residential units are designed to meet Building Regulations part M4 and the London Housing SPG³⁰.	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	None
Does the proposal include a range of housing types and sizes, including affordable housing responding to local housing needs?	☒ Yes ☐ No ☐ N/A	The proposed development will see the delivery of 210 dwellings of various sizes (i.e. up to three bedrooms), and will make a significant contribution to the LBH's housing target by delivering around 1% of the LBH's ten-year target (of up to 15,920 dwellings) as set out in the 2021 London Plan.	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	None

³⁰ Mayor of London (2016), *Housing Supplementary Planning Guidance*. [Available at: https://www.london.gov.uk/sites/default/files/housing_spg_final.pdf].

Does the proposal contain homes that are highly energy efficient (e.g. a high SAP rating)?	☒ Yes ☐ No ☐ N/A	According to the Energy Statement, an energy strategy will be put in place to ensure the proposed development is aligned with the London Plan's energy hierarchy. The London Plan 2021 (see para 3.28) sets an overall target of zero-carbon for developments in the capital, with the following (minimum) on-Site reductions: - Carbon emission reduction of 16.6% for new dwellings based on energy efficiency measures ('Be Lean'); - Total combined savings of 80% for all on-Site carbon reduction measures including 'Be Lean', 'Be Clean' and 'Be Green'. The proposed development incorporates sustainable design in order to reduce its on-Site CO₂ emissions. Building services will include energy efficient lights, optimised heat distribution and mechanical ventilation with heat recovery. The domestic units are currently showing a CO₂ emission saving of 16.6%.	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	Ensure the Energy Strategy detailed in the Energy Statement is implemented as outlined.
2. Access to health and social care services and other social infrastructure				
Does the proposal retain or re-provide existing social infrastructure?	☒ Yes ☐ No ☐ N/A	The existing site comprises of 2 Berol Yard, a currently vacant plot of land on Watermead Way, and Berol House, the former Berol pencil factory, which is now an existing office building, that runs north-south along Ashley Road. Therefore, the current site does not contain any existing social infrastructure that needs to be retained or re-provided. That being said, it is noted that the proposed development will include the provision of new community spaces.	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	None
Does the proposal assess the impact on	☒ Yes	Using the GLA's Population Yield Calculator ³¹ , it is	☐ Positive	Financial contribution in the

³¹ Greater London Authority (2019), *Population Yield Calculator* (v3.2). [Available at: <https://data.london.gov.uk/dataset/population-yield-calculator>].

health and social care services, and have local organisations been contacted regarding existing and planned healthcare capacity?	☐ No ☐ N/A	estimated that once completed and fully occupied, the 210 homes within the proposed development will accommodate around 470 residents. A review of current healthcare facilities within the LIA indicates that there are currently 7 GP practices within 1.6km of the proposed development, which together have an average patient list size of 2,007 patients per FTE GP. Once completed and fully occupied, the average patient list size in the LIA will increase to around 2,022 patients per FTE GP, which is higher than the HUDU recommended benchmark (of 1,800 patients per FTE GP) and is higher than the overall average for the North Central London ICB area (of 1,926 patients per FTE GP).	☒ Negative ☐ Neutral ☐ Uncertain	form of Community Infrastructure Levy ('CIL') contributions to support additional capacity in healthcare facilities within the LIA.
Does the proposal include the provision, or replacement of a healthcare facility and does the facility meet NHS requirements?	☐ Yes ☒ No ☐ N/A	The proposed development does not make provision for the addition and/or replacement of healthcare facilities. As outlined above, the current provision of healthcare facilities is currently under pressure to service the area and the additional residents on-site.	☐ Positive ☒ Negative ☐ Neutral ☐ Uncertain	Financial contribution in the form of Community Infrastructure Levy ('CIL') contributions to support additional capacity in healthcare facilities within the LIA.
Does the proposal assess the capacity, location and accessibility of other social infrastructure, e.g. primary, secondary and post-19 education needs and community facilities?	☒ Yes ☐ No ☐ N/A	Section 4.0 identifies the existing social and community infrastructure located within a catchment radius of the site. The site is generally well-located in terms of access to healthcare, open space and education facilities that might be used by residents of the proposed development. According to the GLA's Population Yield Calculator, it is estimated that up to 50 children aged 0 to 4 will require access early-years provision. The above baseline analysis indicates that there is only one nursery within a one-	☐ Positive ☐ Negative ☒ Neutral ☐ Uncertain	Overall, the impact of the proposed development on the capacity, location and accessibility of other social and community infrastructure is expected to be neutral. However, the additional demand for early years, primary school and secondary school places will create the need for

