

Brent Cross Cricklewood Planning Application
March 2009

BXC18 — *Revised Addendum to the Health Impact Assessment*



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The planning application for the redevelopment of BXC is accompanied by a range of technical and supporting documents/reports. This is explained in full in the Development Specification and Framework (**Volume BXC1**). However, it may be useful, if viewing this document in isolation, to first read a short note on the 'Introduction to the Planning Application', which can be found on BXC Development Partners website (www.brentcrosscricklewood.com).



This Revised Addendum contains relevant updated pages of the March 2008 Health Impact Assessment. An Addendum to the Health Impact Assessment was originally submitted in November 2008 and this Revised Addendum contains further revisions beyond those submitted in November 2008. For completeness, this Revised Addendum contains all alterations since the March 2008 submission (i.e. the November 2008 and March 2009 changes), however, the March 2009 changes are identified as track changes. For a complete copy of the Health Impact Assessment, the March 2008 version needs to be read alongside this March 2009 Revised Addendum.

The following pages of the March 2008 version are to be replaced (those identified in yellow are those updated as a result of the March 2009 changes):

- Page 14
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- 3.28 The PCT also aims to reduce hospital referrals and will look to encourage the development of basic diagnostic facilities in a primary care setting. The benefits of increasing the level of community based care is to reduce pressure on secondary care services in hospitals and to bring care nearer to home.
- 3.29 The population served by Barnet PCT could increase by 70,000 by 2016 according to GLA estimates. The overall thrust of the service provision strategy to meet this increasing demand is to cluster primary care services in defined spatial areas, as described in the 'Paper for the Professional Executive Committee 'Routes for Primary Care Provision' (February 2005).

Choosing Health

- 3.30 The Strategic Service Delivery Plan 2005-2008 sets out ways in which the PCT is aiming to improve the health of the population, not just the standard of healthcare. This is in line with the national health White Paper, 'Choosing Health' which was developed subsequent to the Wanless Report, 'Securing Good Health for the Whole Population: Population Health Trends'. The broad aim of the Wanless Report and the White Paper which followed was to refocus the NHS on improving health and not just on treating disease.
- 3.31 The PCT's overall priority remains to reduce the number of people who smoke. This has a multitude of beneficial health implications for individuals, not only in avoiding disease caused by smoking, but improving success rates during treatment, reducing the length of stay in hospital post-operation and reducing the effects of passive smoking on non smokers.
- 3.32 Other lifestyle factors are also targeted by the PCT. These include helping people to eat more healthily, avoid being overweight or obese, avoid excess alcohol, and to exercise.

Primary Care Strategy

- 3.33 The Primary Care Plan (PCP) published in 2002 and elaborated in 2005 and 2007, underpins the approach to primary care in Barnet. The PCP identifies a series of service objectives which shape the provision of primary care services in the Borough. These are summarised as:
- Providing patient centred services
 - Greater integration of primary, secondary, community and other care services
 - Providing accessible services
 - Providing services through a 'hub and spoke model'⁴
 - Delivering service transformation – supporting services including estates and IT
 - Working with clinicians to improve the way services are delivered

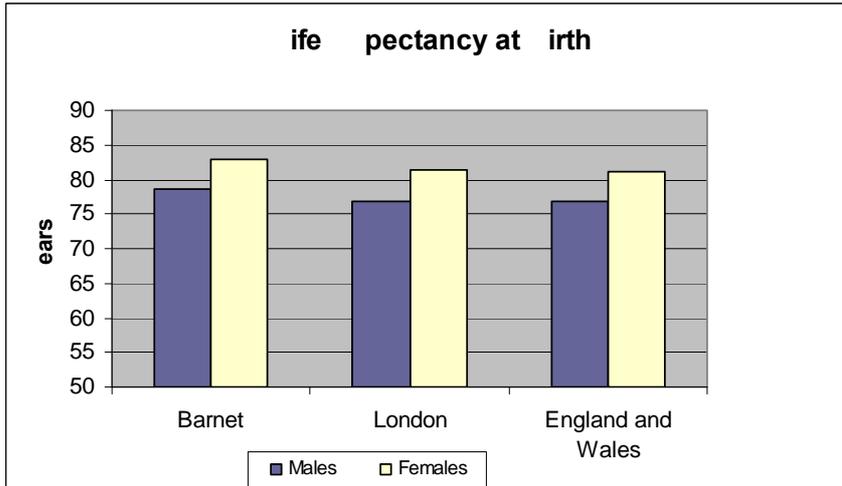
⁴ The Hub and Spoke model is a three-level service delivery model, consisting of Community Hospitals as the main hub, supported by Primary Care Centres and finally Independent Contractors (GPs, dentists, pharmacists and opticians). The model encourages the flexible provision of healthcare in the community through adaptable working arrangements between the three levels.

