

July 2024

The Aylesham Centre, Peckham

Health Impact Assessment

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Berkeley
Designed for life



Quod

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Aylesham Centre

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1 Introduction

This Health Impact Assessment (HIA) has been prepared by Quod to accompany an application for full planning permission being submitted by the Applicant, Berkeley Homes (Capital) Plc, to the London Borough of Southwark (LBS).

It considers the potential impacts on human health in relation to the planning application, compiling an analysis of technical and design considerations of the development.

Proposed Development

- 1.1 The description of the development being applied for is ('the Proposed Development'):

Demolition of existing buildings and phased redevelopment to provide a replacement supermarket and associated service yard and car parking (Use Class E(a)); flexible retail, leisure (including drinking establishment), and commercial accommodation (Use Class E/Sui Generis); dwellings (Use Class C3); landscaping; and associated works.

- 1.2 A detailed description of the Proposed Development is provided in the **Design and Access Statement (DAS)** and the **Planning Statement**.

Health in Urban Planning

- 1.3 The **Health Impact Assessment (2020)** supporting document produced by LBS for the LBS Local Plan outlines the framework to identify the impacts of planning issues on health in the borough. The assessment is guided by the principles of the LBS Plan Policies and the Healthy Urban Design Unit (HUDU) assessment tool.
- 1.4 **Policy SP5** in the LBS Local Plan¹ highlights the need for development to support tackling health inequalities whilst creating thriving neighbourhoods. The core principles behind the policy are promoting active travel by shifting transport modes to walking and cycling; tackling the levels of health deprivation that are present throughout the borough; and addressing physical and mental health through the improvements to the community facilities in the borough.
- 1.5 Health is influenced by a combination of biological and environmental factors. Environmental factors can be influenced through design and management of buildings and spaces. These are recognised as the 'wider determinants of health' and include:
- General socio-economic, cultural and environmental conditions;
 - Living and working conditions;
 - Social and community influences; and
 - Individual lifestyle factors.
- 1.6 Planning and development can play a key role within these wider determinants of health.
- 1.7 This HIA sets out an overarching perspective on the health issues relevant to the Site and seeks to demonstrate how the Proposed Development can respond to these issues to help create a healthier place through design and management.

¹ LBS, 2022. Southwark Local Plan.

- 1.8 The Proposed Development is assessed against the key wider determinants of health to identify its potential health impacts. Where impacts are identified, measures are proposed to help mitigate potential negative health effects and enhance positive health effects.

Overview: Health and Planning

The World Health Organisation (WHO) defines health as a state of complete physical, mental and social well-being and not the absence of disease or infirmity.

An ever-growing body of research indicates that the environment in which we live is inextricably linked to our health, and whilst the causal links between the built environment and health are often complex, research consistently reports that most health outcomes are influenced by factors other than genetics and healthcare².



Barton and Grant's health map³ (shown above) highlights the relationship between health and these wider physical, social, economic, and environment factors (the 'wider determinants of health'). The direct process of planning and development is highlighted within one sphere, the 'built environment', however development can have wider reaching effects on health with direct or indirect effects on wider spheres of life and society. For example, the design of neighbourhoods can influence physical activity levels, travel patterns, social connectivity and mental and physical health outcomes.

² Public Health England, 2017. Spatial Planning for Health: An evidence resource for planning and designing healthier places.

³ Barton, H., and Grant, M. 2006. A health map for the local human habitat. The Journal of the Royal Society for the Promotion of Health, 126 (6). Pp. 252-253 (modified from Dahlgren and Whitehead (1991)).

2 Planning Policy Framework

- 2.1 A summary of policy which is of direct relevance to human health is set out below.

National Planning Policy

- 2.2 Chapter 8 ‘Promoting Healthy and Safe Communities’ of the **National Planning Policy Framework** (NPPF), 2023⁴ sets out a planning framework relevant to human health. It emphasises that planning and development should “*aim to achieve healthy, inclusive and safe places*” (para. 96).
- 2.3 The Planning Practice Guidance (PPG)⁵ further highlights the role of planning in health, setting out the importance for Local Planning Authorities (LPAs) to identify local health needs, to plan effectively for the future. This includes working closely with other public health organisations and providers to support health infrastructure and promote healthy communities.

Regional Planning Policy

- 2.4 The **London Plan** (2021)⁶ Policy GG3 ‘Creating a Healthy City’ establishes the Mayor’s priority to reduce health inequalities and improve the overall health of Londoners, requiring that wider determinants of health are addressed through development in an integrated and co-ordinated manner. Specifically, the policy requires that potential impacts of development proposals on mental and physical health of communities are assessed 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*”.
- 2.5 **The London Health Inequalities Strategy (2021)** highlights the importance of addressing the widening health inequalities in London, focusing on the role that development plays in making progress on health inequalities. The framework outlines how a range of social, economic and environmental factors are determinants in the overall health of Londoners.

Local Planning Policy and Guidance

- 2.6 The **London Borough of Southwark (LBS) Local Plan 2022** notes that despite an improvement in its deprivation ranking since 2015, the borough still ranks among the most deprived areas in the country. Across a wide range of health, social and economic indicators, outcomes are worse in central and northern parts of LBS, including child poverty, obesity, hospital admissions and life expectancy.
- 2.7 According to **Southwark’s Joint Health and Wellbeing Strategy (JSNA) (2022-27)**, the central and northern parts of Southwark, which includes the Peckham wards, have existing communities that have pockets of deprivation across a wide range of economic, social and health measures. Communities from Black, Asian and minority ethnic backgrounds are more likely to reside in areas of deprivation.
- 2.8 **Policy SP1 ‘Homes for all’** identifies the need to build homes “*that meet the needs of households of different sizes, on different incomes and with a variety of specific needs*”. According to the Local Plan, when considering the sub-domain that focuses on housing affordability, overcrowding and homelessness, 97% of Southwark’s residents live in the 20% most deprived communities in England.
- 2.9 **Policy SP5 ‘Thriving Neighbourhoods and tackling health inequalities’** aims to improve the health and wellbeing of the residents through addressing the root causes of ill health and

⁴ Ministry of Housing, Communities and Local Government (2023) National Planning Policy Framework. London. HMSO.

⁵ Ministry of Housing, Communities and Local Government (Live Document) Planning Practice Guidance [online] Available: <http://planningguidance.communities.gov.uk/>.

⁶ GLA (2021) The London Plan – March 2021.

inequalities present in the borough. The vision includes “*Reducing health inequalities by improving the economic wellbeing, physical and mental health of our communities including providing healthy food options, improving air quality, improving green spaces and creating healthy streets and low traffic neighbourhoods*”.

2.10 According to the **LBS Local Plan**⁷, more than half of the borough’s residents are living in communities ranked in the 20% most deprived areas in England for the Living Environment Deprivation Domain (which measures the quality of the local environment).

2.11 Policy P65 ‘Improving air quality’ aims to address the impacts of poor air quality on building occupiers and public realm users. This ensures vulnerable users of the space have been considered and effects have been mitigated.

2.12 LBS’ Joint Health and Wellbeing Strategy (2022-27)⁸ aims to improve the health and wellbeing in Southwark with a focus on addressing inequalities in the borough. The strategy has been prepared by Southwark’s Health and Wellbeing board alongside local communities and partners who helped shape the priorities.