		mile radius of the proposed development, and it is anticipated that some of the additional demand will be absorbed into existing facilities. The proposed development is also expected to create demand for 37 primary school places (i.e. for children age 5 to 11). As outlined in the baseline analysis, this demand can be easily accommodated within the existing (i.e. surplus) supply within the LIA. Furthermore, the proposed development will also generate demand for 23 secondary school places (i.e. for children aged 12 to 15). Evidence from the DfE indicates that there is surplus capacity of up to 537 secondary school places locally, as such the additional demand is expected to be absorbed within the existing facilities. The baseline also highlights that there are currently around eight sport, leisure and/or community facilities located under 2 km of the proposed development.		mitigation (in the form of CIL payment).
Does the proposal explore opportunities for shared community use and co-location of services?	☒ Yes ☐ No ☐ N/A	The proposed development will include the delivery of a new shared community space	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	None.
3. Access to open space and nature				
Does the proposal retain and enhance existing open and natural spaces?	☐ Yes ☐ No ☒ N/A	The existing site comprises of 2 Berol Yard, a currently vacant plot of land on Watermead Way, and Berol House, the former Berol pencil factory which is now an existing office building, that runs north-south along Ashley Road. There is no existing open and natural space on-site.	☐ Positive ☐ Negative ☒ Neutral ☐ Uncertain	None
In areas of deficiency, does the proposal provide new open or natural	☒ Yes ☐ No ☐ N/A	The baseline analysis indicates that there is an overall deficiency of small local and district and metropolitan open	☒ Positive ☐ Negative ☐ Neutral	None

space, or improve access to existing spaces?		space within the recommended accessibility standards of the Site. However, the baseline analysis also identified open spaces within the LBH available for the local community to access, including Lordship Recreation Ground, Hartington Park, Markfield Park, Clendish Marsh, Bruce Castle Park, Downhills Park, Chestnuts Park and Tottenham Green. The proposed development will include the delivery of 1,535 sq.m of shared amenity space and 879 sq.m of private amenity space for residents as well as a new public square. This means that the proposed development will see the open space provision increase by 0.24ha, and (more importantly) add to the provision of small local parks (i.e. of under 2ha).	☐ Uncertain	
Does the proposal provide a range of play spaces for children and young people?	☒ Yes ☐ No ☐ N/A	Play provision for 2 Berol Yard is located at podium level and upper roof terrace accessed only by the residents. The garden integrates 370sq.m of play spaces. This area accommodates the play provision requirements for children aged 0 to 11 years old. The play area will accommodate a variety of formal and informal play opportunities including sand, balancing beams and boulders, a climbing structure and other play elements. Seating for carers is included as part of the design. It is proposed that the play provision for over 11-year-old children is located in Down Lane Park which is a 194 metre walk from the entrance to the residential lobby to the existing park gate. This is less than the 400m maximum	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	None