Source: The Information Centre, 2006, Neighbourhood Statistics

Life Expectancy

4.17 The average life expectancy at birth in Barnet is higher by almost 2 years for both males and females than London and national levels.

Figure 1 : life expectancy

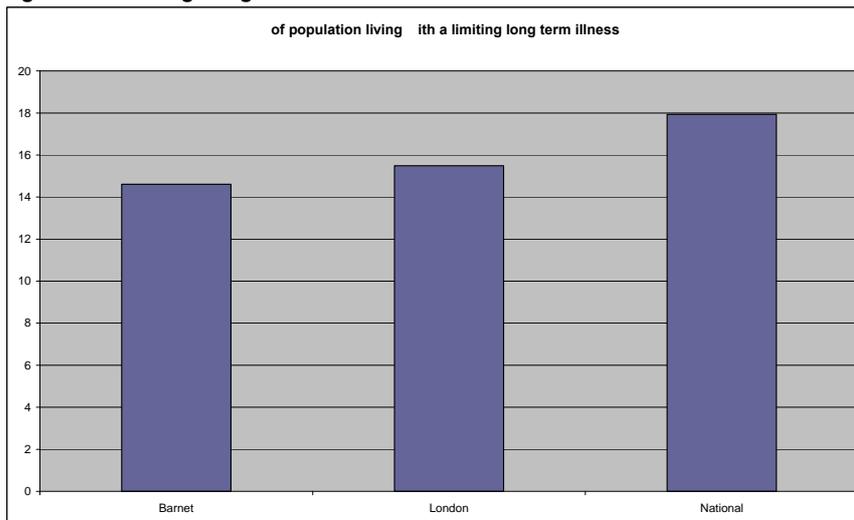


Source: Health Statistics Quarterly (No. 32, Winter 2006)

Limiting Long Term Illness

4.18 The percentage of the population living with a limiting long term illness in Barnet is lower at 14.6% than both London (15.4%) and national (17.9%) levels.