2.13 The strategy includes five principles that are at the core of delivering the strategy:

1. Embedding an approach to tackling health inequalities across all policy-making, services and delivery.
2. Making sustainability and tackling climate change an integral part of protecting and improving health.
3. Targeted place-based approach and population groups.
4. Community empowerment and co-production.
5. Delivering high quality, joined-up and person-centred health and social care.

⁷ LBS (2020). Southwark Local Plan.

⁸ LBS (2022-2027). Health and Wellbeing Strategy.

3 Methodology

- 3.1 This HIA will assess the Proposed Development against the wider determinants of health to establish potential health impacts during demolition and construction, and occupation following completion.
- 3.2 The Site is in central Southwark, in the northern area of Rye Lane Ward, near to the border with Peckham ward. The study area considering for health effects therefore comprises:
- Local Area – defined as the two wards Peckham and Rye Lane;
 - District – London Borough of Southwark; and
 - Regional – London.
- 3.3 The baseline presents relevant health statistics for the study area. The data covers a range of publicly available data sources including the Office for National Statistics (ONS)⁹, Office for Health Improvement and Disparities (OHID)¹⁰, LBS's Joint Strategic Needs Assessment (JSNA)¹¹ and the latest Health and Wellbeing Strategy¹².

Assessment

- 3.4 The methodology for the HIA has been informed by **Ben Cave's HIA Review Package**¹³.
- 3.5 For each theme potential health pathways are established. Health pathways are the mechanisms through which planning and development can affect health. These have been informed by an extensive literature review - the most significant being the Marmot Review into Health Inequalities¹⁴ and Public Health England's Spatial Planning for Health evidence resource¹⁵.
- 3.6 Where potential negative impacts have been identified, potential mitigation measures and recommendations that could reasonably be undertaken are proposed.
- 3.7 HIA is a multi-disciplinary process and as such the assessment of the Proposed Development's potential health impacts has been undertaken through engagement with the design and technical teams involved on the project to thoroughly consider how the Proposed Development may result in health impacts (both positive and negative).

Limitations and Constraints

- 3.8 The most recent published data sources and literature have been used to establish the baseline profile; however, in some instances this data may have been published months or years previously. Some data is only published at a local authority level, and not at ward level due to considerations of privacy or sample sizes. This is an unavoidable limitation and, in the context, is not likely to significantly impact the findings of this assessment. Local data is provided where possible.

⁹ Office for National Statistics. 2021 Census.

¹⁰ OHID, 2023. Local Area Health Profile.

¹¹ LBS, 2022. Joint Strategic Needs Assessment Annual Report.

¹² LBS, 2022. Joint Health and Wellbeing Strategy.

¹³ Mette Winge Fresgarrrd, Ben Cave, and Alan Bond (Ben Cave Associates Ltd.) (2009) A review Package for Health Impact Assessment reports of development projects.

¹⁴ Marmot, M., Allen, J., Boyce, T., Goldblatt, P., Morrison, J. (2020). Health Equity in England: The Marmot Review 10 Years On. Institute of Health Equality.

¹⁵ Public Health England (2017). Spatial Planning for Health: An evidence resource for planning and designing healthier places

- 3.9 Physical, social, economic, and environmental factors do not produce predictable or equal health effects in individuals. When exposed to the same health pathway, different individuals may react differently as a result of a complex mixture of underlying levels of health, lifestyle factors and personal preferences. Therefore, some elements of this assessment are necessarily qualitative.
- 3.10 Health effects that could directly or indirectly result from the Proposed Development, both positive and negative, have been assessed qualitatively based on information available at this stage of the planning and development process.

4 Baseline Profile & Health Priorities

4.1 This section sets out the health profile of the Local Area (where data is available) and LBS, in comparison with London ('regional') and England ('national') averages. This baseline information, together with the health policy context, informs the health priorities for consideration with this HIA.

Demographic Profile

4.2 According to the 2021 Census, there are approximately 29,300 residents living in the Local Area. 23,011 (78.6%) of which are aged 16-74 years, compared to 79.8% in LBS and 75.4% in London.

4.3 As set out in **Table 4.0**, the economic activity rate across the Local Area is in line with the rate for LBS and higher than the rate for London. The rate for Unemployment in the Local Area is higher than the average rate for LBS and London.

Table 4.0: Economic Activity (Source: 2021 Census and ONS Claimant Count)

Health Indicator	Local Area	LBS	London
Economic Activity	67.1%	67.3%	63.5%
Unemployment	5.0%	4.6%	4.1%
Claimant Count ¹⁶ (February, 2024)	7.0%	5.2%	5.0%

Health Profile

4.4 **Table 4.1** and **Table 4.2** provide a health summary to identify local health priorities. Most data is drawn from OHID Public Health Profiles, supported by ONS and 2021 Census Data.

Table 4.1: Health Profile Summary

Health Indicator		Rye Lane	Peckham Rye	LBS	London
Health Outcomes					
Life Expectancy at Birth (years) 4 year range (2016-2020)	Male	79.7	79.5	80.3	79.4
	Female	85.3	86.3	84.3	83.1
Under 75 mortality rate from all causes (2016-2020)	Directly standardised rate per 100,000	103.3	89.6	358.9	363.4
Under 75 mortality rate from causes considered preventable (2016-2020)	Directly standardised rate per 100,000	101.4	96.5	186.9	183.2
Under 75 mortality rate: coronary heart disease (2016-2020))	Directly standardised rate per 100,000	116.6	50.5	74.3	76.0
Under 75 mortality rate: cancer (2016-2020)	Directly standardised rate per 100,000	104.1	84.6	110.2	121.5

¹⁶ Claimant count data provides the most recent information on the number of people claiming unemployment-related benefits in a particular spatial area, which includes Jobseekers' Allowance and Universal Credit. The count is calculated for all working age residents aged between 16 and 64 years. This dataset is unable to capture all unemployed individuals as some local residents may not claim these benefits or may be ineligible.

Health Indicator		Rye Lane	Peckham Rye	LBS	London
All ages mortality rate: respiratory disease (2021)	Per 100,000	98.4	83.4	22.5	26.5
Suicide rate, directly standardised rate per 100,000 population (2020 - 22)		-	-	7.4	6.9
Depression: Recorded Prevalence in adults (2022/23)		-	-	10%	10%
Risk Factors					
Excess weight in adults (2021/22) (percentage of adults aged 18 years over classified as overweight or obese)		-	-	44%	56%
Excess weight (overweight and obese) prevalence in children (2020-2023) (10-11 years)		42%	31%	42%	39%
Percentage of physically inactive adults (2021/22)		-	-	22%	22%
Wider Determinants					
Child poverty, Income deprivation affecting children index (IDACI)		22%	20%	24%	17%
Older people in poverty, income deprivation affecting older people index (prevalence, age 60+ years) (2019)		31%	23%	31%	14%
Proportion living in fuel poverty: low income, low energy efficiency (2021)		10%	11%	12%	13%
16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known (2022/23)		-	-	3%	5%
Violent Crime (violent offenses per 1,000 population) (2022/23)		-	-	28	28
Number of people reported killed or seriously injured (KSI) on the roads, all ages, per 1 billion vehicle miles travelled (2022)		-	-	369	201
Statutory homelessness: households in temporary accommodation (per 1,000 population) (2022/23)		-	-	25	16
Fraction of mortality attributable to particulate air pollution (2024) (%)		-	-	7.6%	7.1%
The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more during daytime (2016) (%)		-	-	14.8%	12.1%
The percentage of the population exposed to road, rail and air transport noise of 55dB(A) or more during the night-time (2016) (%)		-	-	18.0%	15.9%

Source: OHID (2024) Southwark Health Profile.