		distance noted in the guidance. Two additional future park gates are proposed as part of the delivery of the Ashley Road South masterplan, both of which are slightly closer in distance.		
Does the proposal provide links between open and natural spaces and the public realm?	☒ Yes ☐ No ☐ N/A	The open spaces within the proposed development have been designed to allow for clear visibility, encourage mobility and movement within the site. The public realm has been designed to ensure a simple and unobstructed network which promotes walking. Furthermore, the public realm was designed to minimise (and closely manage) any unavoidable overlap between pedestrians, cycles and motorised vehicles.	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	None
Are the open and natural spaces welcoming and safe and accessible for all?	☒ Yes ☐ No ☐ N/A	High quality communal amenity space has been provided, giving residents valuable landscaped open space. The proposed development will deliver the optimum amount and quality of public open space, carefully crafted to ensure flexibility across a range of community uses. Through the careful design of spaces with differing functions, alongside active management and maintenance, the public and private open spaces will be actively used to provide safe and pleasant environments as well as informal recreation space.	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	None
Does the proposal set out how new open space will be	☒ Yes ☐ No ☐ N/A	This will be confirmed post-approval. However, it is understood that the new open space and public realm will be	☒ Positive ☐ Negative ☐ Neutral	None

managed and maintained?		carefully managed by a third-party firm.	☐ Uncertain	
4. Air quality, noise and neighbourhood amenity				
Does the proposal minimise construction impacts such as dust, noise, vibration and odours?	☒ Yes ☐ No ☐ N/A	Noise, vibration and air pollution will be minimised through the adoption of Best Practicable Means ('BPM'), to ensure that construction impacts are minimised whenever practicable. In general, construction impacts will be minimised through the use of an Outline Construction Management Plan ('OCMP'). According to the Air Quality Assessment, a qualitative assessment of the potential impacts on local air quality from construction activities has been carried out for this phase of the proposed development using the Institute of Air Quality Management (IAQM) methodology. This identified that there is a high risk of dust soiling impacts and a medium risk of increases in particulate matter concentrations due to construction activities. However, through good site practice and the implementation of suitable mitigation measures, the effect of dust and PM10 releases would be significantly reduced. The residual effects of dust and PM10 generated by construction activities on air quality are therefore considered to be not significant. The residual effects of emissions to air from construction vehicles and plant on local air quality is considered to be not significant. In terms of noise and vibration, the relevant assessment highlights the results of the noise survey and how they have been used to determine the proposed plant noise emission limits for any future	☐ Positive ☐ Negative ☒ Neutral ☐ Uncertain	Implementation and careful monitoring of the measures set out within the respective Noise and Air Quality Chapters, as well as in the OCMP.

		external buildings services plant and in the assessment of ambient noise affecting the proposed development once built and occupied. It is expected that during construction adverse effects are will arise in relation to increased noise levels. However, a plant emission limit has been identified and mitigations will be applied to ensure noise levels do not rise significantly above baseline level. The measures include the use of a temporary acoustic barrier where appropriate, careful selection of construction methods and plant and operational hours to ensure noise does not disrupt residents out of normal hours.		
Does the proposal minimise air pollution caused by traffic and energy facilities?	☒ Yes ☐ No ☐ N/A	The construction phase of the proposed development is anticipated to generate temporary local dust nuisance effects ranging from negligible to major adverse depending on receptors' distance to the site. However, following mitigation (as suggested by the IAQM guidance for high-risk sites), any adverse effects are likely to be neutralised to negligible (and therefore not significant) levels. According to the Air Quality Assessment, the proposed development is compliant with the building emissions benchmarks for NOx and PM10. In addition, the results of the Air Quality Neutral Assessment show that the proposed development is compliant with the trip rate generation benchmarks. The proposed development as a whole is considered to be air quality neutral. On the basis of the above, it is considered that the proposed development complies with national, regional and local policy for air quality.	☐ Positive ☐ Negative ☒ Neutral ☐ Uncertain	Implementation of OCMP and measures aimed at reducing dust nuisance (as per the IAQM guidance). Ongoing monitoring of nitrogen and levels of particulate matter.