Figure 15: limiting long term illness

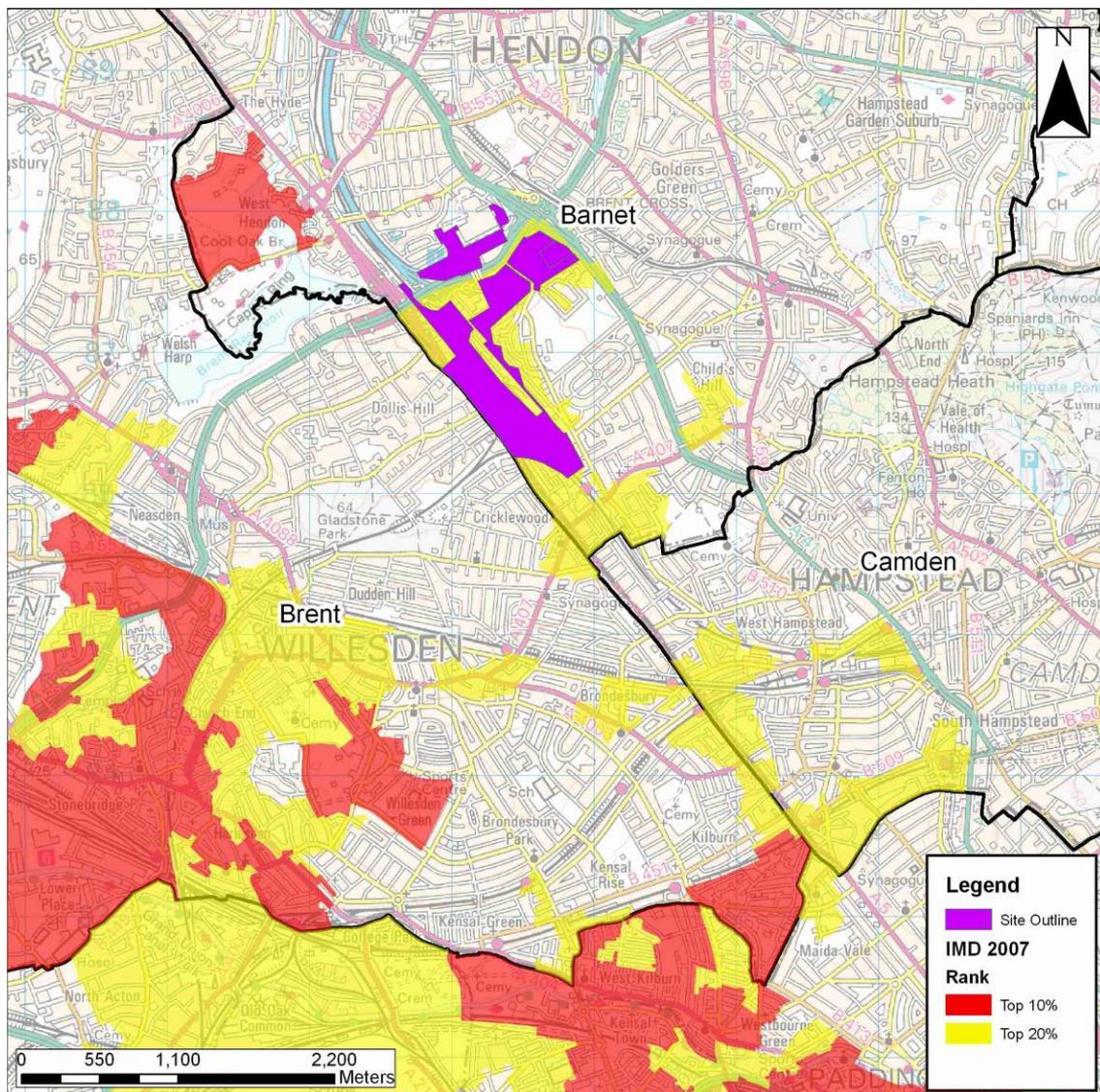


Source: 2001 Census

Deprivation IMD

4.25 The Government’s Indices of Multiple Deprivation 2004 data show that within the areas around Barnet there are pockets of acute deprivation i.e. in the 10% and 20% most deprived areas in England. The Deprivation Map shows that Barnet has a small number of pockets of deprivation within the 20% most deprived in England. This map shows that Barnet has lower levels of deprivation than surrounding boroughs.

Map 1: nde of Multiple Deprivation



Source: IMD

Crime Domain

- 4.26 This Domain measures the rate of recorded crime for four major crime themes – burglary, theft, criminal damage and violence – representing the occurrence of personal and material victimisation at a small area level. Barnet displays lower levels of crime deprivation than the surrounding boroughs. However, there are a number of pockets to the centre and southern areas of the borough that show high levels of crime deprivation. Analysis of the data shows that there are severe pockets of crime deprivation in the area in which the Development Site is located and to the south-west of the Site. Brent Cross Shopping Centre and the visiting population is likely to account for the higher rate of crime in the area.

Education Domain

- 4.27 The purpose of the Domain is to capture the extent of deprivation in education, skills and training in a local area. The indicators fall into two sub-domains: one relating to lack of attainment among children and young people and one relating to lack of qualifications in terms of skills. These two sub-domains are designed to reflect the 'flow' and 'stock' of educational disadvantage within an area respectively. That is, the children/young people sub-domain measures the deprivation in the attaining of qualifications, while the skills sub-domain measures the deprivation in the resident working age adult population. The map shows that there are severe levels of deprivation in this domain however Barnet does not display any areas of educational deprivation.

Employment Domain

- 4.28 This Domain measures employment deprivation conceptualised as involuntary exclusion of the working age population from the world of work. An analysis of the IMD data for the employment domain reveals that there are some small pockets of deprivation within Barnet. The closest incidence of severe deprivation is in the southern portion of the London Borough of Brent.

Health Domain

- 4.29 This domain shows areas with higher rates of people who die prematurely or whose life has been impaired by poor health or who are disabled. Analysis of the IMD data for this area shows that Barnet does not have any areas within the top 10% or 20% most deprived in terms of health in England. There are however a number of areas displaying high levels of health deprivation in the surrounding boroughs.

