

2026

re:shape

Health Impact Assessment

Ashley Park





Ashley Park, Tottenham Hale

Health Impact Assessment

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INTRODUCTION

- 1 This Health Impact Assessment (HIA) has been prepared by Trium Environmental Consulting LLP on behalf of Re:Shape T Ltd (hereinafter referred to as the 'Applicant'), who is seeking full (detailed) planning consent for the redevelopment of land (approximately 0.70 hectares ('ha')) located within the administrative boundary of the London Borough of Haringey ('LBH') ('the site').
- 2 The scheme proposals (the 'Proposed Development') comprise:

"Full planning permission for a phased mixed-use development comprising: (i) enabling works and operations; (ii) residential development (Use Class C3) including affordable housing; (iii) shared living accommodation (Sui Generis), (iv) commercial and community floorspace (Use Classes E and F2); and (v) site-wide and/or phase-specific access, servicing, public realm, blue-badge parking, cycle parking, open space, hard and soft landscaping, utilities, plant and all other associated works."

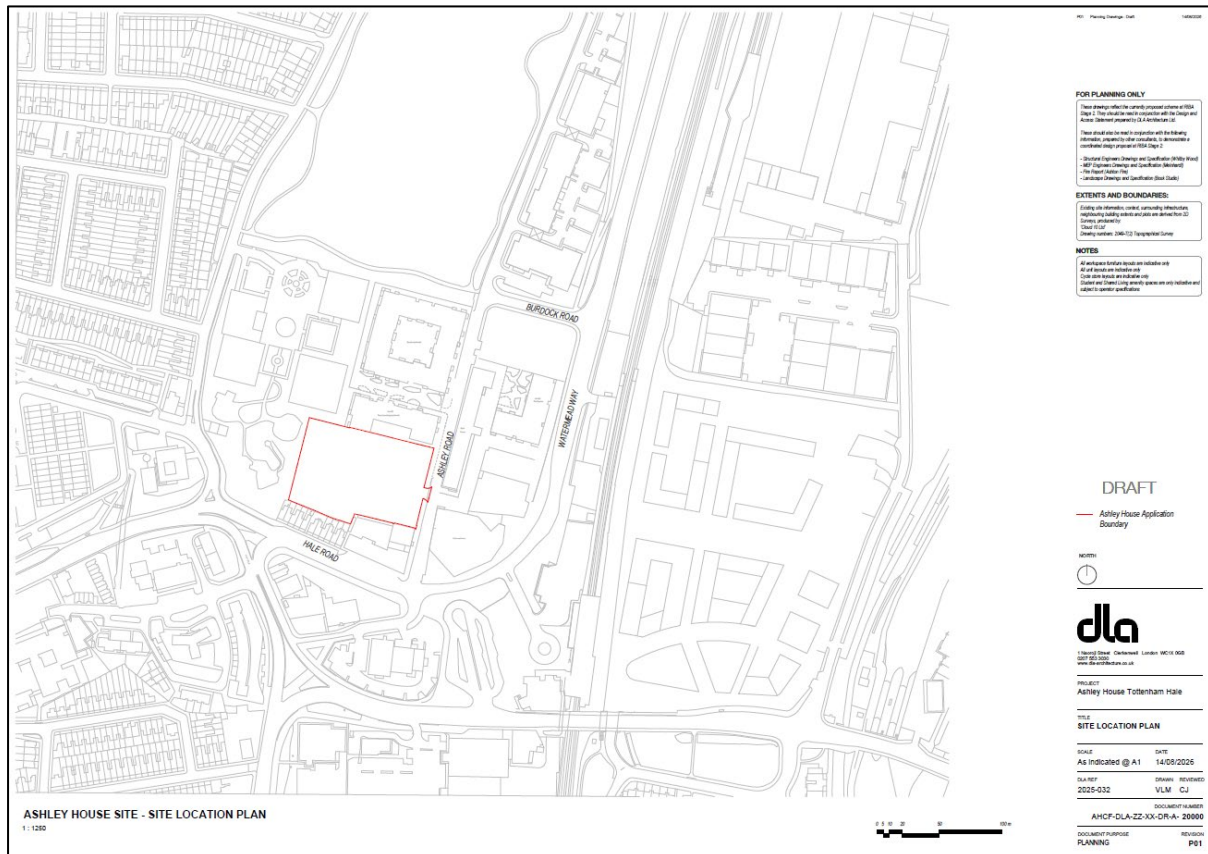
Overview of this HIA

- 3 In accordance with The London Plan¹ Policy GG3 this HIA has been undertaken to systematically define and address any likely health impacts associated with the Proposed Development. As such, reference has been made to a range of data sources and assessments located in standalone planning deliverables and the Environmental Statement (ES), all of which are cited as they appear.

The Site and Existing Uses

- 4 The site covers a total area of approximately 0.70ha and is located to the west of National Grid Reference TQ 34205 89658 at the Former Ashley House site, Ashley Road, Tottenham Hale, London Borough of Haringey, N17 9LZ. The site is broadly rectangular in shape and currently cleared hardstanding. The existing site comprises a vacant brownfield land, with the previous existing buildings having been demolished in August 2023.
- 5 The site is located to the west of Ashley Road, south of the Rosa Luxemburg residential building, east of Down Lane Park and north of a number of residential properties along Hale Road. Berol House, a locally listed building, sits on the opposite side of Ashley Road and is currently vacant. The site is located approximately 200m northwest of Tottenham Hale underground and railway station.
- 6 The site sits within the following designations, evidencing its strategic and sustainable location:
 - Lea Valley Opportunity Area;
 - Tottenham Hale District Centre;
 - Tottenham Hale Area Action Plan (AAP, 2017) area; and
 - Adopted Local Plan Site Allocations (2017) TH5 (Station Square North) and TH6 (Ashley Road South Employment Area).

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

Figure 1 Planning Application Boundary

Source: Site Location Plan, DLA (2026).

The Surrounding Area

- 7 The surrounding area has recently undergone a transformation from previous industrial sites to mixed-use residential developments. The surrounding existing building heights ranges predominantly between 6 to 37 storeys.
- 8 The site itself falls within the Tottenham Hale Tier II Archaeological Potential Area. There are a number of Grade II listed and locally listed buildings that within the Tottenham Green and Bruce Grove Conservation Area, of which the site falls outside of. The nearest listed building is the Grade II listed 62B Monument Way, located approximately 350m to the west of the site.
- 9 In terms of travel modes, Tottenham Hale station (servicing the Victoria line and Stanstead Express overground line) is located approximately 135m southeast of the site. Bruce Grove Station (servicing the Weaver overground line towards London Liverpool Street) is located approximately 670m northwest.
- 10 A detailed description of the existing baseline context of the site and surrounding area is provided in **ES Volume 1, Chapter 3: Alternatives and Design Evolution**, within the technical assessments (**ES Volume 1: Chapters 6-9 and ES Volume 2**), and their appendices (**ES Volume 3**), and within the **ES Non-Technical Summary (NTS)**.

The Proposed Development

- 11 The Proposed Development will be comprised of the following:
 - Construction of two buildings:
 - A shared-living building of up 23 storeys (part six storey, part 23 storey) with a maximum height of +85.475m AOD, providing 522 shared-living units, and a six-storey building with a maximum height of +31.700m AOD, providing 87 affordable homes.
 - No basements are proposed;
 - 355.72m² of commercial/employment and community floorspace (Use Class E and F2) will be split at the ground floor levels of the shared-living and affordable buildings; and
 - Landscaping and new public realm (hereafter referred to as “Ashley Link”);
- 12 The Proposed Development will be car free with the exception of blue badge parking. Provisions will be made for vehicle, cycle and pedestrian access arrangements as well as cycle storage in accordance with current policy requirements;
- 13 The Energy Strategy will be electricity-led and consists of Air Source Heat Pumps (ASHP). Mechanical Ventilation Heat Recovering Units are expected to be provided for each of the units.

LEGISLATION AND PLANNING POLICY

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

- The Localism Act 2011²;
- The Health and Care Act 2022³;
- The National Planning Policy Framework (NPPF)⁴;
- Planning Practice Guidance (PPG)⁵;
- Fair Society, Healthy Lives (The Marmot Review)⁶ and The Marmot Review 10 Years On⁷;
- National Health Service (NHS), Fit for Future: 10 Year Health Plan⁸;
- Public Health England's (PHE) Health Impact Assessment in Spatial Planning⁹
- The London Plan 2021: The Spatial Development Strategy for Greater London¹⁰;
- The GLA London Health Inequalities Strategy¹¹;
- The GLA Social Infrastructure Supplementary Planning Document (SPD)¹²;
- LBH Local Plan Strategic Policies 2013-2026¹³;
- Development Management Plan Document¹⁴;
- LBH Housing Strategy 2023–2028¹⁵;
- LBH Parks and Green Spaces Strategy¹⁶; and
- LBH Health and Wellbeing Strategy¹⁷.

² His Majesty's Stationery Office (HMSO) (2011). *Localism Act 2011*.

³ HMSO (2022). *Health and Social Care Act 2022*.

⁴ Ministry of Housing, Communities & Local Government (MHCLG) (2026). *National Planning Policy Framework*.

⁵ MHCLG (Live Document). *Planning Practice Guidance*.

⁶ University College London (2012). *Fair Society, Healthy Lives (the Marmot Review) 2010*.

⁷ The Institute of Health Equity (2020). *Health Equity in England: The Marmot Review 10 Years On*.

⁸ NHS (2025). *Fit for Future: 10 Year Health Plan for England*.

⁹ PHE (2020). *Health Impact Assessment in Spatial Planning*.

¹⁰ GLA (2021). *The London Plan: The Spatial Development Strategy for Greater London*

¹¹ GLA (2018). *London Health Inequalities Strategy 2018*.

¹² GLA (2015). *Social Infrastructure Supplementary Planning Document*.

¹³ Haringey Council (2013). *Haringey Local Plan: Strategic Policies 2013-2026*. Available at: https://new.haringey.gov.uk/sites/default/files/2024-01/final_haringey_local_plan_2017_online.pdf.

¹⁴ LBH (2017). *Development Management Plan DPD*. Available at: https://new.haringey.gov.uk/sites/default/files/final_haringey_dmp_dtp_online.pdf.

¹⁵ LBH (2023). *Housing Strategy 2023–2028*.

¹⁶ LBH (2018). *Parks and Green Spaces Strategy*.

¹⁷ LBH (2024). *Health and Wellbeing Strategy 2024-2029*.

METHODOLOGY

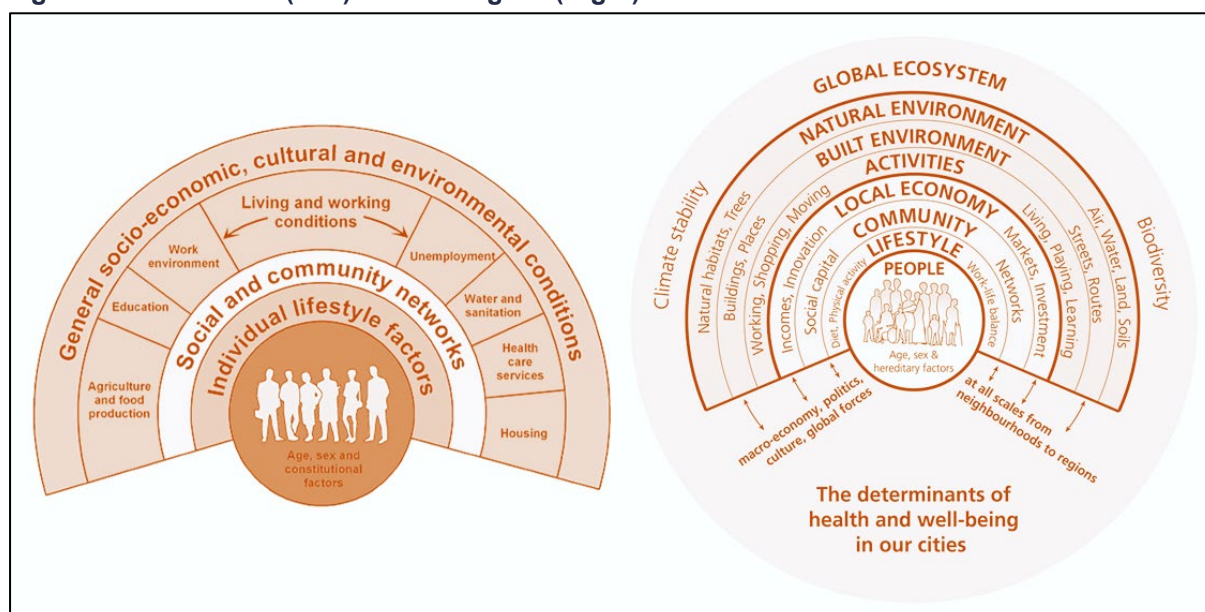
Policy Requirements

- 15 This HIA considers Policy GG3 of The London Plan, 'Creating a Healthy City', which states:
- "To improve Londoners' health and reduce health inequalities, those involved in planning and development must...assess the potential impacts of development proposals and Development Plans on the mental and physical health and wellbeing of communities, in order to mitigate any potential negative impacts, maximise potential positive impacts, and help reduce health inequalities, for example through the use of Health Impact Assessments."*
- 16 This is endorsed at the local level through SP14 'Health and Wellbeing' of the LBH Local Plan Strategic Policies 2013-2026¹⁸ which outlines that *"health impacts should be considered at the very outset of developing planning proposals or strategies to ensure positive health outcomes"*.

Assessment Methodology

- 17 This assessment is based on a broad socio-economic model of health and wellbeing encompassing conventional impacts such as disease, accidents and environmental risks, along with wider determinants such as employment and local amenity. In its breadth, the model considers both physical and mental health, as well as both 'social' and 'ecological' (environmental) determinants of health, as illustrated in Figure 2.

Figure 2 Social (Left) and Ecological (Right) Determinants of Health¹⁹



- 18 The methodology and assessment criteria for preparing this HIA is derived from the NHS London Healthy Urban Development Unit (HUDU) Rapid HIA Tool²⁰ and the HUDU Healthy Urban Planning Checklist²¹ (collectively referred to as 'HUDU Guidance'). These tools are designed to assess the likely health impacts of development plans and proposals and are partly based on the World Health Organisation (WHO) publication by Hugh Barton and Catherine Tsourou, *Healthy Urban Planning*²².

¹⁸ Haringey Council (2013). *Haringey Local Plan: Strategic Policies 2013-2026*. Available at:

https://new.haringey.gov.uk/sites/default/files/2024-01/final_haringey_local_plan_2017_online.pdf.

¹⁹ G. Dahlgren and M. Whitehead (1991). "Policies and strategies to promote social equality in health." Institute for Futures Studies, Stockholm.

²⁰ NHS HUDU (2019). *Rapid Health Impact Assessment Tool*.