Table 4.2: Self-Reported Health (2021 Census Summary)

Health Indicator		Local Area	LBS	London
Self-Reported Health	'Very Good' and 'Good'	85%	86%	85%
	'Fair'	11%	10%	10%
	'Bad' and 'Very Bad'	4%	4%	4%
Long Term Health Problem/Disability – day-to-day activities limited		15%	14%	13%

Health Outcomes

- 4.5 According to the LBS Local Plan (2022), the average health profile in LBS has shown significant improvements in recent years. However the COVID-19 pandemic exacerbated the existing inequalities in the borough and many challenges remain to be addressed.
- 4.6 As shown in **Table 4.1**, the life expectancy for males in Local Area is lower than the average for LBS and in line with London. Female life expectancy in the Local Area is higher than the average for LBS and London. The LBS Local Plan states that life expectancies in the borough are comparable or better than the national average.
- 4.7 The 2021 Census asked individuals to report their health using one of five categories: very good, good, fair, bad and very bad health. The majority of the residents in the Local Area reported to experience 'very good' and 'good' health – 85%. This was lower than LBS (86%) and in line with the London average (85%).
- 4.8 44% of adults in LBS classified themselves as overweight or obese compared to 56% in London. 22% of adults in LBS classified themselves as physically inactive (undertaking less than 30 minutes of moderate intensity activity weekly) – the same as London (22%).
- 4.9 The prevalence of long-term physical or mental health conditions in the Local Area is 15%, which is higher than the rate across LBS (14%) and London (13%).
- 4.10 The rate of children aged between 10 and 11 years who have excess weight in the Rye Lane ward is the same as the rate for LBS (42%). The proportion for the Peckham Rye ward is significantly lower at 31%.
- 4.11 LBS' Local Plan highlights the high levels of deprivation across the borough, particularly relating to sub-domains that focus on housing affordability, overcrowding and homelessness. According to the data from the 2021 Census, the rate of overcrowding across all tenures in the Local Area was 15%, which is significantly higher than LBS (12%) and London (11%).

Mental Health

- 4.12 Mental health and physical health are inextricably linked: poor physical health can cause mental health problems and vice versa. Having a chronic physical condition was also associated with having a lower level of mental wellbeing. Chronic health conditions (including asthma, cancer, high blood pressure) have a strong association with mental ill-health¹⁷. In people with severe "common medical disorders (CMD)", 37% reported a chronic physical condition¹⁸.

¹⁷ Adult Psychiatric Morbidity Survey 2014: Comorbidity in mental and physical illness

- 4.13 Among vulnerable groups, good mental health has been associated with the provision of affordable housing, linking strongly to poverty and socio-economic disadvantage¹⁸
- 4.14 Suicide is a significant cause of death in young adults and is an indicator of underlying rates of mental ill-health. Suicide rates in the LBS are higher than in London as a whole (as set out in **Table 4.1**).
- 4.15 OHID (2017)¹⁹ collects mental health and wellbeing data at the local authority level and provides regional comparators. This notes that 21.4% of the population aged 16+ in the LBS is estimated to have a Common Mental Disorder (defined as any type of depression or anxiety) - higher than the London average of 19.3%. These estimates are likely to be under-estimating the true number, as it is based on individuals in private households and excludes those who are homeless or living in institutional settings, who are likely to have poorer mental health.
- 4.16 According to data from OHID, in 2022/23 depression was recorded in 10.2% of the adult population registered with the NHS in Southwark, a higher rate than London (9.5%) albeit lower than the national rate of 13.2%.
- 4.17 Figures from OHID (2018-2020)²⁰ indicate that premature mortality in adults with severe mental illness (SMI - defined as schizophrenia, bipolar affective disorder and other psychoses) is significantly higher than the rate for London and England as a whole.
- 4.18 Overall, the above data suggests that mental health in the LBS is worse than the London average.

Air quality

- 4.19 The fraction of mortality rate attributable to particulate air pollution in LBS (7.6%) is higher than the London average (7.1%).
- 4.20 The **Southwark Air Quality Action Plan (2023-2027)**²¹ (AQAP) highlights particular concerns regarding high concentrations of 'particulate matter', or dust, and nitrogen dioxide, with local concentrations exceeding recommended guidelines. Consequently, LBS' Air Quality Management Area (AQMA) – which was originally declared in 2003 – was extended to include the whole borough in 2023.
- 4.21 The AQMA identifies seven Air Quality Focus Areas (AQFA) in the borough. These are areas where high levels of pollution are combined with high levels of human exposure. Peckham Town Centre is identified as AQFA 155.
- 4.22 Poor air quality disproportionately impacts vulnerable groups such as children, older people and those with health issues (heart and lung conditions). Air quality issues are a matter of inequality, as impacts tend to be worse in economically disadvantaged areas.

Noise

- 4.23 Very high noise levels can have direct impacts on health (hearing loss or tinnitus) but there "should be no risk" of these levels of noise from environmental factors²². Lower levels

¹⁸ Public Health England, 2017. Spatial Planning for Health: An evidence resource for planning and designing healthier places.

¹⁹ OHID (2017) Mental Health and Wellbeing JSNA. Available at: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/mh-jsna>

²⁰ OHID (2021) Severe Mental Illness. Available at: <https://fingertips.phe.org.uk/profile/severe-mental-illness>

²¹ LBS 2022. Air Quality Strategy and Action Plan (2023-2027).

²² Noise exposure level beyond 80 dB during 40 years of working a 40 hour work week can give rise to permanent hearing impairment. Given that environmental exposure to noise is much lower than these levels and that noise-related hearing

(nuisance or annoyance levels) have indirect effects including through stress-related illness and disturbances in sleep. These nuisance levels do not affect people equally. Nuisance and annoyance can have higher or lower relative importance assigned by those affected by them. Such importance varies within and across populations, and this importance or variability can be uncertain²³.

- 4.24 As such it is challenging to predict with any certainty the degree to which nuisance and annoyance from noise will affect people at an individual level. Where noise is a potential factor in a health impact assessment it is appropriate to consider effects at a population level separately to those at an individual level. When establishing noise limits, it should be acknowledged that noisy short-term activities, which might otherwise be deemed unacceptable, are necessary to facilitate mineral extraction²⁴.

Deprivation associated with poor health

- 4.25 The Government's Index of Multiple Deprivation (IMD) (2019) measures deprivation by combining a range of social, economic and housing factors, to establish a single deprivation score and rank for each small area (Lower-layer Super Output Area, LSOA²⁵) across England. All LSOAs are ranked relative to one another according to their level of deprivation.

- 4.26 There are seven "domains" of deprivation, outlined as follows:

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

- 4.27 Health deprivation and disability measures "*the risk of premature death and the impairment of quality of life through poor physical or mental health*"²⁶. Measures of health include morbidity, disability and premature mortality.

- 4.28 Southwark has some neighbourhoods within the top 20% and top 10% most deprived in England, specifically focusing on the health domain. The Site is not located within a pocket of deprivation. Towards the eastern areas of the Site, there are pockets of deprivation that are within the top 10% most deprived areas in England regarding Health.

impairments are not reversible, the GDG considered that there should be no risk of hearing impairment due to environmental noise and considered any increased risk of hearing impairment relevant. WHO, 2018, Environmental Noise Guidelines for the European Region p. 23.