Income Domain

- 4.30 The purpose of this Domain is to capture the proportions of the population experiencing income deprivation in an area. Data for the Income Deprivation domains shows severe deprivation is affecting the Development Site itself as well as the immediate surrounding area. Barnet has a number of pockets of income deprivation, particularly to the western edge of the borough where the deprivation occurring is more severe than the rest of the borough. However, the

occurrence of income deprivation is less extensive than in the surrounding boroughs.

Living Environment Domain

4.31 This Domain focuses on deprivation in the living environment. It comprises two sub-domains: the 'indoors' living environment which measures the quality of housing and the 'outdoors' living environment which contains two measures about air quality and road traffic accidents. From the map it can be seen that there are a number of small areas in Barnet within the top 10% and 20% of most deprived living conditions in England. There is a high incidence of pockets of severe deprivation adjacent to, and to the south east of the Site, particularly in the London Borough of Camden.

Housing Domain

4.32 This domain measures barriers to housing and key local services. Indicators used in this domain are divided into two categories; geographical barriers and wider barriers. Geographical barriers measure road distance to GPs, supermarkets or convenience stores, primary schools and post offices. Wider barriers include household overcrowding, barriers to social housing and affordability. In the north of the borough there is a relatively large area of housing deprivation that is ranked in the top 10% in England. There are a number of smaller pockets of severe housing deprivation around the borough particularly around the development. Barnet overall however, has less housing deprivation than the surrounding boroughs.

Conclusion

4.33 The baseline analysis shows that Barnet is performing well in comparison to wider regional and national trends. The borough as a whole is well educated and shows high levels of ethnic diversity. Barnet shows low levels of unemployment and economic inactivity in comparison to wider London averages. A large proportion of the population is employed in highly skilled and senior level occupations with a comparably lower amount of the population employed in manual and unskilled labour.

- 4.34 There is a smaller proportion of social housing in Barnet than London averages. Housing conditions in Barnet are of a higher standard than wider London trends with lower levels of overcrowding and housing without central heating.
- 4.35 Health conditions in Barnet are above both the regional and national average with lower standardised mortality ratio, long term illnesses and teenage conception and higher level of life expectancy at birth. Barnet displays the lowest levels of poor lifestyle health factors when examined against its surrounding boroughs. Barnet as a whole shows low levels of deprivation. However, where concentrations of deprivation do appear these tend to occur to south-western edge of the Borough in areas surrounding the site.