²¹ NHS HUDU (2017). *Healthy Urban Planning Checklist*.

²² WHO (2000). *Healthy Urban Planning*. ISBN: 113515936X.

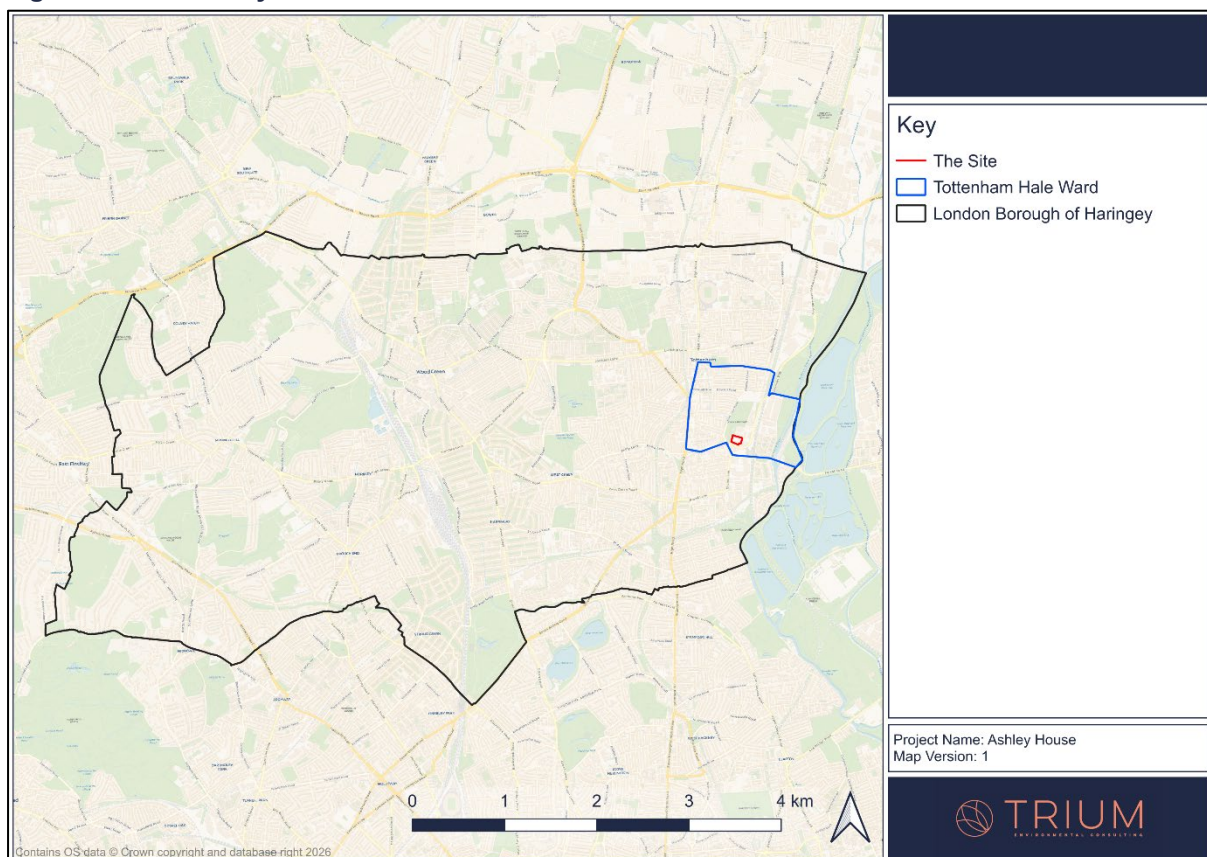
Healthy Urban Planning emphasises the importance of considering health and quality of life in urban planning and guides planners in making health objectives central to the decision-making process.

- 19 The overarching outline of this HIA follows the determinants of health categories included in the HUDU Guidance as this provides sufficient information on the health baseline of the site and surrounding area to allow for a systematic consideration of the likely health implications of the Proposed Development. The HUDU Guidance also provides opportunities to suggest mitigation and enhancement measures as appropriate to the findings of the assessment.

Baseline

- 20 The HIA begins with a baseline assessment outlining existing conditions at the site and in the surrounding area as they relate to human health, against which impacts resulting from the Proposed Development are measured. The baseline includes key trends in the demographic profile of the area, deprivation, physical and mental health and wellbeing, and social infrastructure, drawn from a range of nationally recognised data sources which have been cited appropriately as they appear.
- 21 The site is located in Tottenham Hale ward, within the LBH, London, England. For the purposes of establishing a baseline, Tottenham Hale ward will be the primary study area, Tottenham Lea Valley Middle Super Output Area (MSOA) will be used for specific health data which is unavailable at ward level, with the LBH, London and England used as geographic comparators, depending on available data.
- 22 The study area boundaries for the site, Tottenham Hale ward, Tottenham Lea Valley MSOAs, and LBH are shown in Figure 3.

Figure 3 Study Area



Base Map Source: OpenStreetMap (2026) and OS data © Crown copyright and database right 2026.

Assessment

- 23** The HUDU Guidance identifies 11 key determinants of health to be considered in assessments, including:
1. Housing Design and Affordability;
 2. Access to Health and Social Care Services and Other Social Infrastructure;
 3. Access to Open Space and Nature;
 - Air Quality, Noise and Neighbourhood Amenity;
 4. Accessibility and Active Travel;
 5. Crime Reduction and Community Safety;
 6. Access to Healthy Food;
 7. Access to Work and Training;
 8. Social Cohesion and Inclusive Design;
 - Minimising the Use of Resources; and
 9. Climate Change.
- 24** As a mixed-use scheme, all 11 of these determinants of health apply to the Proposed Development and have thus been scoped into this HIA. Tables outlining the respective health assessment criteria defined within the HUDU Guidance, and whether each criterion is relevant to the assessment of each health determinant, are clearly presented within the relevant section of the '*Assessment of Health Determinants*' below.
- 25** HIAs are predominantly qualitative rather than quantitative assessments, due to the wide and diverse, and often overlapping, range of health determinants requiring consideration. As detailed in the HUDU Guidance, impacts on health determinants will be categorised as positive, negative, neutral or uncertain, with appropriate explanations for assessment decisions provided and based on information included in the wider planning application.

Conclusions and Further Recommendations

- 26** Following assessment of the Proposed Development's impacts on determinants of health, advice has been provided on measures to mitigate any potentially negative effects. Further advice on measures to enhance health and wellbeing through opportunities associated with the development of the site is also included.

Assumptions and Limitations

- 27** Wherever possible, the baseline year for this assessment is 2026, the latest year for which at least some complete data is available. For some data, including some health and Census data, the next most recent year is used, often 2021.

BASELINE

Demographic Profile

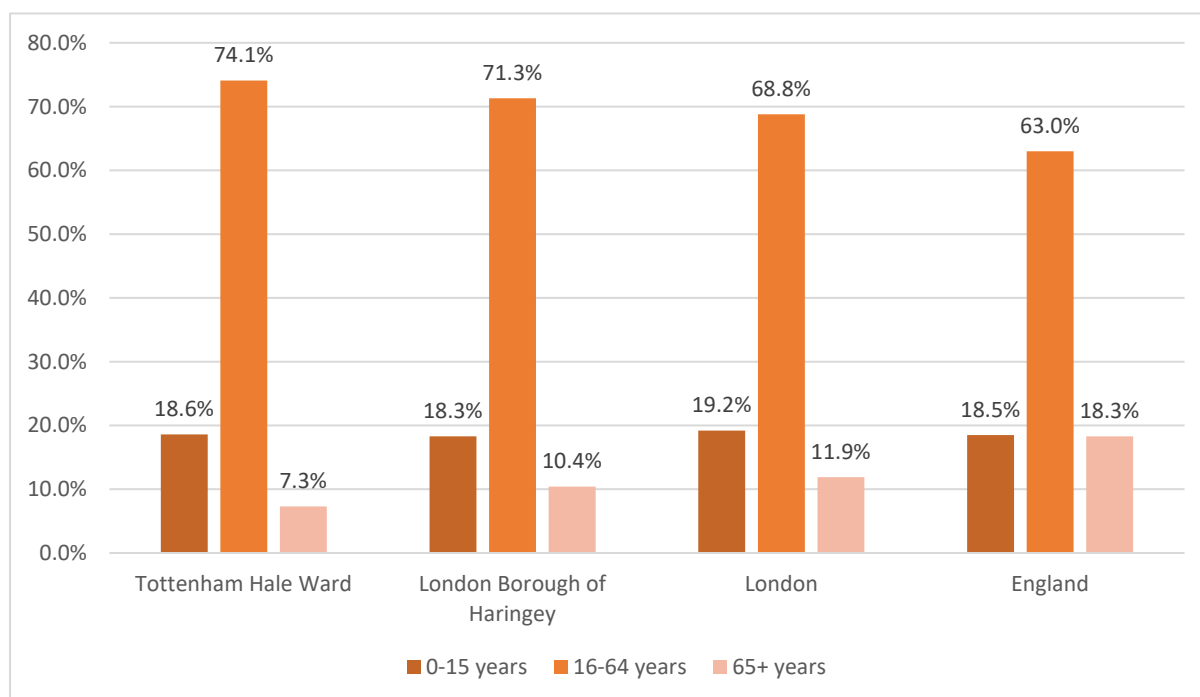
Population and Density

- 28 Approximately 12,177 people live in Tottenham Hale ward, which is 4.6% of the LBH's total residential population (264,234) and less than 1% of London's (8.8 million)²³. Tottenham Hale ward is relatively densely populated, housing approximately 11,823 people per square kilometre, which is slightly higher than the LBH's (8,930 people per square kilometre), and much more so than across London (5,600 per square kilometre) and England (430)²⁴.

Age

- 29 As illustrated in Figure 4, Tottenham Hale ward has a notably high proportion of working-age residents, with 74.1% aged 16-64 years. This is higher than the proportions seen across London (68.8%) and England (63.0%) and is broadly aligned with the wider LBH (71.3%). Children and young people aged 0-15 years make up 18.6% of the ward's population. This is similar to the proportions seen across LBH (18.3%), London (19.2%), and England (18.5%), indicating that the ward's younger demographic profile is consistent with its comparators. The proportion of older residents aged 65+ years is particularly low at 7.3%, significantly below the values observed across LBH (10.4%), London (11.9%), and England (18.3%). This highlights a younger overall age structure within Tottenham Hale ward compared with regional and national averages.

Figure 4 Population by Age²⁵



Ethnicity

- 30 Tottenham Hale ward has a highly diverse population, with a lower proportion of residents identifying as White (42.7%) compared with LBH (57.0%), London (53.8%) and England (81.0%). The ward also

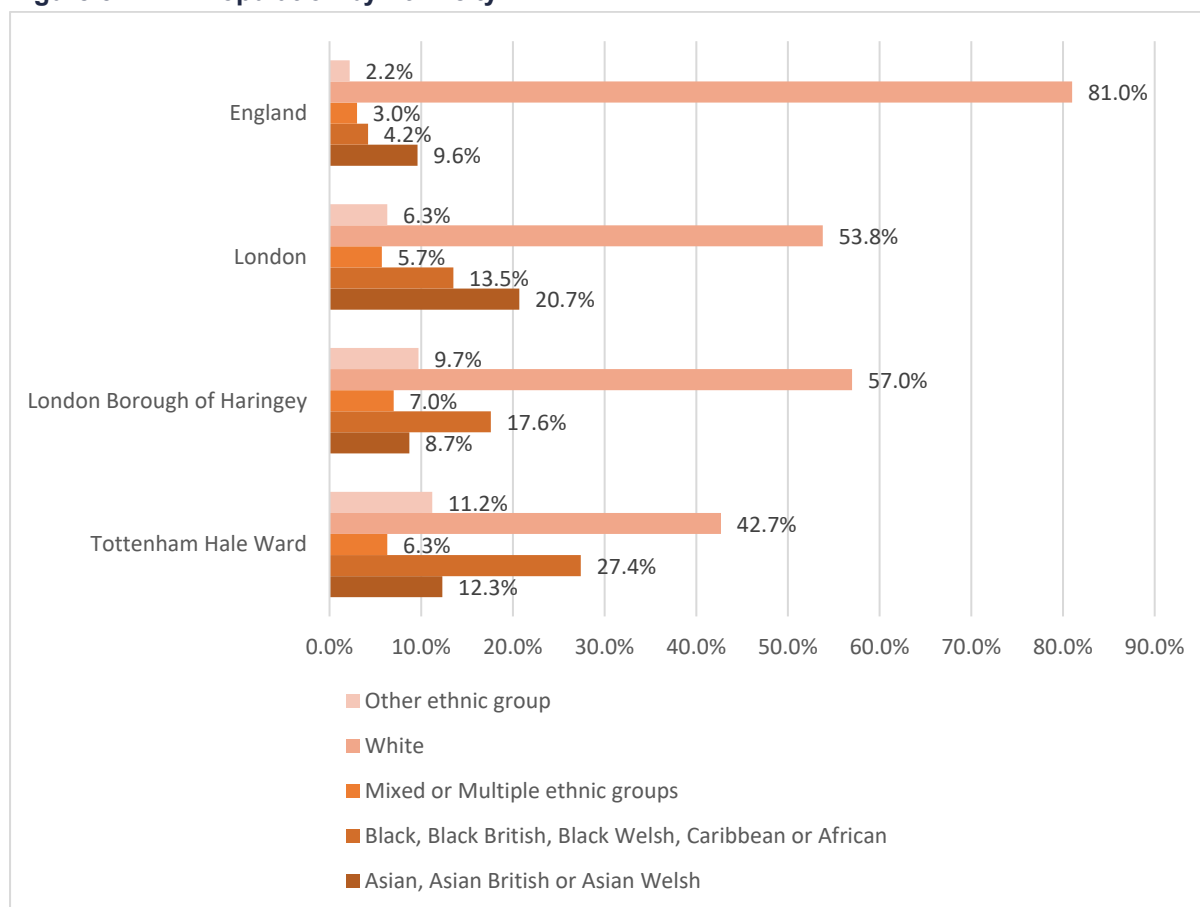
²³ ONS (2022). Dataset ID TS007 – Age by single year.

²⁴ ONS (2022). Census 2021: Dataset ID TS006 – Population density.

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

has a higher proportion of Black residents (27.4%) than all wider comparators, alongside a higher proportion of Asian residents (12.3%). This pattern reflects a local population with a broader mix of minority ethnic communities than is typical at borough, regional and national levels.

Figure 5 Population by Ethnicity²⁶



Deprivation

31 The English Indices of Deprivation (IoD)²⁷ is the official measure of relative deprivation in England. It is based on seven distinct domains of deprivation, which are weighted and combined to form the overall index. These seven domains include:

1. Income;
 - Employment;
 - Education, skills and training;
 - Health deprivation and disability;
2. Crime;
3. Barriers to housing and services; and
4. Living environment.