Does the proposal minimise noise pollution caused by traffic and commercial uses?	☒ Yes ☐ No ☐ N/A	The assessment of noise and vibration shows that during construction, the proposed development will have a negligible residual effect on traffic and vibration, with the residual effect on noise being up to moderate adverse in nature (i.e. following mitigation). Once completed the proposed development is anticipated to anticipate an increase in traffic. As stated in the Transport report, the proposed development will result in an increase of 90 total trips in the AM peak and 95 total trips in the PM peak. However, the noise chapter states that this will have a minor effect on noise pollution caused by traffic and commercial uses compared to the existing noise levels.	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	None
5. Accessibility and active travel				
Does the proposal address the ten Healthy Streets indicators?	☒ Yes ☐ No ☐ N/A	The proposed development complies with the following inclusive design principles: • Access provisions incorporated into the proposals at this stage that are key to the aim of providing an accessible environment are: • Ensuring pedestrian and cycling routes as inclusive as possible; • Animating street frontages of building to provide interest, passive surveillance, safety and convenience for all users, especially older and disabled people, children and their carers. • Provision of mixed use on the Site, reducing travel distance to work, eat and socialise which are especially critical for older and disabled people with limited mobility.	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	None

		- Optimize the locations of vertical circulation within the new buildings and horizontal connections; and - Promoting the concept of inclusive design within the design team. These principles are in line with some of the key priorities of the Healthy Streets indicators, including helping people chose to walk, cycle and use public transport, inclusive of pedestrians from all walks of life, ensuring people feel safe and providing things to see and do.		
Does the proposal prioritise and encourage walking, for example through the use of shared spaces?	☒ Yes ☐ No ☐ N/A	The proposed development will include public realm improvements within the Site's red-line boundary include the provision of an undercroft pedestrian route through Berol House (route known as Berol Passage), and also a pedestrian boulevard known as Berol Walk along the eastern side of Berol House and the Green Link to the south of 2 Berol Yard. East-west pedestrian movements through the Site will be via Berol Passage and Gessner Lane or Green Link. North-south pedestrian movements will be via Berol Walk. The accesses for the site will integrate and fall on desire lines with the pedestrian and cycle improvements on Ashley Road that are being delivered by LBH. All parts of the Site lead to the existing footway network and have been designed to address the needs of people with disabilities and reduced mobility. The layout maximises the catchment area for access to public transport services which will benefit future users	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	None

		of the site and neighbouring areas.		
Does the proposal prioritise and encourage cycling, for example by providing secure cycle parking, showers and cycle lanes?	☒ Yes ☐ No ☐ N/A	Cycle parking stores have been designed in-line with London Cycle Design Guide where possible and the provision is in-line with standards contained in the London Plan 2021. Of the long stay space, a minimum of 20% will be Sheffield stands and 5% will be suitable for larger bicycles.	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	None
Does the proposal connect public realm and internal routes to local and strategy cycle and walking networks?	☒ Yes ☐ No ☐ N/A	All parts of the Site lead to the existing footway network and cycle routes. The proposed development benefits from a number of cycle routes within close proximity to the site providing links to various destinations and further cycle facilities. Ashley Road currently provides an on-road cycle route along its entirety from its junction with Watermead Way to its northern end. The route connects to off road cycle routes to the north and south of Ashley Road. The off-road cycle way to the north allows further connection to National Cycle Route 1 and off-road cycle ways along Hale Road connect towards facilities in the A10.	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	None
Does the proposal include traffic management and calming measures to help reduce and minimise road injuries?	☒ Yes ☐ No ☐ N/A	According to the OMP, traffic marshals will ensure that all people will enter and exit the Site via the designated pedestrian entrances. Gates will be 'manned' continuously during site hours or kept locked if left unsupervised. All effort will be made to minimise the number of access and egress locations to assist and manage the safe public interface between construction vehicles, pedestrians, cyclists and other road users.	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	Implementation and monitoring of OMP.
Is the proposal well connected to public	☒ Yes ☐ No	The proposed development has a Public Transport Accessibility	☒ Positive ☐ Negative	None