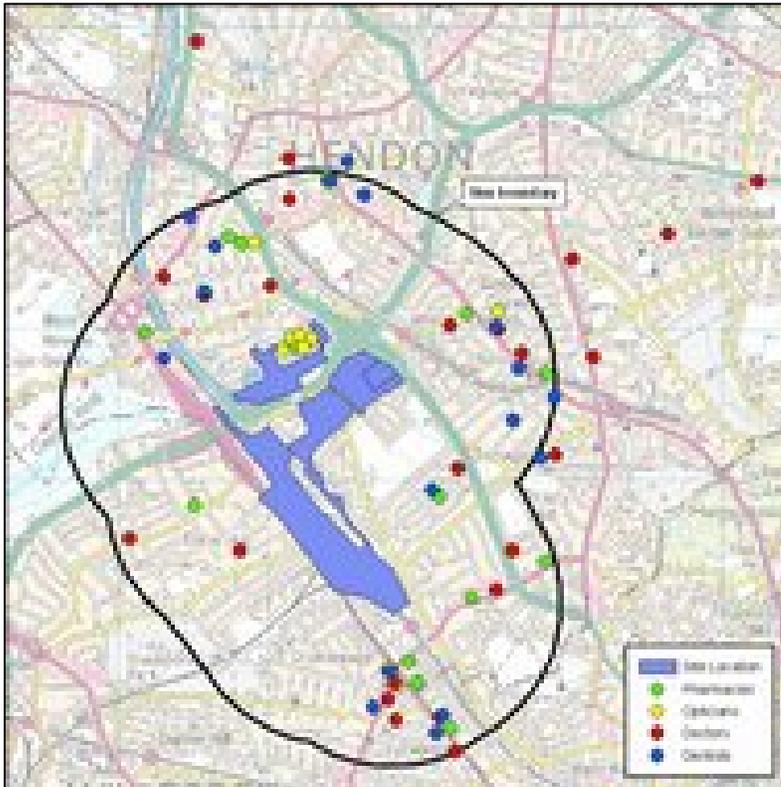
5 Impact Assessment

- 5.1 The impact assessment brings together three strands of impacts. These are assessed against the policy context and baseline where appropriate. The assessment builds a picture of how health is a cross-cutting theme which is impacted upon from a wide range of sources in different ways.
- 5.2 The initial findings of the impact assessment were presented at a health stakeholders workshop. This workshop discussed the potential impacts of the scheme and the outcomes of this are reflected, where appropriate, throughout the following section.
- 5.3 The three strands of the impact assessment are:
- Impacts derived from Environmental Impact Assessment (EIA - EIAs are required for major development proposals and those which are likely to have significant environmental impacts. They cover the full range of likely environmental effects (both negative and positive) and aim to prevent, reduce and offset any adverse impacts. Each section is produced by a specialist in the field. The EIA for Brent Cross Cricklewood has been produced by ERM limited. Those effects which could have a direct impact on health have been identified as; noise and vibration, air quality and dust, contaminated land, microclimate and transport. Each has a detailed and extensive report submitted as part of the Environmental Statement, the purpose of this section is to summarise these as they relate to health.
 - The impacts on determinants of health – this section captures the impacts of the development proposals on the wider determinants of health such as lifestyle and quality of life.
 - Impacts on demand for primary healthcare services – this section describes the increase demand places on primary care services and how the development meets this increase.
- 5.4 Mitigation is described through the impacts section where appropriate and a summary of mitigation follows the impacts section.

The Scheme

- 5.5 A comprehensive scheme has been prepared which shows how this 151ha area can be transformed. The new area will contain new neighbourhoods which include 7,500 homes, jobs, shops, open spaces, leisure and community facilities – together with a new mainline station and improved transport.
- 5.6 The table below shows the floorspace for each use contained within the application. It also includes transport, infrastructure, open space and environmental improvements. The effects of the development have been assessed against these proposals.

Map 1: Health Facilities



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Additional Needs Arising from the Development Proposals

5.56 In order to assess the potential impacts of the development, a bespoke population and child yield model was produced as part of the development of the Leisure, Culture and Community Facilities, Health and Education studies. Two main data sources have been used for the population modeling . the 2001 Census and the National Housing Federation CORE lettings data for social housing.

5.57 The model identifies for each type (house or flat), tenure (private, intermediate, social rented) and size of property a total population, and age specific population yield. The application includes a proposal for 15% affordable housing, with the affordable split on a ~~70:30~~ **70:30:60:40** ratio between social rented and intermediate housing. However, this will be reviewed as the development happens to see whether additional affordable housing becomes commercially viable.

5.58 For this reason we have assessed in this report a range of affordable housing from 15% at a ~~70:30~~ **70:30:60:40** split to 30% at a 50:50 split to ensure that the social infrastructure provision can cope with the identified range.

5.59 Table 5 sets out the projected population on this basis.

Table 5 - Summary of Population Projection

Age group	Population
Total children (0-15)	4,643 to 4,902 1,509 to 2,185
Pre-school	534 55 to 725
Primary	703 657 to 953
Secondary	319 366 to 507
16-59 years	10,244 to 9,742 9,991 to 10,336
Over 60s	1,362 to 1,409 1,397 to 1,329
Of which, over 65	1,076 to 1,113 1,104 to 1,060
Total population	13,255

5.60 The results show a relatively low occupancy level, which is what would be expected for high-density flatted developments. This typically attracts a significant proportion of small households.

5.61 Barnet PCT currently has a target of no more than 1,700 people per GP. Applying this ratio to the forecast population of the development suggests that around eight GPs will be needed to serve the new population.

5.62 For other primary healthcare services, the low proportion of older adults, and the fact that the age profile of children is biased towards the youngest age groups, suggests that demand is likely to be more for health visitors than for district nurses. More generally, the high proportion of people aged 16-59 may mean that the overall demand for primary healthcare could be below the average for the borough, as these age groups tend to be in better health.

5.63 For the original health study Barnet PCT identified a range of other staff, from nurses to physiotherapists, who could be needed to service the new population.

5.64 The modelling indicates a need for around 11 health staff in addition to the 8 GPs. This forecast is based on an extrapolation of current staffing levels in the borough, adjusted to reflect the projected age profile of the development. This list does not include all the NHS staffing groups or those services provided by voluntary groups. This estimate is based on current models of service and, therefore, will be subject to change over time. The PCT also estimates that a community mental health team of 3 people would also be needed to serve the new development.