32 IoD scores are assessed at the Lower Layer Super Output Area (LSOA) level and ranked to provide a relative score for each LSOA. The lower the decile score, the worse off an LSOA is in that domain, with scores of 1 indicating a ranking in the first decile, or amongst the 10% most deprived LSOAs in the country.

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

²⁷ MHCLG (2019). *English Indices of Deprivation 2019*.

- 33 Each LSOA comprises 400 to 1,200 households or 1,000 to 3,000 people. Tottenham Hale ward includes seven LSOAs, listed in Table 1 below, which face generally high levels of deprivation across the seven domains. The site is situated within Haringey 015F.

Table 1 Study Area Deprivation (IoD Decile Scores)²⁸

	Overall Deprivation	Income	Employment	Education, Skills and Training	Health Deprivation and Disability	Crime	Barriers to Housing and Services	Living Environment
Haringey 012B	2	2	3	3	5	1	1	2
Haringey 012C	3	2	3	2	7	4	1	2
Haringey 012D	2	1	2	2	4	1	2	3
Haringey 015B	1	1	2	3	4	2	1	1
Haringey 015C	4	3	4	6	6	4	3	3
Haringey 015E	5	4	7	4	9	4	2	5
Haringey 015F	3	3	5	4	4	3	3	2



- 34 Overall, the LSOAs surrounding Tottenham Hale ward experience high levels of deprivation, with the majority falling within the first to third deciles, indicating they are amongst the 10-30% most deprived nationally.
- 35 All LSOAs score particularly poorly in 'barriers to housing and services', with five LSOAs falling amongst the 20% most deprived nationally. Scores for 'income', 'employment' and 'living environment' are also poor across the ward, with several LSOAs positioned in the 10-30% most deprived nationally.
- 36 However, the strongest relative performance is seen in the domain of 'health deprivation and disability', with scores between the fourth and ninth decile. Crime scores vary more widely, but three LSOAs fall within the 20% most deprived, indicating elevated levels of recorded crime and associated community safety concerns.
- 37 The site sits across Haringey 015F, which sit within the 30% most deprived nationally, with consistently poor scores in 'income', 'crime', 'barriers to housing and services' and 'living environment' reflecting the broader deprivation profile of Tottenham Hale ward.

Poverty

- 38 These IoD trends are somewhat consistent with other deprivation measurements, including the Income Deprivation Affecting Children Index (IDACI) and Income Deprivation Affecting Older People Index.
- 39 The rate of older people and children living in poverty in Tottenham Lea Valley MSOA and the LBH are both higher than the national rate, with the MSOA also having a higher proportion than across the borough.

²⁸ MHCLG (2025). English Indices of Deprivation 2025. File 2: Domains of deprivation.

Table 2 Age-Related Deprivation²⁹

Indicator	Tottenham Lea Valley MSOA	London Borough of Haringey	England
Child poverty (IDACI)	28.8%	20.8%	17.1%
Older people in poverty (IDAOP)	39.1%	29.9%	14.2%

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

Physical Health and Wellbeing

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

Disability

- 41 Under the Equality Act³⁰, an individual who has a physical or mental impairment which has a 'substantial' and 'long-term' negative effect on their ability to do normal daily activities is classed as disabled. 'Substantial' effects are those which result in a more than 'minor' or 'trivial' inconvenience and 'long-term' effects must last 12 months or more.
- 42 The ward has a relatively small proportion of disabled residents (13.0%) compared to local, regional and national comparators.

Figure 6 Population by Disability³¹

Life Expectancy and Cause of Death

- 43 Life expectancy for women in Tottenham Lea Valley MSOA (82.3 years) is slightly below the borough average and marginally below the national figure, indicating poorer long-term health outcomes locally.

²⁹OHID (2019-2023). *Fingertips: Public health data*.

³⁰HMSO (2010). *Equality Act 2010*.

³¹ONS (2022). *Census 2021: Dataset ID TS038 – Disability*.

Data for men is unavailable at MSOA level, but borough-wide trends suggest broadly comparable male life expectancy to the national average.

- 44** Residents of Tottenham Lea Valley MSOA experience notably higher mortality from cancer (106.3), cardiovascular disease (136.2) and coronary heart disease (148.6) compared with both the LBH and England. These elevated rates point to a greater prevalence of risk factors such as smoking, poor diet, physical inactivity, obesity and air pollution exposure within the local population. Respiratory mortality is lower than the national average, but this does not offset the broader pattern of elevated disease burden.
- 45** Overall, the data indicate that Tottenham Lea Valley MSOA faces heightened health vulnerabilities, with slightly lower life expectancies and higher mortality from major diseases than wider comparators.

Table 3 Life Expectancy and Cause of Death³²

Indicator	Tottenham Lea Valley MSOA	London Borough of Haringey	England
Life expectancy for women, years	82.3	84.3	83.0
Life expectancy for men, years	*	79.0	79.1
Deaths from all cancer, all ages, standardised mortality ratio (SMR)	106.3	90.0	100.0
Deaths from cardiovascular disease, all ages, SMR	136.2	115.9	100.0
Deaths from coronary heart disease, all ages, SMR	148.6	116.9	100.0
Deaths from respiratory disease, all ages, SMR	76.9	80.2	100.0
<i>Note: Figures highlighted in red are poorer than the national average, figures highlighted in yellow are approximately equal to the national average, and figures highlighted in green are better than the national average.</i>			
<i>* Data not available</i>			

Obesity

- 46** Childhood obesity outcomes in Tottenham Lea Valley MSOA are notably poorer than the borough-wide, regional and national trends. At Reception, both obesity (15.7%) and overweight prevalence (27.5%) are notably higher than all comparators, indicating exposure to risk factors such as poor diet, limited access to healthy food and reduced physical activity. For children in Year 6, disparities widen further, whereby obesity reaches 28.2% and overweight prevalence rises to 41.5%, again exceeding the LBH, London and England. This suggests that within the local area, weight-related health risks intensify as children age.
- 47** Adult data is unavailable at MSOA level, but borough-wide figures show overweight and obesity levels broadly aligned with London averages and below national rates. This contrast (poorer childhood outcomes but average adult outcomes) indicates a localised, early-life health vulnerability rather than a borough-wide trend.
- 48** Obesity in childhood is particularly concerning as poor lifestyle habits established at this stage can carry on into adulthood, causing or exacerbating lasting ill-health as individuals age. These findings also align with the findings associated with the IDACI figures, supporting the link between childhood poverty and childhood obesity.

³² OHID (2019-2023). Fingertips: Public health data.

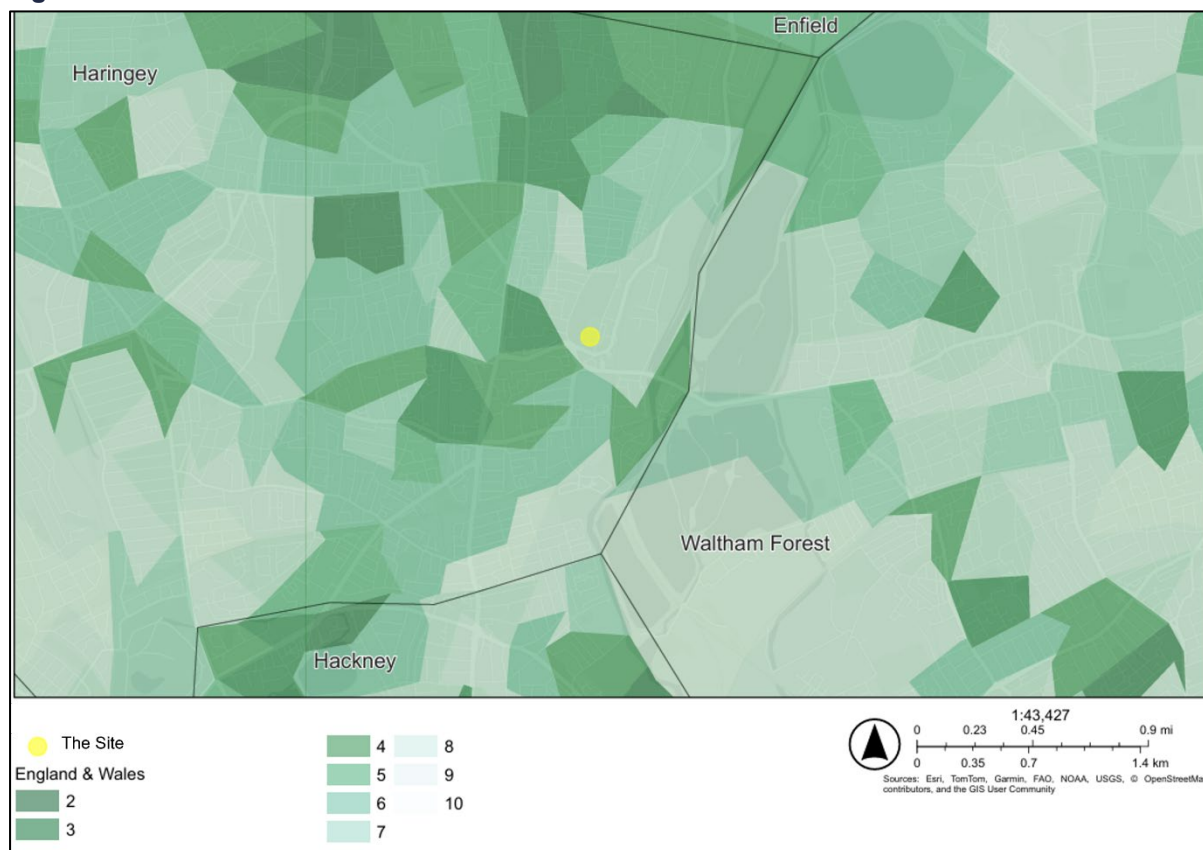
Table 4 **Obesity³³**

Indicator	Tottenham Lea Valley MSOA	London Borough of Haringey	London	England
Prevalence of obesity (including severe obesity) at Reception	15.7%	10.4%	9.6%	9.8%
Prevalence of overweight (including obesity) at Reception	27.5%	22.2%	20.6%	22.3%
Prevalence of obesity (including severe obesity) in Year 6	26.2%	24.5%	24.0%	22.3%
Prevalence of overweight (including obesity) in Year 6	41.5%	38.3%	38.0%	36.2%
Adults (18+) classified as overweight (including obesity)	*	56.0%	57.4%	64.6%
Adults (18+) classified as obese	*	22.2%	20.4%	26.6%
* Data not available. Note: Figures highlighted in red are poorer than the national average, figures highlighted in yellow are about equal to the national average, and figures highlighted in green are better than the national average.				

Diet

- 49** Weight gain and associated illnesses can be attributed to poor diet, which in turn can be caused by a lack of access to fresh, unprocessed foods, as well as an overabundance of hot food takeaways, in areas known as food deserts. In food deserts, residents' access to affordable, nutritious food is limited due to the absence of grocery stores within convenient traveling distance. Such areas tend to be inhabited by residents in lower income brackets with poor access to transportation or digital tools, which make them less desirable as consumers to major supermarket chains.
- 50** The immediate area surrounding the site scores moderately well on the Healthy and Sustainable Places Data Service E-Food Desert Index, as shown in Figure 7. The site itself falls within the eighth decile, indicating good access to diverse, fresh and unprocessed foods, including fruit, vegetables and whole-protein sources. However, the wider local area displays notable variation, with surrounding LSOAs ranging from the third to the eighth decile, reflecting pockets where food access is more constrained and where characteristics typically associated with food deserts are present. This contrast suggests that while the site benefits from relatively strong food availability, nearby neighbourhoods may still experience structural barriers to healthy food access.

³³ OHID (2022/23 – 2024/25). Fingertips: Public health data.

Figure 7 E-Food Deserts³⁴

Base Map Source: Healthy and Sustainable Places Data Service (2026)

- 51** Although the LBH has a higher density of fast-food outlets than both the regional and national averages, this borough-level pattern does not reflect the immediate area around the site, which scores well on the E-Food Desert Index.

Table 5 Density of Fast-Food Outlets³⁵

Indicator	London Borough of Haringey	London	England
Density of fast-food outlets per 100,000 people	129.3	138.5	115.9

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

Exercise

- 52** Physical activity has been in decline across the UK since the 1960s. In March 2022, it was considered that the UK population was approximately 20% less active than in the 1960s, and it is anticipated that the UK population will be 35% less active by 2030³⁶. Physical inactivity is associated with one in six deaths in the UK and exercise is widely understood to benefit both physical and mental health.
- 53** Physical activity levels among adults in the LBH (49.2%) are below both the London (67.7%) and England (67.0%) averages, indicating lower engagement in exercise. Regional data also shows that children and young people are less active than the national average (49.1%). Although MSOA-level data for the LBH is unavailable, the high childhood obesity rates recorded in Tottenham Lea Valley

³⁴ Healthy and Sustainable Places Data Service (2026). E-Food Desert Index. Available at: https://jolly-moss-0df409203.1.azurestaticapps.net/?views=E-food-desert-index#data_s=id%3Awidget_588_output_config_default_geocode_0_0%3A0.

³⁵ OHID (2024). Fingertips: Public health data.

³⁶ OHID (2022). Physical activity: applying all our health.

MSOA suggest that activity levels among local children are also likely to fall below national trends. This pattern reinforces the presence of wider behavioural and environmental barriers to physical activity in the area.

Table 6 **Exercise³⁷**

Indicator	London Borough of Haringey	London	England
Physically active children and young people	*	47.1%	49.1%
Physically active adults	70.0%	67.7%	67.0%
Note: Figures highlighted in red are poorer than the national average, figures highlighted in orange are about equal to the national average, and figures highlighted in green are better than the national average.			
* Data not available			

Mental Health and Wellbeing

- 54** High rates of deprivation and poor physical health can negatively impact mental health and overall wellbeing by causing or exacerbating mental health conditions and stress. Such conditions can also be compounded by other external factors including individuals' living conditions, economic standing and access to social infrastructure.
- 55** Rates of suicide and rates of self-harm in the LBH are notably lower than the regional and national benchmarks, although it should be noted that these are only two indicators of many which may be used to measure relative mental wellbeing.

Table 7 **Self-Harm³⁸**

Indicator	London Borough of Haringey	London	England
Suicide rate, per 100,000 people*	5.8	7.5	10.9
Emergency hospital admissions for intentional self-harm, per 100,000 people**	36.7	*	100.0
Note: Figures highlighted in red are poorer than the national average, figures highlighted in orange are about equal to the national average, and figures highlighted in green are better than the national average.			
*Data not available			

Living Environment

- 56** Poor living conditions within and around residential dwellings can be detrimental to physical and mental health as well as an indicator for wider socio-economic challenges including poverty.