transport, local services and facilities?	☐ N/A	Level ('PTAL') of 6a (Excellent) (on a scale of 1 to 6b), which means that it is generally well connected to public transport including the London Underground (via Tottenham Hale) and several bus routes (including route number 76, 123, 230, N73, 41, W4 and N41).	☐ Neutral ☐ Uncertain	
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 ☐ No ☐ N/A	The Travel Plan put in place recognises that the use of private cars varies based on many factors, and whilst this can be reduced (through encouraging the use of public transport and other modes (such as cycling and walking)) it cannot be totally eradicated. The Travel Plan will encourage residents and visitors to make informed decisions about how they travel and will promote the use of sustainable and active travel options alongside the rational use of private cars.	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	None
Does the proposal allow people with mobility problems or a disability to access buildings and places?	☒ Yes ☐ No ☐ N/A	The proposed development makes use of ramps and lifts to ensure level threshold access has been incorporated. There will be access to a second lift for all residents of wheelchair accessible homes at the upper levels of the residential block. In terms of accessible car parking, eight (8) accessible spaces will be provided for residential and commercial parking bays will be wheelchair accessible and provided as Blue Badge bays. There are also 15 residential future spaces that can be provided as Blue Badge bays if there is demand.	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	None
6. Crime reduction and community safety				
Does the proposal incorporate elements to help design out crime?	☒ Yes ☐ No ☐ N/A	The Design Access Statement ('DAS') states that a balanced level of lighting has been considered. The lighting design supplied will be of a safe and	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	Implementation of design standards and principles outlined in the DAS.

		comfortable illumination level, assisting access and improving security. All open spaces such as the communal gardens and other accessible areas within the proposed development will be of appropriate levels for their contextual setting.		In addition, the incidence of crime is likely to be positively impacted through the enhancing of residents' job prospects, increased community cohesion and increased personal stability (e.g. through secured tenancy).
Does the proposal incorporate design techniques to help people feel secure and avoid creating 'gated communities'?	☒ Yes ☐ No ☐ N/A	The proposed development will promote 'passive surveillance' through landscaping and the positioning of buildings over the use of gated communities and excessive CCTV. The proposed development has been designed to Secured by Design ('SBD') standards. The primary routes between entrances and key destinations will be illuminated. Pathways will be lit between entrances to promote a feeling of safety for people walking through the development.	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	None
Does the proposal include attractive, multi-use public spaces and buildings?	☒ Yes ☐ No ☐ N/A	The proposed development will deliver 1,142 sq.m of café and restaurant floorspace and 5,212 sq.m of office floorspace. The landscaping included within the proposed development will enhance the public realm making it more attractive and inclusive to pedestrians and other users.	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	None
Has engagement and consultation been carried out with the local community and voluntary sector?	☒ Yes ☐ No ☐ N/A	Engagement with local residents and the wider community has been carried out between June and November 2022, with the masterplan for the proposed development. Overall, the feedback from the public consultation was positive with the majority in favour of the proposed development. The main areas of interest and concerns raised were related to	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	The proposed development will include delivery of a new shared community space. This addition has been made following local engagement.

		the provision of amenities and the provision of affordable workspace.		
7. Access to healthy food				
Does the proposal facilitate the supply of local food, for example allotments, community farms and farmers' markets?	☐ Yes ☒ No ☐ N/A	According to the DAS, the Mediterranean terrace, a key amenity space for only residents will include a herb garden and dining terrace. Residents will therefore be able to tend to edible plants that can be used as part of their local supply of food.	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	None
Is there a range of retail uses, including food stores and smaller affordable shops for social enterprises?	☒ Yes ☐ No ☐ N/A	The proposed development will include the delivery of space for makers and creators, in addition to shared community space to showcase this. Made by Tottenham, a local initiative supporting local creatives has shown interest in taking up the new space.	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	None.
Does the proposal avoid contributing towards an over-concentration of hot food takeaways in the local area?	☒ Yes ☐ No ☐ N/A	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, which is crucial due to high levels of child obesity within London. The proposed development does not include any floorspace for the provision of hot food takeaways.	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	None
8. Access to work and training				
Does the proposal provide access to local employment and training opportunities, including temporary construction and permanent 'end-use' jobs?	☒ Yes ☐ No ☐ N/A	The proposed development will support 284 FTE direct jobs during construction and a further 281 FTE jobs through indirect/supply chain and wider induced effects each year. During its operational phase, the proposed development will support 239 net additional	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	All employment opportunities created will be accessible to residents within the LIA and the LBH. in line with best practice, the Applicant will seek to work with contractors and on-Site businesses to