5.65 In addition to the new resident population, the development is also forecast to bring a significant new working population to the area. While for GPs people generally register near where they live, the working population may increase demand for other services such as pharmacies, dental practitioners and opticians. This working population will increase as further phases of

development are delivered and, with the increased emphasis on choice promoted by the Government, has the potential to further increase local demand for services. This will need to be monitored over the lifetime of the development to assess any impacts on provision.

Table 6. Additional Demand for non-GP Health Staff

	Full time equivalent staff
Health Visiting	2.4
District nursing	2.6
Pediatric speech therapy	1.3
Pediatric occupational therapy	0.3
Pediatric physiotherapy	0.4
Adult speech therapy	0.6
Adult occupational therapy	1.0
Adult physiotherapy	1.5
Dietetics	0.2
Podiatry	1.0
Total	11.3

Source: Barnet Primary Care Trust

5.66 To assess requirements for adult social services we have similarly used information on current staffing levels supplied by LB Barnet and related this to current population. This has then been extrapolated to the forecast population of the new development. The results are shown in Table 7 below. These numbers include both social workers and community care officers.

5.67 The majority of the projected staff requirements indicated in the table has been based on the total forecast increase in population from the development. The older adult and hospital assessment teams have been based on the number of people forecast to be aged 65 years and over.

needs and priorities. This includes agreeing and monitoring local contracts with dentists or corporate bodies for the delivery of primary dental services.

- 5.73 As was highlighted in the audit, Brent Cross is already well served by opticians, and it is unlikely that additional provision will need to be planned for this.

Adult social services

- 5.74 For adult social services, LB Barnet has expressed a strong preference for staff to be based within the primary care centre. They have also noted that an increase in out-reach working with a higher proportion of staff working in the field. Technology is now enabling electronic storage of data on hand-held terminals. The actual space requirements for the staffing levels projected are therefore quite small – likely to include “hot-desking” facilities and storage space, to be shared by different members of the team.

Policy Drivers

- 5.75 In terms of detailed guidance (on space standards) there are no nationally set space standards for GP surgeries. It is widely acknowledged that the more traditional model of GP surgery – in particular the conversion of a house – is no longer acceptable provision and that modern facilities where patients can access a broad range of primary care and community services is the preferred objective. The Health Strategy reviewed recent developments of large primary care centres which serve a population of 13,500-14,000 people – very similar to that forecast for the Brent Cross Cricklewood development. They vary in how many other facilities they include, and so vary in size from 1,100 to 2,500 sqm.

Summary

- 5.76 The Development at Brent Cross Cricklewood would generate direct demand for an 8 GP surgery and perhaps 14 additional primary care staff. There is also the potential for around 8 adult social services staff.
- 5.77 The PCT has broader aspirations to provide a large primary care centre, serving a wider population than that of the new development, in a location accessible by public transport and close to other social facilities to act as a hub for primary care services in the area. At the time of the workshop they also sought a smaller facility which would have a more local role and operate as one of the “spokes”.

Proposed Provision

- 5.78 Table 8, below, shows the proposed social infrastructure provision contained within the planning application.
- 5.79 At the health workshop, it was noted that any provision on site should be integrated where possible with other community facilities, subject to satisfactory agreements over management and operational issues. In addition, it was also concluded that it would be important to build in flexibility into the development to enable facilities to adapt to future needs and changing models of health delivery.

- 5.80 The workshop also concluded that it is important for health facilities to be accessed easily by public transport.
- 5.81 As such, a large Primary Care Centre is proposed for the Eastern Lands Zone which would have the capacity to provide for the services described above and act as a hub for services. It will be located as part of a Community Campus, alongside the re-provided Whitefield Secondary School, Mapledown Special School and the new leisure centre and close to the improved Clitterhouse Playing Fields. It will also be located close to the new market square which will include new neighbourhood shopping including the re-located supermarket. This area has the potential to house a new commercial pharmacy and will be well served by public transport services.
- 5.82 In addition, smaller GP surgery/primary care facility is proposed at the southern end of Cricklewood Lane, this would meet the needs of residents of that part of the development and, to a greater extent, the wider area.
- 5.83 At the health workshop, it was noted that a proposal for a large primary healthcare centre, supported by a smaller sub-centre in the southern area of the site was not necessarily the preferred delivery option. The delivery of primary healthcare infrastructure would need to be reviewed and it was noted that a larger consolidated premises may be an option.
- 5.84 With this in mind, the format of permanent primary care infrastructure will be evolved beyond the outline planning permission stage, with close working between the development partners and key health stakeholders, lead by Barnet PCT.
- 5.85 At this stage in the planning application process however, there is a commitment to provide sufficient floorspace within the development to mitigate for the additional demand. This is set out in its present, unadjusted form, in table 8 below.