Decent Homes Standard

- 57** Housing quality is improving across London, with the proportion of non-decent homes falling from 25% in 2010 to 12% in 2020³⁹. Likewise, the number of homes with reported incidence of damp decreased from 8% to 5% in the same period. These figures are consistent with national trends as the number of non-decent homes across England decreased from 26% to 15% and the number of homes with incidents of damp decreased from 6% to 4%.

³⁷ OHID (2024). *Fingertips: Public health data*.

³⁸ OHID (2024). *Fingertips: Public health data*.

³⁹ Department for Levelling Up, Housing & Communities (DLUHC) (2020). *English Housing Survey: Housing quality and condition 2020*.

Affordability

- 58 The affordability of home ownership in the LBH (12.6) is marginally higher than the rest of London (11.7); however, both have a higher cost for ownership than England as a whole, as shown in Table 8. However, the LBH and London both see fewer households experiencing fuel poverty than at the national level, suggesting a lower level of poverty in the borough and regionally in this regard.

Table 8 Home and Fuel Affordability⁴⁰

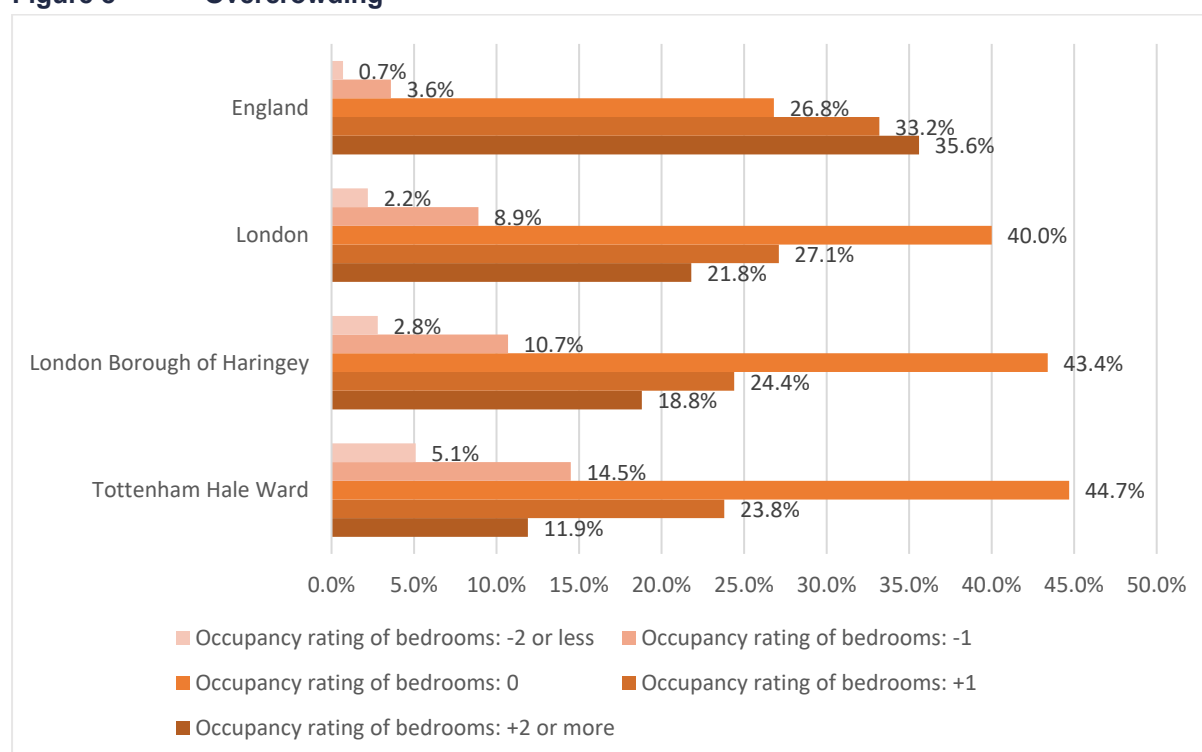
Indicator	London Borough of Haringey	London	England
Home ownership affordability ratio (number of annual incomes a resident can expect to pay for a home)	12.6	11.7	7.7
Fuel poverty (low income, low energy efficiency methodology)	8.9%	9.3%	11.4%

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

Overcrowding

- 59 Whilst most homes in Tottenham Hale ward are at or below capacity (80.4%), 19.6% of residential dwellings in Tottenham Hale Ward are classed as overcrowded. This is above the rates of overcrowding for the LBH (13.5%) and London (11.1%), however national levels are much lower (4.3%), as shown in Figure 8.

Figure 8 Overcrowding⁴¹



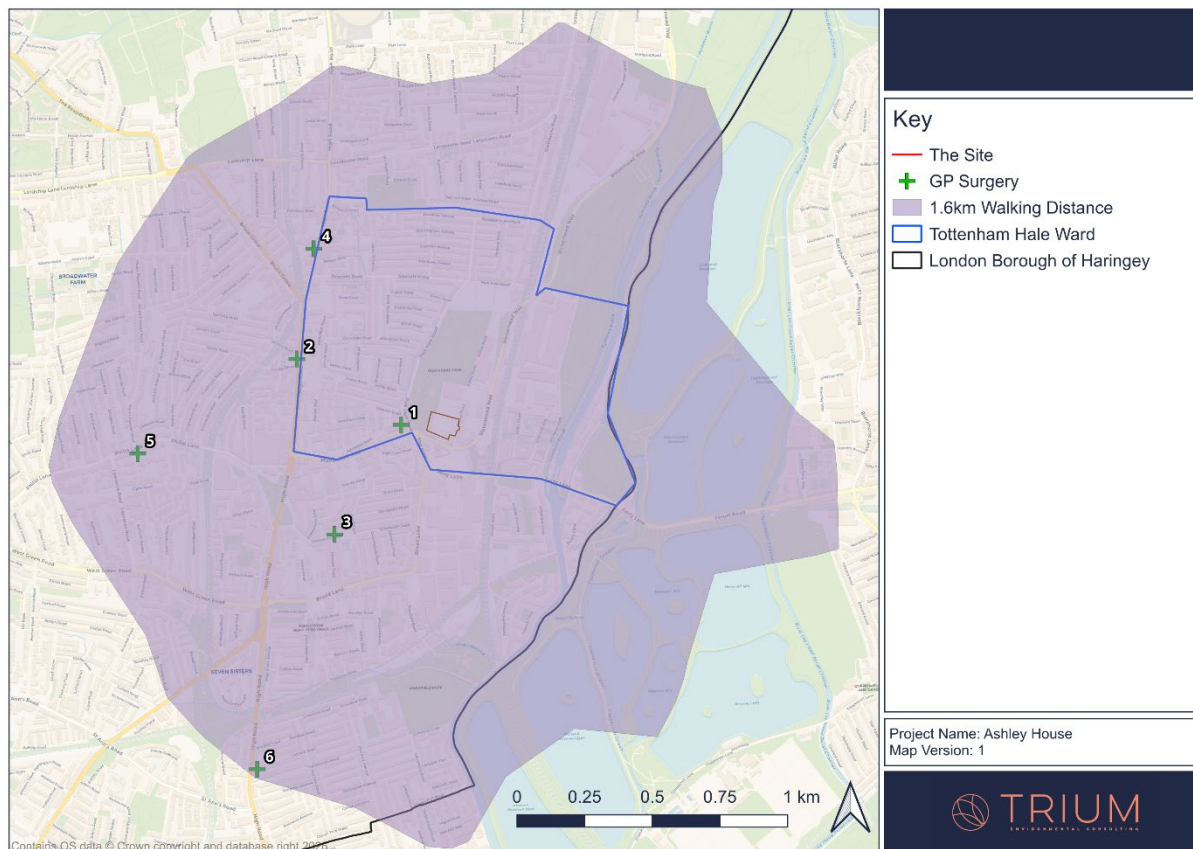
⁴⁰ OHID (2023; 2024). *Fingertips: Public health data*.

⁴¹ ONS (2022). *Census 2021: Dataset ID TS052 – Occupancy rating for bedrooms*.

- ## Primary Healthcare

- Table 9**
- Local GP Capacity⁴²**

⁴² NHS (2025). General Practice Workforce: Selected Sub-ICB Location Information. Available at: https://app.powerbi.com/view?r=eyJrJrlojYTM4ZTA3NGltMTMTM2Mi00NzAwLWEyYzQ2NDGyZDkxOTk3MmFlliwiwCI6IjUwZjYwNzEmlWlJmUtdNDAYsO4ODAzLTY3Mzc0OGU2MjllMjllMmMiOjIh9_ Accessed 13/07/2026.

Figure 9 GPs within 1.6km Walking Distance of the Site

Base Map Source: OpenStreetMap (2026) and OS data © Crown copyright and database right 2026.

Primary Schools

- 63** There are 15 community or voluntary aided primary schools within Planning Area 4, which have an overall surplus capacity of 1,237 places, or 17.5% of overall capacity at 95% of actual capacity. This is in line with the Audit Commission guidelines⁴³, which recommend calculating school capacity based on 95% to accommodate the potential for students joining mid-year and unforeseen staffing changes.
- 64** All of the primary schools outlined below have sufficient capacity, excluding one primary school (Brook House).

Table 10 Local Primary School Capacity⁴⁴

Map Ref.	Primary School Name	Walking Distance	Capacity (Number of Pupils)	Capacity at 95% (Number of Pupils)	Number of Pupils on Roll	Surplus / Deficit Number at 95% Capacity	Surplus / Deficit % at 95% Capacity
1	Harris Academy Tottenham, N17 9LN	160m N	1570	1,492	1307	185	12.4
2	Welbourne Primary School, N15 4EA	400m S	620	589	415	174	29.5
3	Holy Trinity CofE Primary School, N17 9EJ	500m W	236	224	195	29	13.0
4	Ferry Lane Primary School, N17 9PP	800m SE	210	200	177	23	11.3

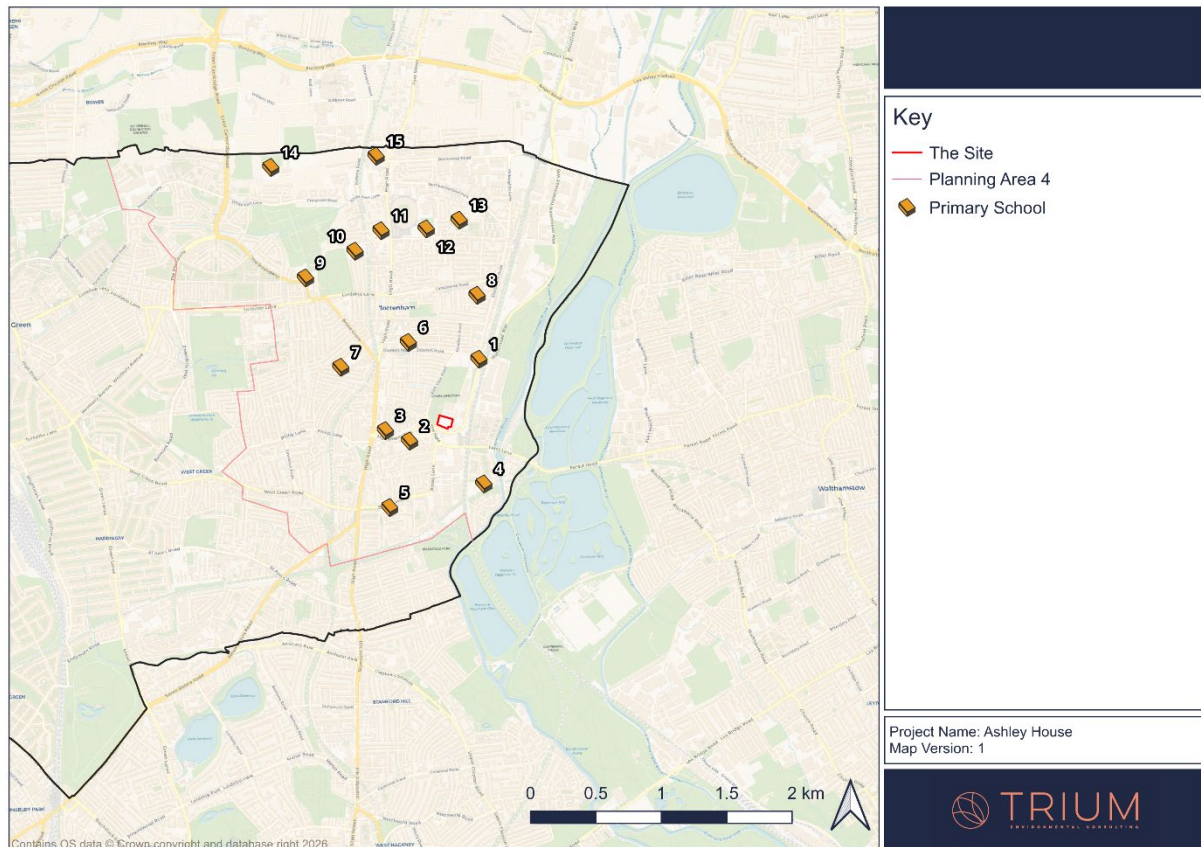
⁴³ Audit Commission for Local Authorities and the National Health Service in England and Wales (1996). *Trading Places: The Supply and Allocation of School Places*.

⁴⁴ Department for Education (DfE) (2024). *Get Information about Schools*. Available at: <https://get-information-schools.service.gov.uk/Search?SelectedTab=Establishments>. Accessed 25/10/2024.

5	Earlsmead Primary School, N15 4PW	900m S	500	475	456	19	4.0
6	The Mulberry Primary School, N17 9RB	900m NW	750	713	494	219	30.7
7	Bruce Grove Primary School, N17 6IH	1.0km NW	390	371	277	94	25.2
8	Harris Primary Academy Coleraine Park, N17 9XT	1.4km N	452	429	418	11	2.7
9	Risley Avenue Primary School, N17 7AB	1.8km NW	660	627	427	200	31.9
10	Lancasterian Primary School, N17 8NN	1.8km NW	459	436	410	26	6.0
11	St Francis De Sales Catholic Junior School, N17 8AZ	1.9km NW	240	228	-	-	-
12	St Paul's and All Hallows CofE Junior School, N17 0TU	1.9km NW	240	228	106	122	53.5
13	Lea Valley Primary School, N17 OPT	2.2km N	450	428	388	40	9.2
14	The Devonshire Hill Nursery & Primary School, N17 8LB	2.8km NW	468	445	339	106	23.8
15	Brook House Primary School, N17 8EY	2.6km NW	420	399	408	-9	-2.3
TOTAL			7,425	7,054	5,817	1,237	17.5

Note: Any discrepancies in totals are due to rounding.

* St Francis De Sales Catholic Junior School has limited data available for the number of pupils on roll therefore, to eliminate the risk of skewing the baseline profile it has been removed from the total enrolment figures. Figure 10 still includes the school for reference.