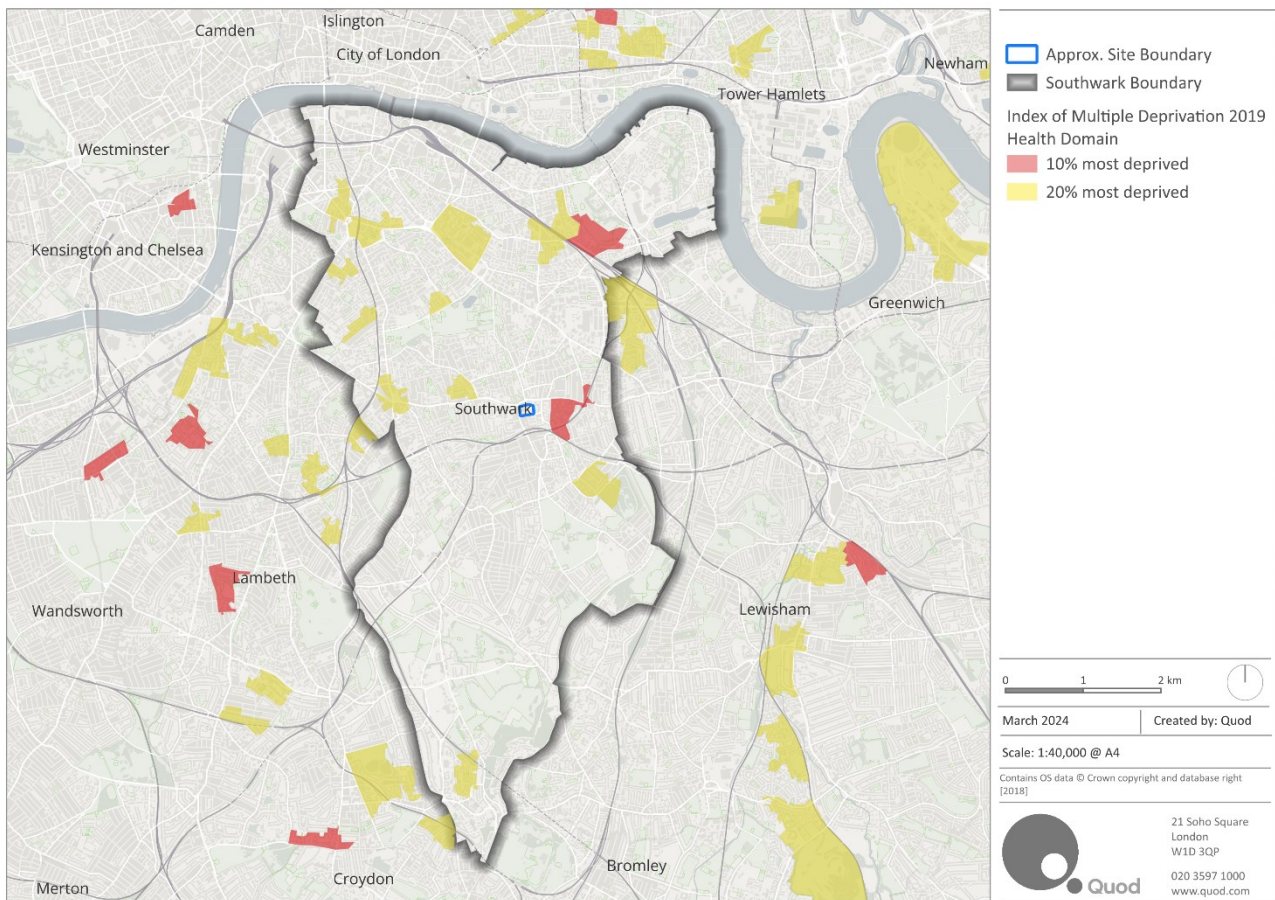
²³ WHO, 2018, Environmental Noise Guidelines for the European Region p. 24

²⁴ Department for Levelling Up, Housing and Communities (2023). National Planning Policy Framework.

²⁵ LSOAs are statistical geographic areas based on population size. The minimum population for a LSOA is 1,000 residents, or 400 households.

²⁶ Ministry of Housing, Communities and Local Government (2019) The English Indices of Deprivation 2019: Statistical Release.

Figure 4.2: Index of Multiple Deprivation: Health Domain

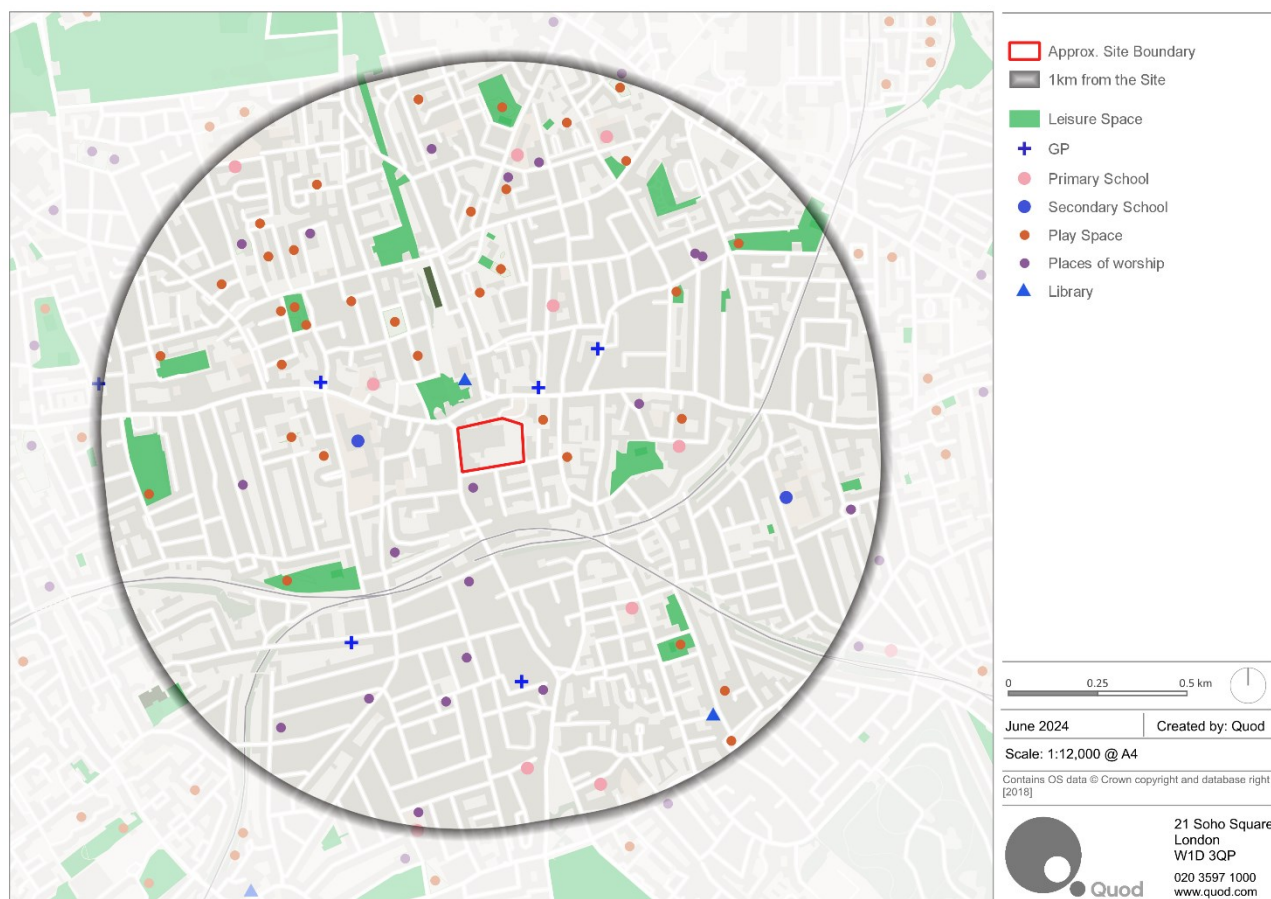


- 4.29 Of the seven sub-domains, the Aylesham Centre and Rye Lane South LSOAs are ranked lowest for Crime, ranked 1st and 25th in LBS (out of 166) respectively. The lower the ranking, the higher the rate of deprivation linked to crime.
- 4.30 Crime and antisocial behaviour have been highlighted as a key local concern for residents and visitors to the site including those accessing the Bus Station at night.