		direct FTE jobs and a further 107 FTE jobs more widely (i.e. through indirect/supply chain and induced effects) across London. The proposed development will also create opportunities for people with disability and low income or unemployed residents, whilst also supporting apprenticeships, training opportunities and work experience placements.		support and encourage the maximisation of employment related benefits, through initiatives such as apprenticeships, work experience, and skills training.
Does the proposal provide childcare facilities?	☐ Yes ☒ No ☐ N/A	The proposed development does not include any childcare facilities.	☐ Positive ☐ Negative ☒ Neutral ☐ Uncertain	None
Does the proposal include managed and affordable workspace for local businesses?	☒ Yes ☐ No ☐ N/A	The proposed development include the delivery of space for makers and creators, in addition to shared community space to showcase this.	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	None
Does the proposal include opportunities for local people via local procurement arrangements?	☒ Yes ☐ No ☐ N/A	Proposals for local opportunities will be secured by way of a commitment under Section 106.	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	None
9. Social cohesion and inclusive design				
Does the proposal consider health inequalities by addressing local needs through community engagement?	☒ Yes ☐ No ☐ N/A	Consultation on the proposed development took place between June and October 2022, including engagement with the local community. This involved an in-person exhibition, a consultation website and survey with an open question where people could leave their feedback. The comments received via the surveys and during the in-person exhibition can be grouped into the following categories: - Positivity on the activation of the ground floor of Berol House to provide retail spaces with 95% of respondents showing support; - Respondents welcomed the	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	None

		proposal for a new welcoming square with green spaces and water features with an overall score of 8.1/10 on the likeliness to visit the new square; • Almost 85% of respondents were positive on the provision of new homes, including affordable; • Overall, positivity on the proposed development with an average score of 7.6/10 ; • Concerns towards the proposed development were so due to questions surrounding what it will offer the community. Some respondents felt that the proposed development should be affordable to those in the area and commercial spaces available at low rents to local community groups. However, concerns around affordability were addressed based on the proposed provision of affordable housing of 60 units (40% affordable provision).		
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 ☐ No ☐ N/A	The proposed development will deliver new public open space, amenity space, communal gardens and public realm which include new walkways accessible to all (including wheelchair users). The public realm will be accessible to all as part of an inclusive design philosophy. Users with disabilities will not be segregated and will be	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	None

		able to easily move through the public realm and access the buildings. As well as the provision of 379 long stay cycle parking space and 18 short stay cycle parking spaces, all of which will reduce severance and further connect existing communities to the site.		
Does the proposal include a mix of uses and a range of community facilities?	☒ Yes ☐ No ☐ N/A	The proposed development will see the delivery of 1,142 sq.m of café and restaurant (Class E) floorspace, as well as 5,212 sq.m of brand-new office floorspace. These in addition to the delivery of green space and improved public realm within the site will have potential to add to the community offer within the LIA.	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	None
Does the proposal provide opportunities for the voluntary and community sectors?	☒ Yes ☐ No ☐ N/A	The proposed development does not identify specific opportunities for voluntary and community sectors. However, it is possible that voluntary and community groups would be able to, and whenever possible be encouraged to make use of the community spaces and public spaces for their activities.	☐ Positive ☐ Negative ☒ Neutral ☐ Uncertain	Promote opportunities for the voluntary and community sectors within public spaces of the proposed development.
Does the proposal take into account issues and principles of inclusive and age-friendly design?	☒ Yes ☐ No ☐ N/A	The proposed development has been designed based on inclusive principles and ensuring that it is age friendly. The inclusive design strategy adopted seeks to identify opportunities to provide a more inclusive environment through holistic consideration of the interaction of a building's management, its users, information technology and communication rather than a simple application of the Building Regulations, access standards and (local and regional) policies.	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	None