Figure 10 Primary Schools within Planning Area 4

Base Map Source: OpenStreetMap (2026) and OS data © Crown copyright and database right 2026.

Secondary Schools

- 65** There are 12 secondary schools within the LBH, which are currently operating a deficit capacity of 534 places, or -3.7% of overall capacity at 95% of actual capacity. Six of these secondary schools exceed recommended capacity, including the second nearest secondary school to the site.
- 66** Secondary school capacity is carried out at a wider spatial area to account for pupil preference and school specialisms, and to reflect secondary pupils' ability and willingness to travel farther than primary pupils to attend school.

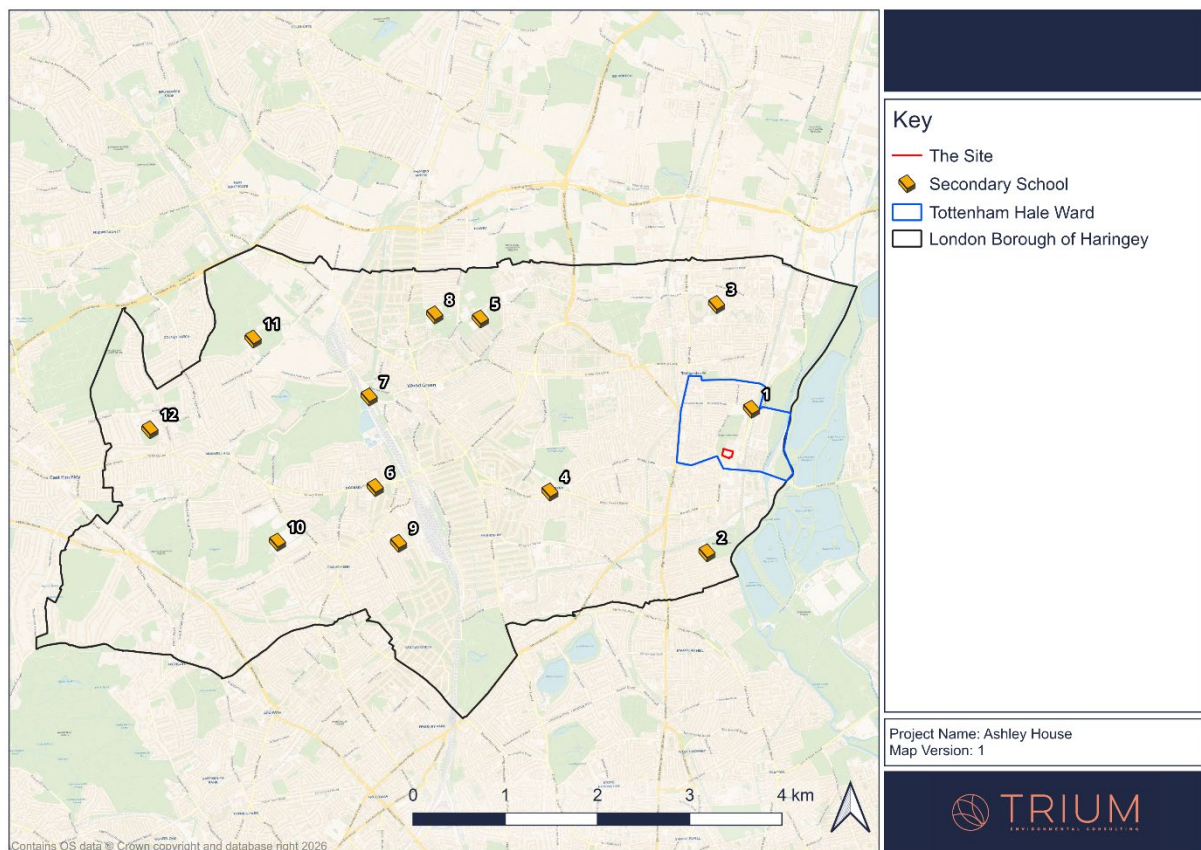
Table 11 Local Secondary School Capacity⁴⁵

Map Ref.	Secondary School Name	Walking Distance	Capacity (Number of Pupils)	Capacity at 95% (Number of Pupils)	Number of Pupils on Roll	Surplus / Deficit Number at 95% Capacity	Surplus / Deficit % at 95% Capacity
1	Harris Academy Tottenham, N17 9LN	100m NE	1,570	1,492	1,307	185	12.4
2	Gladesmore Community School, N15 6EB	1.3km S	1,215	1,154	1,206	-52	-4.5
3	Duke's Aldridge, N17 0PG	2.1km N	1,050	998	873	125	12.5
4	Park View School, N15 3QR	2.2km SW	1,215	1,154	987	167	14.5
5	Mulberry Academy Woodside, N22 5QJ	3.7km NW	1,200	1,140	1,124	16	1.4

⁴⁵ DfE (2024). Get Information about Schools. Available at: <https://get-information-schools.service.gov.uk/Search?SelectedTab=Establishments>. Accessed 8/12/2025.

Map Ref.	Secondary School Name	Walking Distance	Capacity (Number of Pupils)	Capacity at 95% (Number of Pupils)	Number of Pupils on Roll	Surplus / Deficit Number at 95% Capacity	Surplus / Deficit % at 95% Capacity
6	Greig City Academy, N8 7NU	4.2km SW	1,200	1,140	1,137	3	0.3
7	Heartlands High School, N22 7ST	4.3km NW	1,080	1,026	1,145	-119	-11.6
8	St Thomas More Catholic School, N22 5HN	4.4km NW	1,260	1,197	1,296	-99	-8.3
9	Hornsey School for Girls, N8 9JF	4.5km SW	810	770	560	210	27.2
10	Highgate Wood Secondary School, N8 8RN	5.7km SW	1,465	1,392	1,524	-132	-9.5
11	Alexandra Park School, N11 2AZ	6.1km NW	1,290	1,226	1,888	-663	-54.1
12	Fortismere School, N10 1NE	6.7km NW	1,655	1,572	1,746	-174	-11.1
Total			15,010	14,260	14,793	-534	-3.7
<i>Note: Any discrepancies in totals are due to rounding.</i>							

Figure 11 Secondary Schools within the LBH

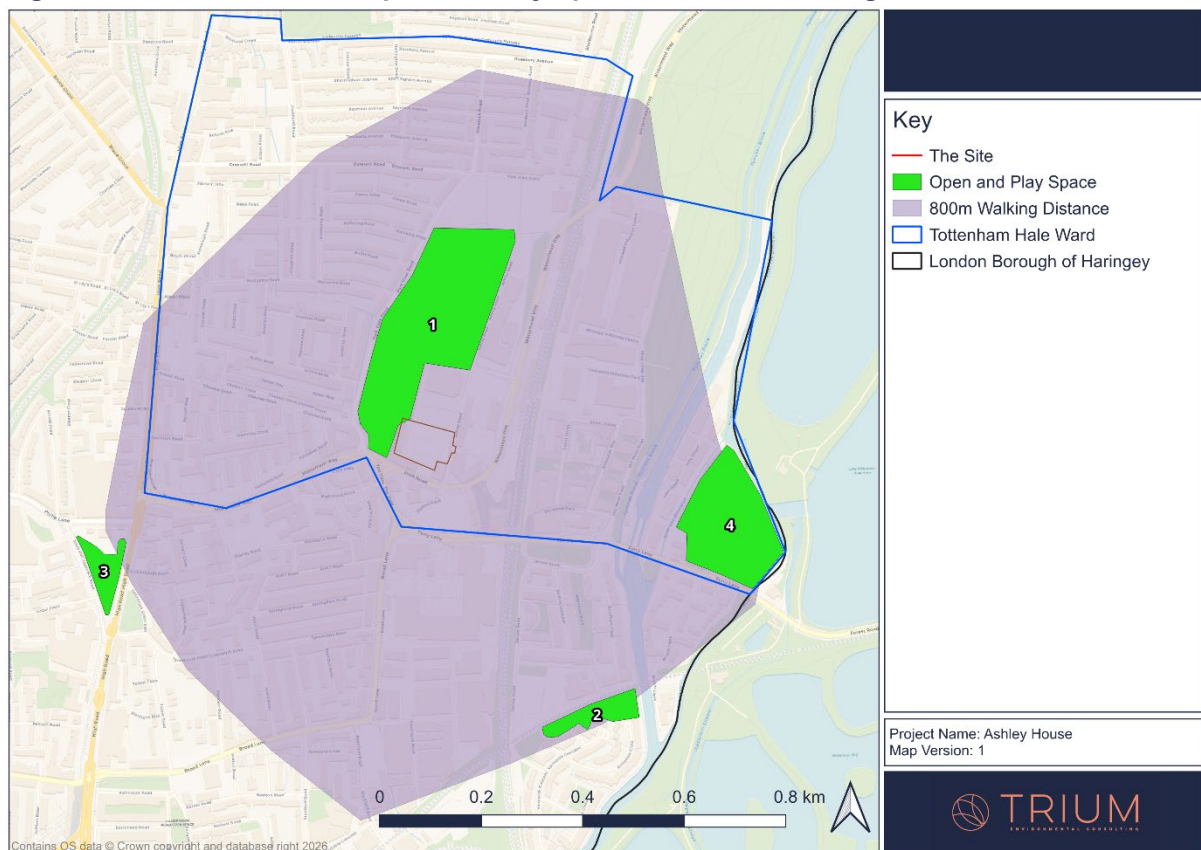


Open and Play Space

- 67** There are four open and play spaces within an 800m walking distance of the site. These facilities offer a range of park, garden and play facilities for the local community.

Table 12 Local Public Open Space

Map Ref.	Facility Name	Walking Distance	Description of Facilities
1	Down Lane Park, N17 9AU	200m N	Small public open space with children's play equipment, multi-use games courts and informal recreation areas.
2	Armada Green, N17 9PH	800m SE	Neighbourhood green providing seating, planting and incidental play space for local residents.
3	Tottenham Green, N15 4JA	700m SW	Large green space with seating, event space and children's play facilities.
4	The Paddock Community Nature Park, N17 9BS	800m SE	Nature reserve featuring wetlands, woodland habitat and informal walking routes.

Figure 12 Local Public Open and Play Space with 800m Walking Distance of the Site

Base Map Source: OpenStreetMap (2026) and OS data © Crown copyright and database right 2026.

Community Facilities

- 68 There are five community facilities within a 1.6km walking distance of the site, offering a range of facilities including community centres, libraries and leisure centres.

Table 13 Community Facilities

Map Ref.	Facility Name	Walking Distance	Description of Facilities
1	Tottenham Hale Community Centre, N17 9EX	350m W	Small community centre offering multi-purpose rooms, youth activities and local community programmes.
2	St Francis at The Engine Room, N17 9FU	650m SE	Modern community hub providing meeting rooms, children's activities, wellbeing programmes and a community café.

Map Ref.	Facility Name	Walking Distance	Description of Facilities
3	Marcus Garvey Library, N15 4JA	800m SW	Large public library offering study space, digital access, children's programmes and community events.
4	Tottenham Green Leisure Centre, N15 4JA	800m SW	Leisure centre with gym, swimming pool, fitness classes and indoor sports facilities.
5	North London Community House, N17 6PY	900m NW	Multi-purpose community venue providing cultural, educational and social programmes for local residents.

Figure 13 Community Facilities within 1.6km Walking Distance of the Site



Base Map Source: OpenStreetMap (2026) and OS data © Crown copyright and database right 2026.

Travel and Transport

- 69** The site is located in Tottenham Hale within the LBH, in an area of mixed character that includes industrial, commercial, retail and residential uses. The site lies along Ashley Road and comprises a parcel of land fronting Ashley Road to the east and Down Lane Park to the west, beyond which is Park View Road. The site is currently vacant and undeveloped.
- 70** The extracted PTAL for the site is 5, indicating a high level of public transport accessibility. This is due to the close proximity of Tottenham Hale Station, Tottenham Hale Bus Station and Tottenham Hale Underground Station, together with the range of local bus services available in the immediate area.
- 71** The site is also well connected for walking and cycling. Well-established footways, signal-controlled crossings, raised tables and wide pedestrian routes are present in the vicinity of the site, providing direct and convenient access to surrounding destinations. In addition, the site is within reasonable cycling distance of London Cycleway 1, Cycleway 24 and National Cycle Route 1.

- 72** The site is in a highly accessible and sustainable location with a full range of work, education, retail, leisure and green space opportunities within a short walk or cycle ride of the site. Local destinations include Bruce Grove Town Centre, Tottenham Hale Retail Centre, Down Lane Park, schools, medical facilities and places of worship.

Crime

- 73** Between July 2025 and June 2026 approximately 28,287 offences were recorded in the LBH (107.1 offences per 1,000 people), a decrease of 3.4% compared to the previous 12 months⁴⁶. The most common offences during this period were 'violence against person' (8,073), 'theft' (7,827) and 'vehicle offences' (3,183).
- 74** In comparison, over the same period London saw approximately 917,483 recorded offences (104.3 offences per 1,000 people), a decrease of 2.5% over the previous year. While the LBH sees higher rates of crime overall, the breakdown of recorded offences across the LBH and London is similar. In London, 'theft' (285,415) was recorded as the most common, followed by 'violence against the person' (254,842), then 'vehicle offences' (84,438).
- 75** Furthermore, in May 2026 170 crimes were recorded within the Tottenham Hale policing area, with the most common offences being anti-social behaviour and violence and sexual offences (both 44 reports), followed by theft from the person (16) and vehicle crime (15)⁴⁷. Spatially, crime is unevenly distributed, with higher concentrations around Tottenham Hale Retail Park, Down Lane Park and the River Lea corridor. This pattern is broadly consistent with trends observed across the preceding 12 months, during which monthly crime levels typically fluctuated.

Local Economy

Labour Market

- 76** Approximately 97,000 workers operate in the LBH, at a density of 0.52 jobs per working age resident, which is lower than is typical for London (1.06 jobs per working age resident). 48. 66.7% of jobs in the LBH are full-time and 33.3% are part-time, in contrast with London, in which 75.3% of jobs are full-time and 24.7% are part-time.
- 77** The most prevalent industry within the LBH is 'Wholesale and Retail Trade; Repair of Motor Vehicles and Motorcycles' (17.3 % of employee jobs), followed by 'Education' and 'Human Health and Social Work Activities' each of which constitute approximately 10.7% of employee jobs⁴⁸. This differs from London more widely, whereby the largest sector is 'Human Health and Social Work Activities' (14.2%), followed by 'Wholesale and Retail Trade; Repair of Motor Vehicles and Motorcycles' (13.7 % of employee jobs) and 'Professional, Scientific and Technical Activities' (9.3%).
- 78** Full-time workers operating in the LBH see weekly gross pay of £822.40, which is notably lower than is typical for London (£958.20)⁴⁹. This discrepancy in pay between the borough and the region is likely due to the nature of the jobs within these areas and the pay scales of their corresponding sectors.