Community Facilities

- 4.31 The Proposed Development benefits from several community facilities given its central location in Peckham. **Figure 4.3** shows the nearby amenities within 1km, which includes educational institutions, GPs, libraries, places of worship and recreational facilities.

Figure 4.3: Community Infrastructure within 1km of the Proposed Development



- 4.32 The closest hospital to the Site is The Maudsley Hospital, which is located within 1.4km to the western region of the Site. The hospital offers a wide range of mental health services, including inpatient and outpatient services. Kings College Hospital is located approximately 1.6km westward of the Proposed Development, offering a wide a range of inpatient and outpatient services and facilities. The East Dulwich Primary Care Centre is situated approximately 1.7km to the northwest region of the Site. This general medical practice forms part of the Dulwich hospital and offers a wide range of facilities.
- 4.33 There are six GP surgeries within 1km of the site. The closest GP to the site is The Acorn & Gaumont House Surgery 100m north-east of the site.
- 4.34 There are multiple green spaces situated within 1km of the Site. The closest green space to the Site is approximately 90m northward and is easily accessible by foot.
- 4.35 According to the Draft Peckham Character Study (2023)²⁷, the intersectionality of access to fresh food supermarkets with the most deprived areas in the borough show that there are

²⁷ LBS, 2023. Peckham Area Character Study (Draft).

significant areas with poor healthy food access in the northern and south-west area of the study area. Central Peckham has a good level of food access. The data illustrates how current inequality and deprivation in the borough worsen access to food.

4.36 The community centres / hubs within 1km of the Proposed Development include:

- Cornerstone Community Centre;
- Sojourner Truth Community Centre;
- Bells Gardens Community Centre;
- The Hub;
- Dene Community Centre;
- Pelican Plus Hall;
- Ryegates Hall;
- Copleston Centre;
- The Green; and
- Spring Community Hub – a social supermarket offering support services including welfare benefit advice, training courses etc.

4.37 The Peckham Library, Peckhamplex and Peckham Place are also used as local meeting places and important landmarks in the community²⁷. Peckham library and Mountview are public spaces that contribute a strong civic atmosphere and serve a range of demographics in the borough.

4.38 The places of worship in the locality are vital spaces in the community that are utilised as spaces for social mixing in the community. Individuals from similar backgrounds can make use of these spaces for socialising, contributing significantly to the cohesion of communities within the borough.

Vulnerable Groups

4.39 Vulnerable groups may be more susceptible to health effects (“differentially impacted”).

4.40 The rate of Child Poverty at ward level for Rye Lane and Peckham Rye ward is 22% and 20%, respectively. This is lower than the rate for LBS (24%), albeit significantly higher than the average rate for London (17%).

4.41 The **Southwark JSNA Annual Report 2023 (JSNA)**²⁸ highlights the rate of child poverty in the borough, noting that 36% of children in the borough were living in poverty between the years 2021 and 2022. The proportion of children living in poverty ranked 8th highest of the London boroughs in 2021/22. The communities identified as areas that have pockets of disadvantage exist within the Peckham ward.

4.42 The **LBS JSNA (2022-2027)** highlights the mental health and wellbeing of children and young people in borough. The rate of children (aged 5-16 years) in LBS who were estimated to have a mental health disorder is higher than London and England averages. The negative impacts of the COVID-19 pandemic increased children’s vulnerabilities and exacerbated existing health inequalities in the borough.

²⁸ LBS, 2023. Southwark JSNA Annual Report 2023.

- 4.43 As highlighted in the JSNA and the LBS Local Plan, existing health inequalities in the borough were exacerbated by the COVID-19 pandemic, resulting in disadvantaged and vulnerable groups experiencing even greater health inequalities. Particular communities who were differentially affected by the pandemic were individuals from a Black, Asian and Minority Ethnic (BAME) background who are more likely to reside in communities characterised by high levels of deprivation.
- 4.44 According to the **LBS Local Plan**, the borough has one of the largest LGBTQI+ communities nationwide with 8% of residents aged over 16 years identifying as non-heterosexual and the fifth largest trans/ non-binary population in England. Academic research indicates that health disparities in the borough can disproportionately affect this demographic, with individuals being more susceptible to experiencing poor health.
- 4.45 Approximately 10% of children in LBS may be living in a household that can affect children's experiences resulting in poor physical and mental health later in life. 'Children in Need' are defined as children who are unable to maintain a satisfactory level of health or development without the provision of services. As noted in the JSNA, as of March 2021, there were 2,771 children in need in LBS. In comparison to London and England as a whole, the rates are much higher.
- 4.46 The **Health and Wellbeing needs of Southwark's rough sleepers JSNA (2018)**²⁹ highlights that ill-health can be a causative factor for homelessness and individuals face challenges in accessing adequate healthcare. Homeless individuals are particularly vulnerable people, the life expectancy for an individual is significantly lower (47 years) in comparison to the general population (77 years). Physical health conditions are extremely prevalent in homeless individuals, with 88% of rough sleepers suffering from a physical health problem and 91% reporting a mental health difficulty.
- 4.47 The **JSNA**³⁰ reports that Southwark ranks sixth in terms of the number of rough sleepers in London. Rough sleeping is most prevalent in the northwestern part of the borough, particularly in areas surrounding Burgess Park and Peckham.
- 4.48 Social cohesion in the borough plays an important role in creating a strong civic community. As stated in the Draft Peckham Area Character Study, residents in the borough have a sense of belonging and people from different backgrounds get on well together in general. However, it has been noted that some groups such as the elderly lack social spaces and activities.
- 4.49 In Southwark, during 2020/21, the majority of the individuals who were rough sleepers were predominantly men (88%). The main ethnic groups were White (60%) and Black (26%). Around a third (31%) fell within the age bracket of 26-35 years old, with an additional third falling between 36-45 years old. A significant portion (72%) had at least one complex need as identified through support needs assessments, while approximately one-third (34%) had two or more support needs³⁰.

Community Consultation

- 4.50 Extensive consultation of the Proposed Development has been undertaken since 2021. Since September 2023 this has included 94 meetings with local political, community and business stakeholders.
- 4.51 This included targeted community outreach, consisting of:

²⁹ LBS, 2018. Health and wellbeing needs of Southwark's rough sleepers JSNA.

³⁰ LBS, 2022. Joint Strategic Needs Assessment.