10. Minimising the use of resources				
Does the proposal make best use of existing land?	☒ Yes ☐ No ☐ N/A	The existing site comprises of a currently vacant plot of land on Watermead Way, and Berol House, the former pencil factory which is now an existing office building. Once completed, the proposed development will see the delivery of 210 dwellings and 6,354 sq.m of commercial floorspace. This will make an important contribution towards helping the LBH achieve its required housing targets, including on-Site affordable housing.	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
Does the proposal encourage recycling, including building materials?	☒ Yes ☐ No ☐ N/A	An Outline Waste Management Plan ('OWMP') has been produced to set out the management of waste throughout the life cycle of the Berol Quarter project by addressing the waste hierarchy, waste types, waste storage and handling, waste awareness and waste monitoring and measurement. During operation, the refuse strategy will require residents to bring their waste to refuse stores on the ground floors of each building, near to the entrance lobby which in addition to general waste will also include recycling facilities, as well as organic waste bins.	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	Careful monitoring and implementation of the OWMP.
Does the proposal incorporate sustainable design and construction techniques?	☒ Yes ☐ No ☐ N/A	Construction activity will follow best practice guidance for sustainability, in terms of design and construction. The sustainability of lighting choices, including manufacturing, installation, and long-term maintenance and energy requirements, is also an objective of the proposed development.	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	None
11. Climate change				

Does the proposal incorporate renewable energy?	☒ Yes ☐ No ☐ N/A	A roof mounted photo-voltaic ('PV') array is proposed to provide a reduction in carbon emissions from renewable sources. Currently, it has been estimated that approximately an area of 140m² PV panels size can fit on the roof of Berol Yard and approximately 250m² of PV panels can be accommodated on Berol House. With these arrays in place, it is expected that approximately 4.9kg CO₂ from Berol House and 1.8kg CO₂ from Berol Yard can be saved on an annual basis.	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	None
Does the proposal ensure that buildings and public spaces are designed to respond to winter and summer temperatures, for example ventilation, shading and landscaping?	☒ Yes ☐ No ☐ N/A	A range of overheating studies have been undertaken as part of the Energy Statement Chapter in line with guidance in industry documents such as CIBSE TM52, CIBSE TM59 and CIBSE Guide A, and a dynamic simulation model has been developed in order to test the influence of various parameters and ensure that overheating will not be an issue. On the basis of the above, apartments within the proposed development are considered to comply with Policy 5.9 of the London Plan and Part L Criterion 3 of the Building Regulations and with CIBSE TM59 and TM52. The strategy for minimising cooling demand in accordance with Policy 5.9 for the Proposed Development is as follows: • 100% low energy lighting will be provided to reduce internal heat gains within the apartments. • A highly efficient fabric and glazing is proposed incorporating glazing with low-e solar shield glass to protect the	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	To follow the strategy set out in the Energy Statement to minimise cooling demand.

		interior from solar gain. • The apartments will have openable windows to allow natural ventilation. • Within the apartments, mechanical ventilation will be provided via MVHR to cover peaks.		
Does the proposal maintain or enhance biodiversity?	☒ Yes ☐ No ☐ N/A	As part of the landscape strategy, a mix of native and non-native tree species will define the key character areas, whilst providing biodiversity and seasonal interest across the scheme. The proposed development will also include delivery of a green roof, which will not be accessible to residents and focusses on providing a habitat for wildlife. The green roof will include a variety of drought tolerant plant species, mulches and elements to enhance the benefits to wildlife.	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	None
Does the proposal incorporate sustainable urban drainage techniques?	☒ Yes ☐ No ☐ N/A	The proposed development will incorporate sustainable urban drainage techniques, the delivery of green space and increased residential amenity will see an increase in local urban drainage techniques and reduce surface water runoff, and therefore reliance on gullies and underground pipe systems designed to convey water away as quickly as possible from the site.	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	None

Summary of Impact on Priority Groups

- 5.1 Drawing on the detailed assessment of the proposed development outlined above, this section provides an overview of the health impacts on the priority groups identified at the end of Section 4.0, based on each of the health determinants listed within the HUDU matrix.