Economic Activity

- 79** Amongst working-age adults in the LBH, rates of economic activity (76.9%) are lower than both the regional and national average. Likewise, the LBH's employment rate (76.2%) is marginally lower than

⁴⁶ Metropolitan Police (2026). *Crime Data Dashboard: Overview of Crimes*.

⁴⁷ Metropolitan Police (2026). *Crime Map – Tottenham Hale*. Available at: <https://www.met.police.uk/area/your-area/met/haringey/tottenham-hale/about-us/crime-map>. Accessed: 22/07/2026.

⁴⁸ NOMIS (2024). *Labour Market Profile – Haringey; Labour Demand*.

⁴⁹ NOMIS (2024). *Labour Market Profile – Haringey; Labour Demand*.

⁵⁰ NOMIS (2025). *Labour Market Profile – Haringey; Labour Demand*.

both the regional and national averages, as illustrated in Table 14. In addition, the LBH's unemployment rates are also higher than both regional and national figures.

- 80 However, LBH's and London's gross weekly pay for full-time workers is notably higher than at the national level. This may indicate that although there are limited opportunities for working-age residents, the opportunities that are available are higher paying.

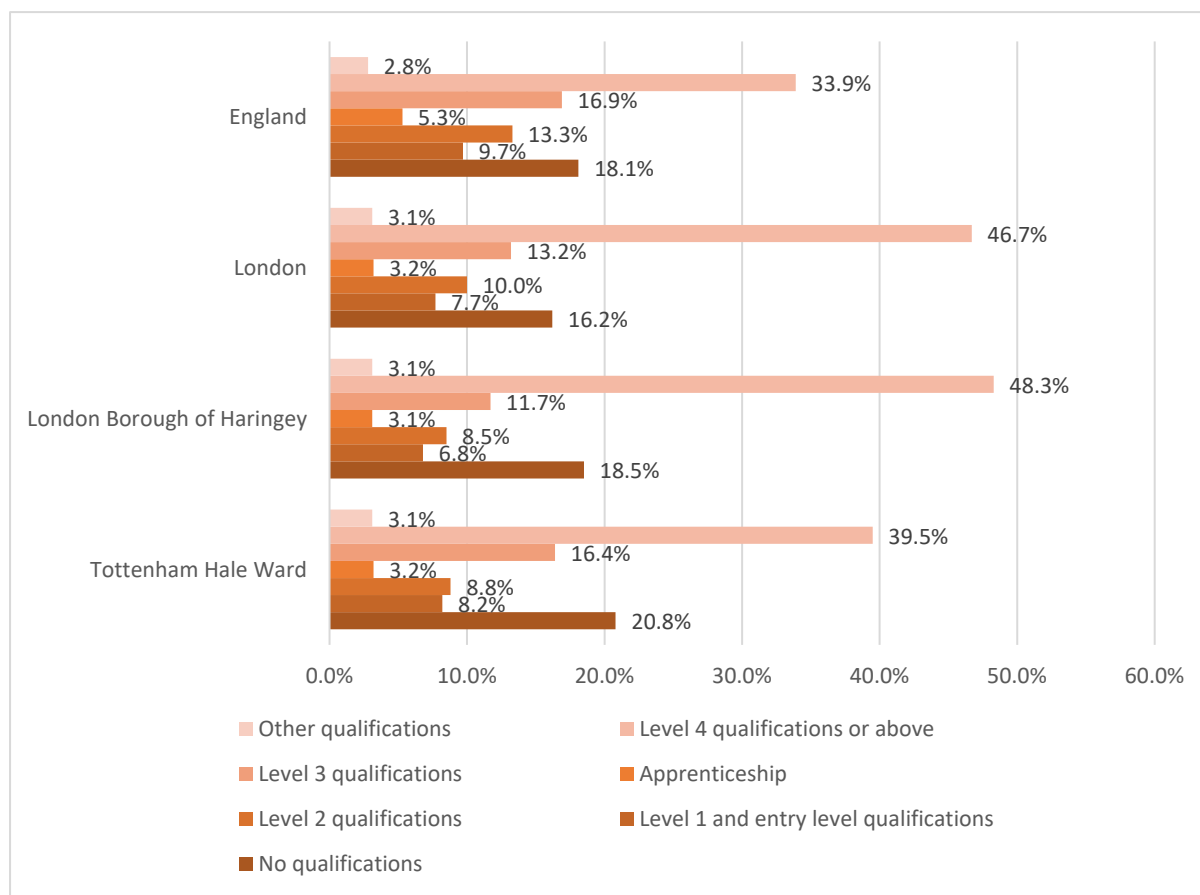
Table 14 Employment amongst Working Age Residents (16 – 64 years)⁵¹

Indicator	London Borough of Haringey	London	England
Economic activity rate	76.9%	79.9%	79.2%
Employment rate	71.5%	74.9%	75.5%
Unemployment rate, modelled	7.4%	6.1%	4.5%
Gross weekly pay, full time workers	£900.80	£902.70	£766.60
Note: Figures highlighted in red are poorer than the national average, figures highlighted in orange are about equal to the national average, and figures highlighted in green are better than the national average.			

Education and Skills

- 81 39.5% of Tottenham Hale ward's working-age population holds Level 4 qualifications or higher (equivalent to a bachelor's degree or higher), which is lower than the average for the rest of the LBH (48.3%) and London (46.7%) but is marginally higher than England (33.9%). Furthermore, 20.8% of working-age residents do not hold any qualifications, which is comparatively higher than is typical for the LBH (18.5%), London (16.2%) and England (18.1%).

⁵¹ NOMIS (2025). Labour Market Profile – Ealing; Labour Demand.

Figure 14 Highest Level of Qualification amongst Working-Age Residents⁵²

Environmental Factors

Air Quality

- 82** The primary pollution source of the LBH Air Quality Management Area (AQMA) is from road transport. Vehicle emissions from the A1055 (Hale Road), Monument Way and Ferry Lane are most likely to influence pollutant concentrations at the site.

Noise and Vibration

- 83** The site is bound to the north by Rosa Luxemburg Apartments and associated car park and service area, to the east by Ashley Road, to the south by residential properties on Hale Road and to the west by Down Lane Park. Farther to the east (approximately 130m) are grouped railway lines which include the Greater Anglia Lea Valley Lines, Stansted Express, and lines approaching the Northumberland Park Depot. Tottenham Hale station (Network Rail and London Underground Victoria Line services) is located approximately 135m to the southeast of the site. An underground tunnel that is used by Victoria Line trains (The Northumberland Park Spur) is aligned approximately 30m to the southeast of the site.

Climate Change

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

⁵² ONS (2022). Census 2021: Dataset ID TS067 – Highest level of qualification.

contributes to land loss, habitat and biodiversity loss, loss of agricultural and food stocks, heat-related illness, pollution-related illness, increased risk of other disease, and rising mental health pressures⁵³.

- 85 The Met Office publishes UK Climate Projections (UKCP) which give “probabilistic projections” for key atmospheric variables and consider the local climate effects arising from different emissions scenarios⁵⁴. This provides a range of possible climate change outcomes and their relative likelihoods.
- 86 A review of the key climatic variables within UKCP18 projections for the London area has identified that:
- By the 2080s, the mean average air temperature is projected to increase by +2.94°C annually, to 13.39°C. The mean daily maximum temperature is projected to increase by +3.1°C, and the mean daily minimum temperature is projected to increase by +2.89°C;
 - Annual average precipitation is due to decrease by 0.53%, with a +16.23% increase in average winter precipitation, and a -26.31% decrease in average summer precipitation. The autumn and spring averages have small decreases of between 5.1% and 5.25%;
 - Annual average wind speed (measured in metres per second (m s⁻¹)) is projected to marginally decrease in speed in the 2080s, by -0.065m s⁻¹; and
 - Total cloud cover is projected to decrease annually by 6.22%. This decrease in total percentage cloud cover is most prevalent in the summer average, when it is due to decrease in the 2080s by 15.21%. There is projected to be a marginal increase of 0.93% in average winter cloud cover.

Vulnerable Groups

- 87 Based on the findings of the baseline assessment, the following vulnerable groups have been identified:
- People with disabilities or other long-term conditions;
 - Children and young people;
 - Older people; and
 - People experiencing notable socio-economic deprivation.

⁵³ United Nations (2023). *Causes and effects of Climate Change*. Available at: <https://www.un.org/en/climatechange/science/causes-effects-climate-change>.

⁵⁴ Met Office (2023). *About UKCP*. Available at: <https://www.metoffice.gov.uk/research/approach/collaboration/ukcp/about>.

ASSESSMENT OF HEALTH DETERMINANTS

Health Determinant 1: Housing Design and Affordability

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

Summary of Baseline Conditions

- 88 Most homes in Tottenham Hale ward are at or below capacity (80.4%), 19.6% of residential dwellings in Tottenham Hale ward are classed as overcrowded. This is above the rates of overcrowding for the LBH (13.5%) and London (11.1%), however national levels are much lower (4.3%). In addition, the affordability of home ownership in the LBE (12.8 the average salary) is slightly higher than London-wide trends (11.7), and notably higher than the national average (7.7). In addition, the affordability of home ownership in the LBH (12.6) is marginally higher than the rest of London (11.7); however, both have a higher cost for ownership than England as a whole, as shown in Table 8. However, the LBH and London both see fewer households experiencing fuel poverty than at the national level, suggesting a lower level of poverty in the borough and regionally in this regard.

Health Impact Assessment

Assessment Criteria	Relevant to This Assessment?
Does the proposal seek to meet all 16 design criteria of the Lifetime Homes Standard or meet Building Regulation requirement M4(2)?	Yes
Does the proposal address the housing needs of older people, i.e. extra care housing, lifetime homes and wheelchair accessible homes?	Yes
Does the proposal include homes that can be adapted to support independent living for older and disabled people?	Yes
Does the proposal promote good design through layout and orientation, meeting internal space standards?	Yes
Does the proposal include a range of housing types and sizes, including affordable housing responding to local housing needs?	Yes
Does the proposal contain homes that are highly energy efficient (e.g. a high SAP rating)?	Yes

- 89 The Proposed Development addresses local housing and accessibility needs by providing 87 social-rented affordable homes (Class C3) in Building B and 522 purpose-built shared living units (Sui Generis) in Building A. Across the C3 affordable provision, 88.5% (77 homes) meet Building Regulation M4(2) standards, while 11.5% (10 homes) are designed to be M4(3) wheelchair user dwellings, exceeding the 10% policy threshold. Similarly, Building A provides 53 wheelchair-accessible DDA studio units, ensuring that residents with disabilities or reduced mobility can live independently with step-free access across all internal and external community places.
- 90 While the scheme does not deliver dedicated extra care accommodation, it directly addresses the needs of older and disabled residents by providing step-free access throughout the site, lift access to all floors, and 10 wheelchair-accessible family homes in Block B alongside 53 accessible co-living studios in Building A.

-
- 91** The provision of 10 M4(3) wheelchair user homes in Building B and 53 M4(3) accessible studios in Block A ensures that dwellings can be easily adapted or utilised to support independent living for older people and individuals with mobility impairments.
- 92** All C3 affordable dwellings meet or exceed Nationally Described Space Standards (NDSS) and London Plan internal layout requirements, benefiting from dual-aspect orientations and high levels of natural daylight. The shared living studios are generously proportioned (ranging from 20m² to 31.5m²) and are supported by approximately 1,547m² of internal communal amenity space (including co-working hubs, communal kitchens, dining spaces and a gym) and approximately 940m² of external terraces and roof gardens.
- 93** The scheme responds to local housing demand by providing 87 social-rented affordable homes including one- to four-bed units, alongside 522 flexible shared living units for single-person households.
- 94** The homes are designed to be highly energy efficient, featuring an all-electric energy strategy powered by Air Source Heat Pumps (ASHP) and rooftop photovoltaic (PV) arrays. High-performance building fabric, triple glazing, and mechanical ventilation with heat recovery (MVHR) cooling modules in noise-exposed bedrooms ensure high SAP/EPC ratings and protect residents from fuel poverty and overheating.
- 95** Overall, the Proposed Development, will have a **positive** effect on this determinant of health by providing high-quality, energy-efficient, and accessible accommodation across social-rented family and shared living tenures that directly address local housing stress and overcrowding.

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

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

Summary of Baseline Conditions

- 96** Primary schools in Planning Area 4 currently operate with a substantial surplus of places, while secondary schools across the LBH are experiencing an overall deficit. Six GP surgeries lie within 1.6km of the site and, although accepting new patients, are operating above the NHS-recommended patient-to-GP ratio. The local area is served by several open spaces and community facilities within accessible walking distances, providing a range of recreational, social and leisure opportunities for residents.

Health Impact Assessment

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

- 97** The Proposed Development currently comprises vacant, cleared hardstanding and does not contain any existing social or healthcare infrastructure. However, the Proposed Development introduces 125.5m² (GIA) of dedicated Class F2 community floorspace at ground level.
- 98** The HIA assesses the scheme's impact on local primary healthcare services. While all six GP surgeries within 1.6km are accepting new patients, the local average ratio exceeds NHS capacity benchmarks by 203 patients per GP FTE, and any additional demand generated by future residents will be mitigated through statutory Community Infrastructure Levy (CIL) or Section 106 contributions (S106).
- 99** The site does not provide, nor does the Proposed Development offer, a healthcare facility.
- 100** The Proposed Development assesses educational and social infrastructure capacity. The 522 single-occupancy shared living units generate no child yield, restricting educational demand solely to the 87 social-rented C3 homes. The local primary school surplus (1,237 places) easily absorbs the primary-age yield, while secondary school deficit impacts (-3.7%) will be offset via CIL contributions.

- 101** Opportunities for shared community use are explored through Re:shape's Community Investment Programme (CIP) in partnership with local charities such as Hope in Haringey and Thru Life. The 125.5m² Class F2 community space is proposed on site and will be operated through the shared living operator for either a long-term community use, or if such a use were not confirmed, it could also be bookable for short term community uses, enabling local groups to utilise the space for events, training or meetings. One other potential use for this community space is hosting early-intervention youth mental health counselling (144 young people/year in partnership with Open Door) and youth mentoring networks. If this were to come forward, this could generate £4.31 million in annual social value.
- 102** Overall, the Proposed Development will have a **positive** effect on this determinant of health by delivering dedicated community floorspace and an impactful Community Investment Programme, while mitigating impacts on healthcare and secondary education via CIL/ S106 contributions.

Health Determinant 3: Access to Open Space and Nature

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

Summary of Baseline Conditions

- 103** There are four open and play spaces within an 800m walking distance of the Site. These facilities offer a range of park, garden and play facilities for the local community.