- 6 Walk and Talk sessions with the local community
- 3 Community Information Sessions
- 4 Community Champions Panel sessions (see 'Engaging with the seldom heard' below)
- 9 Youth group meetings
- 4 Older people's meetings
- 10 Aylesham Centre Community Forum meetings
- 13 Business engagement meetings/events

4.52 A summary of the feedback received is set out in the **Statement of Community Involvement**, and the impact of this feedback on the Proposed Development is set out in the Design Evolution Chapter of the **Design and Access Statement**.

5 Housing Design and Affordability

Health Pathways

- 5.1 Planning and development control land use and, therefore, may influence the location of uses that affect neighbourhood amenity including, for example, the use of and location of roads and energy centres which could produce emissions or noise and vibrations affecting health outcomes.
- 5.2 The design and use of buildings and spaces can also help reinforce or enhance the character, legibility, permeability and accessibility of the neighbourhood. Developments may also create opportunities to promote neighbourhood inclusion and cohesion. Landscape design can help to minimise exposure to air and noise pollution, affect propensity to undertake physical activity and may positively impact on mental health.
- 5.3 Air quality is a key influence in the quality of the environment in which a population lives, with implications for long-term health. Poor air quality is associated with negative health outcomes, such as chronic lung disease, heart conditions and asthma, particularly among children.
- 5.4 The LBS declared a borough-wide Air Quality Management Area in 2023, due to exceedances of the objectives of certain air pollutants (nitrogen dioxide and dust or 'particulate matter'). Further details on the air quality baseline are set out in the **ES Volume 1, Chapter 8: Air Quality**.
- 5.5 Noise and vibration also have tangible links to the health of a population, particularly in places where people live or work near sources of noise and vibrations. Excessive noise and vibrations may lead to mental health issues, stress-related illness and disturbances in sleep. A full baseline and technical assessment of the effects of the Proposed Development in relation to noise and vibration is set out in **ES Volume 1, Chapter 9: Noise and Vibration**.
- 5.6 Landscape design should also consider environmental factors to ensure green and open spaces create environments where people enjoy spending time. Access to amenity and open spaces may lead to improved health outcomes as individuals are more likely to take part in physical activity.
- 5.7 The design of new buildings and spaces can also help reinforce or enhance the character, legibility, permeability and accessibility of the neighbourhood. Developments may also support community diversity, inclusion and cohesion.

Health Impact Assessment

- 5.8 This section responds to the following questions outlined in HUDU's guidance:
 - Does the proposal seek to meet all 16 design criteria of the Lifetime Homes Standard or meet Building Regulation requirement M4 (2)?
 - Does the proposal address the housing needs of older people, i.e. extra care housing, sheltered housing, lifetime homes and wheelchair accessible homes?
 - Does the proposal include homes that can be adapted to support independent living for older and disabled people?
 - Does the proposal promote good design through layout and orientation, meeting internal space standards?
 - Does the proposal include a range of housing types and sizes, including affordable housing responding to local housing needs?

- Does the proposal contain homes that are highly energy efficient (e.g. a high SAP rating)?
- 5.9 The Proposed Development would deliver 877 new homes. Affordable homes make up 35% of the total provision (based on habitable rooms) – equating to 270, comprising of social and intermediate rent.
- 5.10 A wide range of residents are provided for through the delivery of a range of studios, 1-bed, 2-bed and 3-bed apartments. Family apartments with three or more bedrooms will also account for at least 20% of homes. **ES Volume 1, Chapter 6: Socio-Economics** assesses the Proposed Development's housing delivery impact as being moderate beneficial for LBS.
- 5.11 All homes proposed have been designed to meet LBS's Residential Design Guide standards, meaning provision of a variety of apartment types and flexibility for tenants of all ages.
- 5.12 All residential entrances are level with the pavement and comply with Building Regulation Part M. Of the total residential units provided, 90% (calculated by habitable room) have been designed to meet Building Regulation M4(2). In line with the LBS Local Plan (2022), the remaining 10% of apartments (calculated by habitable room) have been designed to be wheelchair accessible / adaptable units meeting Building Regulations M4(3). This will support residents through all stages of life, enabling a greater level of autonomy at older age and for residents with disabilities, thus having both physical and mental health benefits. Accessible apartments are distributed across all tenures and located to provide a variety of views and aspects across the Site to allow for choice. Further details on the accessible and adaptable units are provided in the **DAS**.
- 5.13 The internal design of residential buildings will further ensure accessibility for wheelchair users. For example, doors and corridors will be of adequate width (minimum 850mm and 1,200mm, respectively). Corridors will have minimum clear width of 1,500mm allowing sufficient space for wheelchair users to easily manoeuvre, and to pass in opposite directions.
- 5.14 All homes meet the minimum space standards. The layouts have been designed to maximise sunlight and daylight in all primary living spaces. All apartments will have natural ventilation.
- 5.15 The **DAS** provides descriptions of the layout and massing for Buildings A, B, C, F, G and L and how these have been designed to maximise access to daylight / sunlight. In all the buildings, the number of dual-aspect apartments is maximised to allow more light into each unit and enable better ventilation. In single-aspect homes, windows have been strategically placed to maximise access to light. Apartments in Building C are accessed via 4 m-deep external decks which will facilitate daylight into the apartments. In Building F, balconies on the north facade have been inset to create sheltered, dual-aspect balconies with direct sunlight.
- 5.16 The Proposed Development aims to provide new energy efficient and low carbon homes. Design measures to achieve this include:
- Optimised building fabric to reduce carbon emissions and energy demand;
 - Installation of double-glazed windows to improve heat retention;
 - Understanding and mitigating any additional solar gains (energy absorbed from the sun) e.g. smaller windows on higher floors;
 - Use of low-emissivity coated glass with a low G value to reduce undesirable solar heat gain;
 - Use of low-energy lighting fixtures and efficient controls;
 - Use of efficient, low carbon systems and equipment;

- Highly insulated pipework and hot water systems; and
- Minimisation of thermal bridging.

5.17 Overall, the Proposed Development would have a positive impact on health through housing design, mix and affordability.

Summary: Housing Design and Affordability

Key Impacts	Overall Effect on Health	Mitigation & Recommendation
Provision of up to 877 high quality, accessible, energy efficient homes. Providing 270 affordable housing units, contributing to the housing stock in LBS and increasing access to good quality homes.	Positive	None required.

6 Access to Healthcare Services and Other Social Infrastructure

Potential Health Pathways

- 6.1 Public services and community infrastructure are important to build strong, sustainable and cohesive communities. Good access to public services including health services, education and community facilities has a positive effect on human health, without which people can be at risk of isolation and lack of support required to maintain a healthy lifestyle.
- 6.2 **ES Volume 1, Chapter 6: Socio-Economics** sets out the existing local provision and capacity of education and healthcare facilities surrounding the Site. The assessment shows there are six GP surgeries within 1km of the Site which have a combined average patient list size of 2,664 patients per GP, which is above the London average of 2,052 patients per GP. There are 20.5 full time equivalent GPs across the six GP surgeries.
- 6.3 For education, the socio-economic assessment shows that there is 25% surplus capacity across local primary schools within Peckham and Nunhead Primary Planning Area, and 6% combined surplus capacity across the secondary school within LBS.
- 6.4 The shopping centre – with Morrisons a key feature - also provides some level of community benefit as a meeting place and a small number of the shops provide specialist services including Chinese Medicine. The Site is surrounded by shops and services that are important to the local community that will not be affected by the development.