Table Community Provision by Site and Zone

Use	Site	Zone
Pre-School Education		
Claremont School		rent Terrace
Children's Centre	55 sqm	astern ands
on-Statutory Pre-School 1	sqm	astern ands
Hitefield School		astern ands
Library and online Centre	sqm	astern ands
Mapleدون School		astern ands
on-Statutory Pre-School	sqm	rent Terrace
on-Statutory Pre-School	sqm	Station quarter
Health		
Primary care Centre incl. Social Services	up to 1 sqm	astern ands
GP Surgery Drop in Centre	up to 15 sqm	ric le ood lane
Temporary GP Surgery	up to 1 sqm	Mar et Square
Community Ther		
Multi-use Community	1 sqm	Mar et Square
Multi-use Community	1 sqm	astern ands
Multi-use Training	5 sqm	rent ross ast
leisure replacement	sqm	astern ands
Police Unit 1	5 sqm	Mar et Square
Police Unit	5 sqm	rent ross ast

5.86 The development partners have also considered the issue of delivery. The scheme will be developed over a twenty year period and therefore appropriate triggers will need to be agreed with the PCT particularly as a large proportion of the health facilities in the scheme are geared to meet demand in the wider area. It will therefore be important to ensure that they are delivered in line with the PCT's strategic planning timetables and that large (and expensive) premises are delivered in line with rather than in advance of need.

5.87 The first tranche of development which is proposed to be brought forward will contain approximately 1,300 residential units, housing around 2,500 people, some of whom will be re-housed from existing accommodation and therefore not generating additional demand.

5.88 This would create demand for 1 to 2 GPs – less than a fifth of the likely final total and only around 10% of the capacity which the PCT are identifying from any new facilities. It is, therefore, not appropriate to bring forward a new stand alone facility as part of Primary Development Package. The BXC partners have

therefore made provision for up to 300 sqm temporary provision which will remain in place until the permanent facility is provided.

Conclusion

- 5.89 The provision for primary healthcare facilities within the Brent Cross Cricklewood scheme is in line with the requirements identified in the Health Strategy and also meets the needs of the wider area. In addition, a temporary facility is proposed to help manage the additional demand in the area as it builds up over time.
- 5.90 The main Primary Care facility is located in an area which will have good public transport accessibility and adjacent to schools, leisure and recreation facilities as well as the market square and local shops. This can enable the joint provision of services, and cross-agency working. The potential for co-location of facilities and services and joint service planning will need to be addressed as the detailed proposals for this area are brought forward to support not only provision of health services but also to address background determinants of health. This will include consideration of a single consolidated primary care facility.

- Improving educational attainment and skills development among disadvantaged populations - the development will provide three new school buildings providing extended services for the local community, and provision for adult learning.
 - Improving access to public services in disadvantaged communities in urban and rural areas - the development will provide an improved network of public transport across the site, a new train station, a new bus station, new road network reducing travel times and co-located public services ensuring easy access.
 - Reducing unemployment - the development will house ~~over up to~~ 30,000 jobs demanding a full range of skills, from entry level ancillary support services, through retail to high skill jobs in a new commercial quarter. The Development Partners are working with LB Barnet and a consortium of education and training providers to ensure that local people can access these jobs.
- 6.7 Overall, there is a net benefit in the determinants of health as a result of this development. New public services, jobs, education and care facilities, high quality housing including affordable units, and an improved environment all contribute positively to the health of the population at Brent Cross Cricklewood. The next step is to work with LB Barnet and the PCT to identify actions which can help ensure that these benefits are maximised particularly for those residents most at risk from poor health.
- 6.8 The outcomes of the health workshop have been fed into the assessment. Overall, it was agreed that development partners would need to continue to work closely with key health stakeholders, in particular looking at how primary healthcare services will be arranged and delivered, how healthy lifestyles can be encouraged on site, and how a sense of neighbourliness can be achieved across the scheme.