Health Impact Assessment

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

- 104** The existing site consists of cleared hardstanding with negligible ecological value. The Proposed Development replaces this hardstanding by delivering the ‘Ashley Link’, a new east to west landscaped pedestrian and cycle route, alongside planting 76 new trees and installing 2,414m² of blue/ green roofs.
- 105** While the site is not located in a formal open space deficiency area, the Proposed Development provides significant new publicly accessible open space and dramatically improves physical pedestrian access to Down Lane Park.
- 106** The scheme delivers 361m² of dedicated doorstep play space for 0–4-year-olds within the ground-floor landscape. Play space for children aged 5+ is provided by direct, safe pedestrian access to Down Lane Park, supported by S106 contributions.
- 107** The ‘Ashley Link’ creates a direct, visual, and physical green corridor through the centre of the site that links Ashley Road to Down Park Lane and the surrounding public realm.
- 108** All public realm and open spaces are designed to be step-free, inclusive, well-lit to CPTED standards, and overlooked by active ground floor frontages and residential windows.
- 109** Long-term management and maintenance of all on-site open spaces, podiums, roof gardens, and public realm will be governed by a detailed Landscape Management Plan.

- 110** Overall, the Proposed Development will have a **positive** effect on this determinant of health by transforming a vacant hardstanding site into a green public link, providing dedicated doorstep play space, and enhancing physical and visual connections to Down Lane Park.

Health Determinant 4: Air Quality, Noise and Neighbourhood Amenity

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

Summary of Baseline Conditions

- 111** The primary pollution source of the LBH AQMA is from road transport. Vehicle emissions from the A1055 (Hale Road), Monument Way and Ferry Lane are most likely to influence pollutant concentrations at the site.
- 112** The site is bound to the north by Rosa Luxemburg Apartments and associated car park and service area, to the east by Ashley Road, to the south by residential properties on Hale Road and to the west by Down Lane Park. Farther to the east (approximately 130m) are grouped railway lines which include the Greater Anglia Lea Valley Lines, Stansted Express, and lines approaching the Northumberland Park Depot. Tottenham Hale station (Network Rail and London Underground Victoria Line services) is located approximately 135m to the southeast of the site. An underground tunnel that is used by Victoria Line trains (The Northumberland Park Spur) is aligned approximately 30m to the southeast of the site.

Health Impact Assessment

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

- 113** Construction activities over the 29-month build period will be managed through a site-specific Construction Environmental Management Plan (CEMP), Outline Construction Logistics Plan (CLP), and adherence to the Considerate Contractors Scheme. Measures include suppressed/ bored piling equipment to minimise noise and vibration, site perimeter hoarding, wheel-washing facilities, and restricting HGV delivery movements outside peak school hours (08:00–09:00 and 15:00–16:00) to protect local air quality and pupil safety at Harris Academy.
- 114** To minimise air pollution caused by operational traffic, the Proposed Development promotes active travel and public transport through the provision of pedestrian and cycle routes which link to existing travel infrastructure. In addition, the Planning Application includes a Transport Assessment, containing a Travel Plan, Delivery Servicing and Management Plan, and Construction Logistics Plan, which are intended to identify potential pinch points in localised travel, as well as ways to mitigate likely negative impacts. The Proposed Development is 100% electric and fossil-fuel free, utilising ASHPs and PV arrays with zero on-site combustion emissions (no gas boilers or CHP). Combined with a car-free design (except 10 Blue Badge bays), the scheme achieves Air Quality Neutral status and avoids generating operational traffic pollution.

- 115** As with the minimisation of air pollution, noise pollution caused or exacerbated by operational traffic and commercial uses associated with the Proposed Development will be reduced through the facilitation of active travel and public transport use. In addition, dwellings are acoustically insulated in accordance with BS 8233 and Building Regulations Part E standards. To satisfy Part O acoustic limits (<40 dB at night in bedrooms) along Ashley Road without causing summer overheating, bedrooms exposed to higher noise levels incorporate MVHR equipped with dedicated cooling modules, allowing comfortable indoor temperatures with closed windows during noisy nighttime periods.
- 116** Overall, the Proposed Development will have a **positive** effect on this determinant of health by safeguarding current residents' health and wellbeing during the demolition and construction phase, and by promoting a quality living environment once complete and operational.

Health Determinant 5: Accessibility and Active Travel

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

Summary of Baseline Conditions

- 117** The site is located in Tottenham Hale within the LBH, in an area of mixed character that includes industrial, commercial, retail and residential uses. The site lies along Ashley Road and comprises a parcel of land fronting Ashley Road to the east and Down Lane Park to the west. The site is currently vacant and undeveloped.
- 118** The extracted PTAL for the site is 5, indicating a high level of public transport accessibility. This is due to the close proximity of Tottenham Hale Station, Tottenham Hale Bus Station and Tottenham Hale Underground Station, together with the range of local bus services available in the immediate area.
- 119** The site is also well connected for walking and cycling. Well-established footways, signal-controlled crossings, raised tables and wide pedestrian routes are present in the vicinity of the site, providing direct and convenient access to surrounding destinations. In addition, the site is within reasonable cycling distance of London Cycleway 1, Cycleway 24 and National Cycle Route 1.

Health Impact Assessment

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

- 120** A Healthy Streets Transport Assessment has been prepared in support of the Proposed Development and will be submitted with the Planning Application. This assessment measures the Proposed Development against Healthy Streets indicators, as outlined in the Transport Assessment and agreed with TfL during pre-application scoping, identifying likely impacts and recommending appropriate mitigation or enhancement measures where relevant.
- 121** To prioritise and encourage walking, the Proposed Development creates the 'Ashley Link', a pedestrian-focused green east to west route through the central courtyard connecting Ashley Road to Down Lane

Park. As well as this, active ground floor commercial, community and co-living frontages activate the public realm, providing a welcoming, street-lit environment.

- 122 The Proposed Development directly encourages cycling through the provision of 368 long-stay internal cycle spaces (116 for Block B, 252 for Block A) and 17 short-stay visitor spaces. Long-stay stores accommodate two-tier racks, standard Sheffield stands, and 5% wider-spaced Sheffield stands for cargo and adapted bikes. Additionally, 24 Lime bike hire spaces are integrated into the public realm landscape.
- 123 The Proposed Development connects public realm and internal routes to local and strategic cycle and walking networks surrounding the site. The site connects directly to local cycle routes along Ashley Road leading to Cycleway 1, Cycleway 24, and NCR1.
- 124 The Proposed Development is designed to be a car-free development that removes private vehicle movements from the central Ashley Link pedestrian corridor, and in doing so, minimises traffic risks. Alongside this, pedestrians and cyclists have dedicated routes, separated from vehicular traffic to enhance safety and inconvenience. Additionally, clear signage and wayfinding systems are implemented throughout the area to guide users effectively and promote safe navigation.
- 125 The site is exceptionally well connected to public transport, located approximately 135m from Tottenham Hale Station and 110m from Tottenham Hale Bus Station. It is also nearby to a range of public and active travel infrastructure which provide access to services across London and beyond.
- 126 The Proposed Development is car-free, excluding 10 Blue Badge spaces (9 allocated to C3 affordable housing and 1 to shared living). Residents will be restricted via S106 agreements from purchasing on-street parking permits within "The Hale" CPZ. A Framework Travel Plan, overseen by a Travel Plan Coordinator, will further reduce car dependence.
- 127 Level, step-free access is provided across all public realm routes, building entrances, and communal amenities. Lifts serve all floors, and 10 dedicated Blue Badge parking bays are provided directly adjacent to residential cores in a controlled courtyard.
- 128 Overall, the Proposed Development will have a **positive** effect on this determinant of health by facilitating active travel and access for all.

Health Determinant 6: Crime Reduction and Community Safety

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

Summary of Baseline Conditions

- 129** Between July 2025 and June 2026 approximately 28,287 offences were recorded in the LBH (107.1 offences per 1,000 people), a decrease of 3.4% compared to the previous 12 months⁵⁵. The most common offences during this period were ‘violence against person’ (8,073), ‘theft’ (7,827) and ‘vehicle offences’ (3,183).
- 130** Furthermore, in May 2026 170 crimes were recorded within the Tottenham Hale policing area, with the most common offences being anti-social behaviour and violence and sexual offences (both 44 reports), followed by theft from the person (16) and vehicle crime (15)⁵⁶. Spatially, crime is unevenly distributed, with higher concentrations around Tottenham Hale Retail Park, Down Lane Park and the River Lea corridor. This pattern is broadly consistent with trends observed across the preceding 12 months, during which monthly crime levels typically fluctuated.

Health Impact Assessment

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

- 131** The scheme integrates Crime Prevention Through Environmental Design (CPTED) and Secured by Design (SBD) principles, informed by consultation with Metropolitan Police Design Out Crime Officers. Block A benefits from 24/7 on-site management, concierge presence, and night supervisor patrols. Physical security features include PAS 24/ LPS 1175 rated door sets and windows, BS EN 356 P1A laminated ground-floor glazing, multi-layered electronic fob/app access control, and destination-controlled lifts.
- 132** To avoid creating a gated community while ensuring security, active ground-floor commercial units, Class F2 community space, co-living lounges, and front doors for C3 maisonettes provide continuous passive surveillance over Ashley Road and the new ‘Ashley Link’. External lighting complies with BS 5489:2020 standards, CCTV covers all key access points and stores, and landscape planting maintains clear sightlines.

⁵⁵ Metropolitan Police (2026). Crime Data Dashboard: Overview of Crimes.

⁵⁶ Metropolitan Police (2026). Crime Map – Tottenham Hale. Available at: <https://www.met.police.uk/area/your-area/met/haringey/tottenham-hale/about-us/crime-map>. Accessed: 22/07/2026.

- 133** The Proposed Development is well designed, and consideration has been given to the effective and attractive inclusion of places for the local community. The scheme replaces vacant hardstanding with the "Ashley Link", an attractive, multi-use public realm route featuring public seating, rain gardens, and 0–4 doorstep play spaces that generate positive footfall and activity.
- 134** Extensive public consultation was undertaken in June 2026, including 5,051 distributed flyers, public exhibitions, and meetings with local Ward Councillors, the Quality Review Panel (QRP), and voluntary groups (Hope in Haringey, Downside DIY, Thru Life, Ferry Lane Action Group). Community feedback directly influenced layout refinements, such as reconfiguring access under crofts to avoid social segregation and enhancing public realm lighting. Further details can be found outlined in the Statement of Community Involvement (SCI) which accompanies the Planning Application.
- 135** Overall, the Proposed Development will have a **positive** effect on this determinant of health by introducing 24/7 management, active frontages, robust CPTED security measures, and high levels of natural surveillance that reduce crime and the fear of crime.

Health Determinant 7: Access to Healthy Food

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

Summary of Baseline Conditions

- 136** The LBH has a higher density of fast-food outlets than both the regional and national averages, however this borough-level pattern does not reflect the immediate area around the site, which scores well on the E-Food Desert Index.

Health Impact Assessment

Assessment Criteria	Relevant to This Assessment?
Does the proposal facilitate the supply of local food, i.e. allotments, community farms and farmers' markets?	No
Is there a range of retail uses, including food stores and smaller affordable shops for social enterprises?	Yes
Does the proposal avoid contributing towards an overconcentration of hot food takeaways in the local area?	Yes

- 137** The Proposed Development does not provide formal allotments or community farms on-site due to spatial constraints. However, soft landscaping and roof terraces incorporate opportunities for containerised herb and plant growing.
- 138** The scheme includes 230m² (GIA) of flexible Class E commercial floorspace across two ground-floor units, suitable for local independent convenience, fresh food, or café uses. All 522 shared living units feature private cooking facilities, supplemented by 310 m² of communal and family kitchens (35 cooking stations, 115 dining seats) that promote healthy, budget-conscious group cooking.
- 139** The development does not include fast-food takeaways (Sui Generis), avoiding any contribution to hot food takeaway overconcentration.
- 140** Overall, the Proposed Development will have a **neutral** effect on this determinant of health by providing private and communal cooking facilities and flexible Class E retail space without contributing to takeaway overconcentration.

Health Determinant 8: Access to Work and Training

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

Summary of Baseline Conditions

- 141** Approximately 97,000 workers operate in the LBH, at a density of 0.52 jobs per working age resident, which is lower than is typical for London (1.06 jobs per working age resident). 57. 66.7% of jobs in the LBH are full-time and 33.3% are part-time, in contrast with London, in which 75.3% of jobs are full-time and 24.7% are part-time.
- 142** The most prevalent industry within the LBH is ‘Wholesale and Retail Trade; Repair of Motor Vehicles and Motorcycles’ (17.3 % of employee jobs), followed by ‘Education’ and ‘Human Health and Social Work Activities’ each of which constitute approximately 10.7% of employee jobs⁵⁸. This differs from London more widely, whereby the largest sector is ‘Human Health and Social Work Activities’ (14.2%), followed by ‘Wholesale and Retail Trade; Repair of Motor Vehicles and Motorcycles’ (13.7 % of employee jobs) and ‘Professional, Scientific and Technical Activities’ (9.3%).

Health Impact Assessment

Assessment Criteria	Relevant to This Assessment?
Does the proposal provide access to local employment and training opportunities, including temporary construction and permanent ‘end-use’ jobs?	Yes
Does the proposal provide childcare facilities?	No
Does the proposal include managed and affordable workspace for local businesses?	Yes
Does the proposal include opportunities for work for local people via local procurement arrangements?	Yes

- 143** The 29-month construction build supports 175 net FTE jobs per year and £17.9m net GVA per year. The principal contractor will deliver a local Employment and Skills Plan targeting local hiring, apprenticeships, and supply chain procurement. Operationally, 21 net direct FTE jobs and £2.0m GVA per year will be created across commercial floorspace, community space, and 24/7 building management.
- 144** The scheme does not contain formal childcare facilities on-site; however, Bright Gems Nursery and Harris Academy are located directly adjacent to the north along Ashley Road.
- 145** Block A includes 240m² of dedicated internal co-working space, quiet study rooms, and high-speed Wi-Fi within its shared living amenity provision, supporting freelancers, remote workers, and micro-enterprises. The 230m² Class E commercial space offers flexible accommodation for local businesses.
- 146** Local procurement arrangements will be established in collaboration with LBH through S106 agreements and contractor procurement strategies.

⁵⁷ NOMIS (2024). Labour Market Profile – Haringey; Labour Demand.

⁵⁸ NOMIS (2024). Labour Market Profile – Haringey; Labour Demand.

- 147** Overall, the Proposed Development will have a **positive** effect on this determinant of health by generating 175 net construction FTE jobs, 21 net operational FTE jobs, providing on-site co-working infrastructure, and supporting local procurement and skills initiatives.