Health Impact Assessment

- 6.5 This section responds to the following questions outlined in HUDU's guidance:
- Does the proposal retain or re-provide existing social infrastructure?
 - 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?
 - Does the proposal include the provision, or replacement of a healthcare facility and does the facility meet NHS requirements?
 - Does the proposal assess the capacity, location and accessibility of other social infrastructure, e.g. primary, secondary and post 18 education needs and community facilities?
 - Does the proposal explore opportunities for shared community use and co-location of services?
- 6.6 The on-site Morrisons store will be re-provided, with the existing store to be maintained until the new store is completed. Shops on-site that meet the criteria under Southwark Policy P33 will be supported to consider their options to relocate in the local area. More details on this are set out in the **Business Relocation Strategy**.
- 6.7 **ES Volume 1, Chapter 6: Socio-Economics** assesses the Proposed Development's likely population based on the unit and tenure mix assumptions. The Proposed Development could accommodate approximately 1,862 residents, equating to an increase in need of between 0.92 and 1.03 full time GPs. The socio-economic assessment identifies a temporary minor adverse (not significant) effect at the Local level as a result of the Proposed Development.
- 6.8 The Proposed Development does not propose a health facility on-site. The primary healthcare demand associated with the Proposed Development could have a temporary negative effect until services are expanded to meet new population needs.

- 6.9 Primary healthcare provided by the NHS is funded by tax revenue as allocated to Primary Care Networks through Integrated Care Boards (ICBs). ICBs block funding for revenue spending is updated annually and services can therefore adjust to changes in population relatively quickly.
- 6.10 Community Infrastructure Levy (CIL) spending (which the Proposed Development is liable for) could be directed towards primary health infrastructure to support any proposed expansion to local services to meet the needs of growth in this area. If sufficient evidence is provided that justifies additional mitigation in line with LBS priorities, and in accordance with Regulation 122 of the Community Infrastructure Levy Regulations (2010) (As amended), a financial contribution could be secured within the Section 106 Agreement.
- 6.11 **ES Volume 1, Chapter 6: Socio-Economics** identifies the Proposed Development could accommodate approximately 111 primary-age children and 51 secondary-age children. As there is surplus capacity within local primary schools and secondary schools within LBS, the socio-economic assessment has identified a negligible effect on education facilities as a result of the Proposed Development.
- 6.12 The design of non-residential space has been influenced by placemaking principles to activate the space and encourage movement. This is including improved connectivity through the introduction of two cut-throughs to the north and south of the Rye Lane buildings, ensuring safe permeability through the Rye Lane frontage.
- 6.13 A mix of uses is provided, including retail, food and beverage, leisure, cultural and workspace. This is provided alongside the proposed Aylesham Gardens, Floral Walk and Peckham Yards that have been designed to add to the existing commercial provision around the application site and provide an activated commercial pathway that leads onto the new Morrisons and Bus Station. All with a view to improving local pedestrian connectivity across the Site and providing open space for recreation.

Summary: Access to Healthcare Services and Other Social Infrastructure

Key Impacts	Overall Effect on Health	Mitigation & Recommendation
Access to primary health care facilities	Negative (temporarily)	S106 or CIL could contribute towards health infrastructure.
Access to education facilities	Neutral	None required
Delivery of mixed-use spaces	Positive	None required.

7 Access to Open Space and Nature

Potential Health Pathways

- 7.1 Access to green space is associated with improved mental health, reduced stress levels and the perception of better general health. The provision of open space also has indirect benefits by encouraging social interaction and providing space for physical activities, improving air quality etc.
- 7.2 Accessible amenity space has been linked with environments that are more walkable, with aesthetics and street connectivity influencing patterns of use. Physical activity, which is more likely to be undertaken if open space or improved linkages are provided, plays a key role in the prevention of specific diseases / health issues that include cardio-vascular disease, depression, and obesity.
- 7.3 As set out within **Section 4**, access to open space and nature is closely linked to the health priority of 'healthy lifestyles', due to its multiple functions in providing, space for recreation, tranquillity, relaxation etc. which can impact upon people's ability to adopt healthier habits, including exercise.
- 7.4 The World Health Organization encourages green interventions in future urban developments to improve the quality of life in cities³¹.
- 7.5 The characteristics of open space can have an impact on crime. The Aylesham Centre LSOA currently has the highest IMD Crime ranking in LBS. Positive design choices – including Secured by Design principles – can discourage crime and reduce anti-social behaviour.
- 7.6 **ES Volume 1, Chapter 6: Socio-Economics** identifies nine open spaces and 26 play space facilities within 800 m of the Site. The closest open space is Cossall Park, 150 m east of the Site, which includes children's play space, outdoor gym equipment, a cycle track, football pitch and tennis courts. The assessment notes that in general the Local Area is deficient in access to good quality open space.

Health Impact Assessment

- 7.7 This section responds to the following questions outlined in HUDU's guidance:
 - Does the proposal retain and enhance existing open and natural spaces?
 - In areas of deficiency, does the proposal provide new open or natural space, or improve access to existing spaces?
 - Does the proposal provide a range of play spaces for children and young people?
 - Does the proposal provide links between open and natural spaces and the public realm?
 - Are the open and natural spaces welcoming and safe and accessible for all?
 - Does the proposal set out how new open space will be managed and maintained?
- 7.8 There are no open spaces nor natural spaces currently on-site. As highlighted in **ES Volume 1, Chapter 6: Socio-Economics** and the Southwark Open Space Strategy (2013), the Site is located in an area of open space deficiency.
- 7.9 The Proposed Development delivers 9,407 sqm publicly accessible open space and 3,856sqm of communal private amenity space for resident-use. This is a significant contribution given the

³¹ World Health Organisation – Regional Office for Europe (2017) Urban green spaces: a brief for action.

open space deficiency in the surrounding area with the socio-economic assessment identifying a minor beneficial (not significant) effect at the Site and Local level.

7.10 The Proposed Development will also provide playspace across the Site – see **Figure 7.1**. There are five key play typologies:

- Prescriptive play – provides play equipment of various types and sizes, designed with specific play uses in mind (e.g. climbing, bouncing etc.);
- Water play – interactive play with water jets that respond to movement;
- Natural / discovery play – smaller, more informal elements including stepping-stones, logs, balance beams and boulders, integrated into play trails to encourage 'play-on-the-way' experiences;
- Lawn and landform – lawn areas offer flexible use for all ages – e.g. play and exercise. Landform adds playability by providing challenge and engaging younger children in imaginative play; and
- Incidental and educational play – playable street furniture and art encourage incidental and multi-generational play. May also reveal the Site's history and culture to provide an educational component.