Table 5.2 Health Impact Assessment on Priority Groups

Health determinant	Priority group 1: People with disabilities and long-term illnesses	Priority group 2: People on low incomes and those unemployed	Priority group 3: Children and Adolescents (0-15 years)	General Population
1. Housing design and affordability	Positive	Neutral	Positive	Positive
2. Access to health and social care services and other social infrastructure	Adverse	Positive	Neutral	Neutral
3. Access to open space and nature	Positive	Positive	Positive	Positive
4. Air quality, noise and neighbourhood amenity	Neutral	Neutral	Neutral	Neutral
5. Accessibility and active travel	Positive	Positive	Positive	Positive
6. Crime reduction and community safety	Positive	Positive	Positive	Positive
7. Access to healthy food	Positive	Positive	Positive	Positive
8. Access to work and training	Positive	Positive	Positive (albeit indirectly)	Positive
9. Social cohesion and inclusive design	Positive	Positive	Positive	Positive
10. Minimising the use of resources	Positive	Positive	Positive	Positive
11. Climate change	Positive	Positive	Positive	Positive

- 5.2 As highlighted in Table 6.1, an adverse effect is highlighted in relation to access to health and social care for people with disabilities and long-term illnesses. This is as a result of existing healthcare facilities experiencing pressures in the form of higher-than-average average patient list size in the LIA. As such it is recommended in order to mitigate against this adverse effect, the proposed development will be required to provide Community Infrastructure Levy ('CIL') contributions in order to support the additional demand for healthcare facilities within the LIA.

6.0 Summary and Conclusions

- 6.1 This HIA has been prepared to identify, assess and present any potential effects on the health and wellbeing of the LIA's population arising from the proposed development. It identifies links between the proposed development and health and wellbeing using determinants, pathways and outcomes to assess potential impacts on health and wellbeing. Factors are personal, social, cultural, economic and environmental. They include working conditions such as employment, the environment, transport, education and access to services.
- 6.2 A review of demographic, socio-economic and health-related indicators, drawing on different data sources, has identified the following priority groups (i.e. in addition to the general population) within the LIA and more widely the LBH:
- 1 **Priority group 1: People with disabilities and long-term health problems** - Representing around 16% of residents of the neighbourhood impact area, this group may be more susceptible to health issues, experience barriers to movement and may experience higher risks of injury.
 - 2 **Priority group 2: Low-income groups and those unemployed** - The proposed development is located in one of the most deprived areas nationally. People living in poverty are more susceptible and more likely to experience health problems linked to not being able to access suitable housing, food and healthcare.
 - 3 **Priority group 3: Children and adolescents** - Representing around one-fifth of all residents, children and young residents are often more susceptible to health issues and need to have easy access to community infrastructure, services and open space.
- 6.3 The proposed development is expected to have an overall neutral effect during its demolition and construction phase and an overall positive effect once operational.
- 6.4 The positive operational health outcome is linked to the provision of new housing (210 homes), the delivery of commercial floorspace, high-quality local amenities, public realm improvements, open space and new play areas.
- 6.5 The only negative effect reported is access to healthcare facilities which according to the baseline, existing conditions within the local impact area suggest there are demand pressures in existing GP practices. However, this effect will be mitigated through CIL and/or Section 106 contributions to support existing healthcare facilities in the local area.
- 6.6 Overall, the findings suggest that the proposed development aligns with the various principles outlined within national, regional and local policy, and draws on best practice and Building Regulations to support the delivery of an environment which supports a coherent, safe, secure, active and sustainable community as part of the wider regeneration of Tottenham Hale.

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