Health Determinant 9: Social Cohesion and Inclusive Design

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

Summary of Baseline Conditions

- 148** Tottenham Hale ward has a relatively young and diverse population, with around 12,177 residents living at a density significantly higher than both the LBH and London averages. The ward has a notably high proportion of working-age adults (74.1%), a typical proportion of children (18.6%), and a much lower share of older residents (7.3%), indicating a younger age profile than borough, regional and national comparators. It is also highly ethnically diverse, with a lower proportion of White residents (42.7%) and higher proportions of Black (27.4%) and Asian (12.3%) communities than seen across LBH, London and England, reflecting a broad mix of minority ethnic groups within the local population.

Health Impact Assessment

Assessment Criteria	Relevant to This Assessment?
Does the proposal consider health inequalities by addressing local needs through community engagement?	Yes
Does the proposal connect with existing communities, i.e. layout and movement which avoids physical barriers and severance and land uses and spaces which encourage social interaction?	Yes
Does the proposal include a mix of uses and a range of community facilities?	Yes
Does the proposal provide opportunities for the voluntary and community sectors?	Yes
Does the proposal take into account issues and principles of inclusive and age-friendly design?	Yes

- 149** The Planning Application is supported by an SCI which details the community consultation undertaken to date and the ways in which the Proposed Development seeks to address the issues raised in this consultation, including health and other relevant community and development topics.
- 150** To better connect to existing communities, the Proposed Development is designed to be physically connected to and visually cohesive with the surrounding area, including active travel links with existing infrastructure and architectural elements which are sympathetic to the built fabric. The ‘Ashley Link’ public realm route eliminates physical severance, providing a welcoming, permeable connection

between Ashley Road and Down Lane Park with public seating, rain gardens, and doorstep play. In addition, the Proposed Development seeks to avoid 'gated communities' and promote a sense of security by offering public spaces which are permeable, overlooked and designed to feel welcoming for both residents and the wider community.

- 151** The Proposed Development combines social housing, shared living, commercial space, and a 125.5m² Class F2 community facility.
- 152** Through the CIP partnership with local community group such as Thru Life and Hope in Haringey, local voluntary groups gain free access to multi-purpose spaces for youth counselling, mentoring, and cultural events, generating £4.31 million in annual social value. Further information on the scheme's partnership with Hope in Haringey can be found within the Social Impact Report submitted in support of the Planning Application.
- 153** As discussed above, the Proposed Development has a strong, design-led approach which includes consideration of inclusive and age-friendly design. Inclusive design principles are embedded throughout. Step-free access is provided across all routes and entrances. 88.5% of C3 homes meet M4(2) and 11.5% meet M4(3) standards, while 53 studio units in Block A are fully wheelchair accessible. Public realm seating and clear legible wayfinding support older residents and people with mobility impairments.
- 154** Overall, the Proposed Development will have a **positive** effect on this determinant of health by providing an inclusive mixed-tenure community, enhancing physical connectivity to Down Lane Park, and empowering local voluntary organisations through the CIP.

Health Determinant 10: Minimising the Use of Resources

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

Summary of Baseline Conditions

- 155** One of the key means of promoting sustainability and mitigating against climate change (see ‘*Health Department 11: Climate Change*’) is reduced resource consumption. According to the Waste Hierarchy⁵⁹, reducing consumption and reusing existing resources is preferable to recycling and composting, while disposal should only be a last resort⁶⁰.

Health Impact Assessment

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

- 156** The development optimises vacant, cleared brownfield land within the Tottenham Hale District Centre, delivering 87 social homes, 522 shared living studios, and commercial/ community floorspace at an appropriate urban density without encroaching on greenfield land.
- 157** The design and construction of the Proposed Development appears to prioritise re-use and recycling wherever possible, as well as utilising sustainably sourced materials. During construction, 95% of non-hazardous demolition waste and 80% of construction waste will be diverted from landfill, capping waste generation at ≤6.5 tonnes per 100m² GIA. In operation, dedicated ground-floor refuse stores provide segregated recycling, organic food waste, and general waste streams.
- 158** As described above, the design and construction of the Proposed Development prioritises sustainability by using recycled and other sustainability sourced materials, integrating green infrastructure on-site, maximising natural lighting and ventilation, and employment building techniques designed to minimise environmental impacts. The scheme targets BREEAM ‘Excellent’ (76.51% rating) for Block A. Further details of the Proposed Development’s approach to recycling are provided in the CEMP and other supporting documents, all of which accompany the Planning Application.
- 159** Overall, the Proposed Development will have a **positive** effect on this determinant of health by optimising brownfield land, targeting BREEAM ‘Excellent’, embedding circular economy principles, and achieving high waste diversion rates.

⁵⁹ Department for Environment, Food & Rural Affairs (Defra) (2011). *Guidance on applying the Waste Hierarchy*.

⁶⁰ LBE (2025). *Recycling in Ealing*. Available at: https://www.ealing.gov.uk/info/201167/rubbish_and_recycling.

Health Determinant 11: Climate Change

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

Summary of Baseline Conditions

- 160** LBH declared a climate emergency in 2019 and published its first Climate and Ecological Emergency Strategy in 2021. A relatively new area of focus for the borough, there is little study area or LBH-specific data on the effects of climate change. However, the Plan and associated initiatives aim to reduce emissions and waste, promote energy efficiency and a wider green economy, and protect human and environmental health in the face of rising temperatures and extreme weather events.

Health Impact Assessment

Assessment Criteria	Relevant to This Assessment?
Does the proposal incorporate renewable energy?	Yes
Does the proposal ensure that buildings and public spaces are designed to respond to winter and summer temperatures, i.e. ventilation, shading and landscaping?	Yes
Does the proposal maintain or enhance biodiversity?	Yes
Does the proposal incorporate sustainable urban drainage techniques?	Yes

- 161** The Proposed Development will incorporate an on-site heating and hot water network, powered by ASHPs, and will be heat network connection ready. As well as this, PV modules will be incorporated at roof level. It is anticipated that the incorporation of these renewable energy sources will aid the Proposed Development in achieving a 35% carbon reduction over Part L 2021.
- 162** The Proposed Development is designed to respond to seasonal temperature changes, extreme weather, and the ill-effects of urban heat islands, all of which are exacerbated by an over preponderance of hardscaped and dark surfaces. Passive measures include triple glazing, projecting balcony shading, and green roofs. As well as this, bedrooms exposed to elevated noise along Ashley Road feature MVHR cooling modules to temper supply air without needing open windows at night.
- 163** The Proposed Development's Landscape and Public Realm Strategy aims to make landscape the unifying element of the development, and one that supports placemaking, biodiversity and climate resilience. The Proposed Development features blue/ green roofs, 76 new trees, rain gardens, and targets a Biodiversity Net Gain of over 10%.
- 164** The Proposed Development's SuDS drainage strategy provides 952.2m³ of attenuation storage across blue roofs, permeable paving (2,137m²), and an attenuation tank, restricting surface water discharge to 2.0 l/s to prevent localised flooding.
- 165** Overall, the Proposed Development will have a **positive** effect on this determinant of health by seeking to promote climate change resilience, although it should be noted that effects of the Proposed

Development in isolation will be limited and would be better captured at a wider geographic level and in tandem with other regional development.

CONCLUSIONS AND FURTHER RECOMMENDATIONS

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

Table 15 Summary of Health Effects

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

Further Recommendations

- 168** Some improvements could be made to further enhance the Proposed Development's positive impacts on the local community including residents, workers and visitors to the local area. These suggestions include:
- Continuing to engage with operational phase users and the local community to ensure changing needs are met;
 - Establishing local procurement, training and employment agreements; and
 - Providing the appropriate number of publicly available Automated External Defibrillators (AED) for the size of the Proposed Development.

APPENDIX A POLICY AND LEGISLATION SUMMARY

The Localism Act 2011

The Localism Act 2011 aims to:

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

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

Health and Care Act 2022

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

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

National Planning Policy Framework (2026)

The National Planning Policy Framework (NPPF), which was adopted in 2012, and most recently updated in August 2026, sets out the Government’s planning policies for England and how these are expected to be applied. The NPPF provides a framework for which local people and their respective councils can produce their own local and neighbourhood plans, which are relevant to the needs and priorities of their communities.

The presumption in favour of sustainable development remains central to the NPPF. The 2026 update reaffirms the three interdependent objectives of sustainable development (economic, social and environmental) which are to be pursued in mutually supportive ways. In relation to the social objective, the NPPF emphasises the need to support strong, vibrant and healthy communities by delivering a sufficient number and range of homes, ensuring access to services and open spaces, and creating well-designed, safe and inclusive environments that promote health, social interaction and cultural wellbeing.

The most relevant policies for this assessment are contained within Chapter 6: Economy and Chapter 8: Healthy and Safe Communities. Chapter 8 states that planning policies and decisions should aim to create healthy, inclusive and safe places which:

- promote social interaction, including opportunities for meetings between people who might not otherwise come into contact with each other – for example through mixed-use developments, strong neighbourhood centres, street layouts that allow for easy pedestrian and cycle connections within and between neighbourhoods and active street frontages;

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

Planning Practice Guidance (2026)

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

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

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

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

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

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

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

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

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

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

- *Create and develop healthy and sustainable places and communities*
- *Strengthen the role and impact of ill health prevention”.*

Fit for Future: 10 Year Health Plan for England (2025)

This document is part of the Government's health mission to build a health service fit for the future. The NHS' principles (universal care, free at the point of delivery, based on need and funded through general taxation) will be used as the core foundation, but the aim is to ensure patients have control over their health and their care. To enable this, the Government has set out how it will reinvent the NHS through three key shifts:

- *“Hospital to community;*
- *Analogue to digital; and*
- *Sickness to prevention.”*

To support the scale of changes the NHS will need to deliver these three shifts at pace:

- *“Through a new operating model;*
- *By ushering in a new era of transparency;*
- *By creating a new workforce model with staff genuinely aligned with the future direction of reform;*
- *Through a reshaped innovation strategy; and*
- *By taking a different approach to NHS finances.”*

Public Health England's Health Impact Assessment in Spatial Planning (2020)

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

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

The New London Plan was adopted in March 2021. Under legislation establishing the GLA, the Mayor of London is required to publish a Spatial Development Strategy (SDS) and keep it under review, namely, The London Plan. As the overall strategic plan for London, it sets out an integrated economic, environmental, transport and social framework for the development of London over the next 20-25 years. The New London Plan contains a number of policies relevant to HIA, the key ones of which are outlined below.

Policy GG1 Building strong and inclusive communities

This policy puts the onus on those involved in planning and development to seek to ensure that London continues to generate a wide range of economic and other opportunities benefiting all residents, as well

as ensuring that good quality services, public places and open space, buildings and streets are well designed well, to promote and build strong and inclusive communities.

Policy GG3 Creating a healthy city

This Policy states:

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

A) Ensure that the wider determinants of health are addressed in an integrated and co-ordinated way ...;

B) Promote more active and healthy lives for all Londoners...;

C) Use the Healthy Streets Approach to prioritise health in all planning decisions;

D) Assess the potential impacts of development proposals and development plans on the mental and physical health and wellbeing of communities ...for example through the use of Health Impact Assessments;

DA) plan for appropriate health and care infrastructure to address the needs of London’s changing and growing population;

DB) seek to improve London’s air quality, reduce public exposure to poor air quality and minimise inequalities in levels of exposure to air pollution.

E) Plan for improved access to and quality of green spaces, the provision of new green infrastructure, and space for play, recreation and sports;

F) Ensure that new buildings are well-insulated and sufficiently ventilated to avoid the health problems associated with damp, heat and cold.

G) Seek to create a healthy food environment, increasing the availability of healthy food and restricting unhealthy options.”

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

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

The Greater London Authority’s Social Infrastructure Supplementary Planning Document (2015)

Social infrastructure includes services and facilities that contribute to quality of life, such as health, education, recreation and sports facilities, community and faith facilities, emergency facilities and so on. This SPG focuses on elements of social infrastructure facing strategic challenges, specifically health, education, sport, faith and burials.

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

“The purpose of this Supplementary Planning Guidance (SPG) is to help anyone engaged in development or plan-making to understand the quantity and types of social infrastructure needed to support growth. Against a changing background of provision in our public services it provides sensible

guidance that will help planners and non-planners to work together. This SPG sets out realistic steps to promote the delivery of infrastructure that is well-phased and located

LBH Local Plan Strategic Policies 2013-2026 (2013)

The LBH Local Plan: Strategic Policies (2013-2026) sets out the borough's long-term vision, spatial strategy and development priorities across LBH. The Plan addresses sustainable development, housing delivery, economic growth, town centre revitalisation, community and social infrastructure, open space and biodiversity, environmental protection, climate change mitigation and transport connectivity, and forms part of the statutory development plan for LBH alongside the London Plan.

Policies of particular relevance to this assessment include:

- SP0: Presumption in Favour of Sustainable Development;
- SP1: Managing Growth;
- SP2: Housing;
- SP7: Transport;
- SP8: Employment;
- SP9: Town Centres;
- SP10: Design;
- SP11: Community Infrastructure;
- SP12: Conservation;
- SP13: Open Space;
- SP14: Health and Wellbeing; and
- SP15: Climate Change.

Development Management Plan Document (2017)

The LBH Development Management DPD sets out an objectively assessed framework for determining development proposals and forms a key part of LBH's statutory development plan alongside the London Plan and the borough's Strategic Policies. It also supports the delivery of sustainable, healthy neighbourhoods by embedding requirements related to amenity, environmental protection, community infrastructure and active travel within the development management process.

LBH Housing Strategy 2023-2028 (2023)

- 169** The LBH Housing Strategy 2023-2028 sets out the borough's approach to delivering safe, good-quality and genuinely affordable homes, with a focus on tackling housing inequality, improving housing conditions and increasing the supply of new affordable homes. The strategy identifies a significant need for more social and affordable housing across LBH, emphasising priorities such as reducing homelessness, improving the private rented sector, raising standards in existing homes and supporting vulnerable residents.

LBH Parks and Green Spaces Strategy (2018)

- 170** The LBH Parks and Green Spaces Strategy provides a framework for assessing the borough's provision of, and future need for, parks, open spaces and play facilities. The strategy sets out standards for accessibility, quality and quantity of open space, including expectations for walking distances to different

types of parks and play areas, and identifies priority areas where provision is limited or requires improvement. It also guides how new development should contribute to the enhancement, protection and expansion of open and play space, ensuring that growth is supported by high-quality, well-connected green infrastructure that meets the needs of a growing population.

LBH Health & Wellbeing Strategy 2024-2029 (2024)

- 171** The LBH Health and Wellbeing Strategy 2024-2029 sets out the borough's priorities for improving population health, reducing inequalities and supporting the wider determinants of wellbeing. It outlines the key health challenges, the outcomes the borough aims to achieve and the role that planning, housing, transport, community infrastructure and environmental quality play in shaping healthier neighbourhoods.
- 172** The strategy provides a framework for how local partners should consider health in decision-making, including when and how health impacts should be assessed and supports the wider Local Plan and regional policy by emphasising prevention, active lifestyles, access to services and the creation of healthy, inclusive places.

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