Figure 7.1: Play Strategy



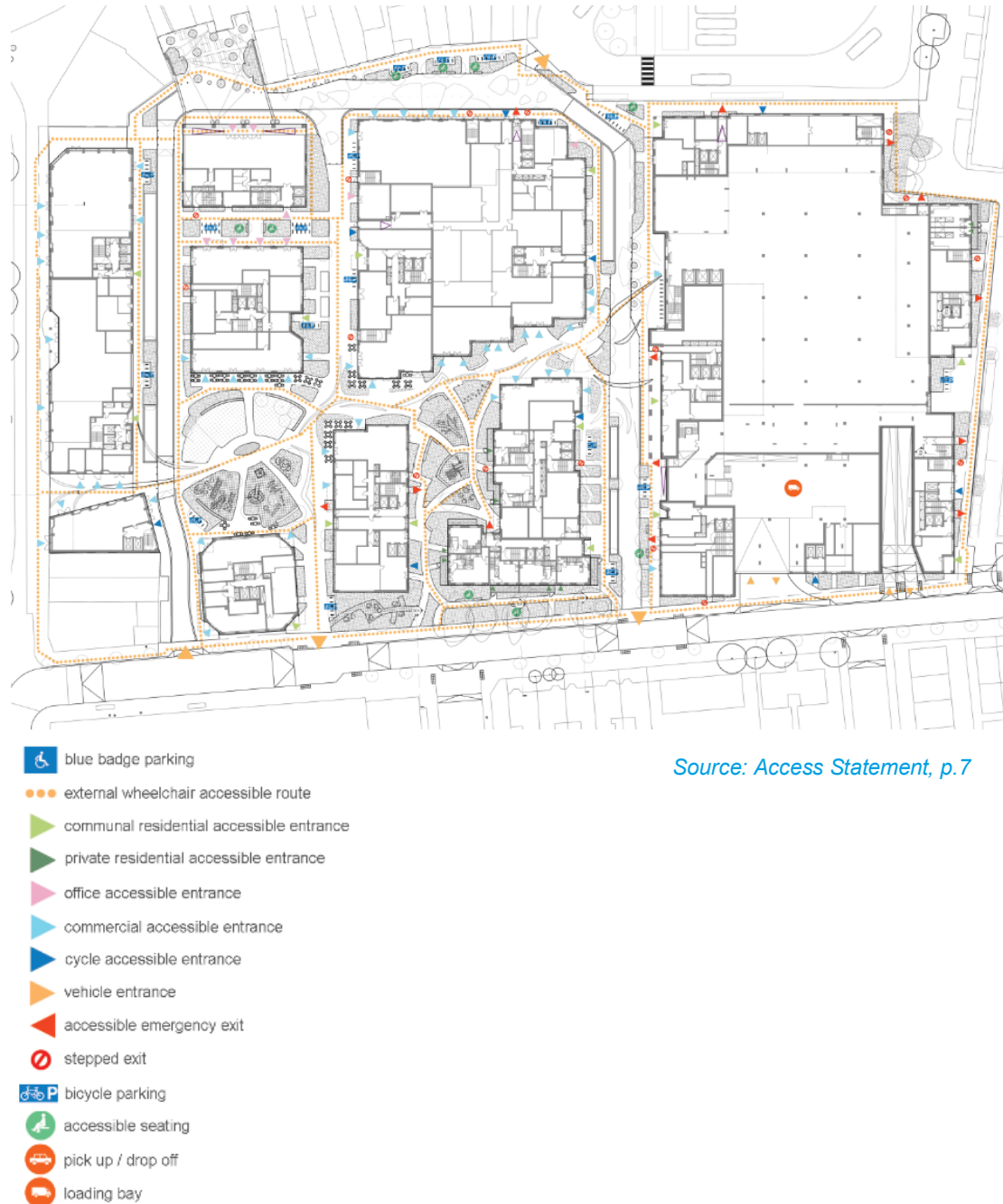
Source: DAS

7.11 ES Volume 1, Chapter 6: Socio-Economics includes an assessment of play space need and provision. The assessment indicates a need for 3,330 sqm of playable space in line with London Plan requirements. The Proposed Development includes a total of 3,077 sqm outdoor play space. Since there are many existing parks and play spaces within 800 m of the Site, the

assessment identifies a minor beneficial effect on open space and play space a result of the Proposed Development.

- 7.12 The layout of the Proposed Development maximises links between open space and the public realm. See **Figure 7.2**.

Figure 7.2: Landscape Plan



- 7.13 The public realm is designed to enable safe and easy access for all. Measures to achieve this include safe pedestrian zones, segregated from vehicle traffic and step-free, level or gently-sloping circulation routes. Accessible seating will also be provided in level seating areas for wheelchair users to sit alongside seated companions.
- 7.14 The public realm includes design features to promote safety, including:

- Wide, straight paths to reduce anti-social behaviour;
- Bulkhead lighting to full illuminate public spaces;
- Planting to be lower than 1 m and low density to improve sightlines and reduce spaces to hide drugs and weapons; and
- CCTV across the Site.

7.15 Communal roof terraces will provide accessible terrace doors, thresholds, access route widths and surfaces. Layout and design will consider circulation and manoeuvring spaces for all users.

7.16 As well as providing additional cycle and pedestrian routes across the Site, design measures regarding wayfinding are incorporated to aid connectivity to local assets. For example, lobbies will be inset from their building boundary lines to improve wayfinding.

7.17 Similarly, opening views across the Site will increase permeability. The corners of Building F are chamfered at the ground floor, creating long views west towards the retail buildings on Rye Lane and east towards the residential buildings along Hanover Park.

7.18 The Proposed Development delivers significant improvements to the physical environment, which has been identified as a health priority in this assessment. Creating a more accessible, high-quality environment designed to feel welcoming and safe will encourage increased use of these spaces for exercise, play, socialising and relaxation which is likely to generate both mental and physical health related benefits. This will have particular health benefits for young people, those with lower incomes (as the public open spaces will be free to access), and those with disabilities (having incorporated accessible design).

7.19 Overall, the provision of open space and play space on-site in an area of open space deficiency is likely to have a positive impact on health.

Summary: Access to Open Space and Nature

Key Impacts	Overall Effect on Health	Mitigation & Recommendation
Provision of open space and play space, designed to create a high quality, safe and accessible environment to support healthy lives.	Positive	None required.

8 Air Quality, Noise and Neighbourhood Amenity

Potential Health Pathways

- 8.1 Air quality is a key influence in the quality of the environment in which a population lives, with implications for long-term health. Dust and emissions from transport and construction processes are the main potential source of pollutants. Poor air quality is associated with negative health outcomes, such as chronic lung disease, heart conditions and asthma, particularly among children.
- 8.2 Planning and development influence land use and, therefore, may influence the quantity and types of emissions produced – either reducing or increasing them. Mitigation measures, including the design of open spaces and the use of technology to reduce and capture emissions, may be used where appropriate.
- 8.3 The Proposed Development is within an Air Quality Management Area (AQMA) declared by LBS for exceedances of the annual mean NO₂ and 24-hour PM₁₀ objectives. **ES Volume 1, Chapter 8: Air Quality** presents a full baseline and technical assessment of the effects of the Proposed Development in relation to air quality.
- 8.4 Noise and vibration also have links to the health of a population, particularly in places where people live or work in close proximity to sources of noise and vibrations. Very high noise levels can have direct impacts on health (hearing loss or tinnitus) but there “should be no risk” of these levels of noise from environmental factors³². Lower levels (nuisance or annoyance levels) have indirect effects including through stress-related illness and disturbances in sleep. These nuisance levels did not affect people equally. Nuisance and annoyance can have higher or lower relative importance assigned by those affected by them. Such importance varies within and across populations; and this importance or variability can be uncertain³³. As such it is challenging to predict with any certainty the degree to which nuisance and annoyance from noise will affect people at an individual level. As such, where noise is a potential factor in a health impact assessment it is appropriate to consider effects at a population level separately to those at an individual level.
- 8.5 The predominant noise sources at the Site are passing road traffic and activity on Rye Lane and Hanover Park to the west and south and the Bus Station and road traffic on Peckham High Street to the north. A full baseline and technical assessment of the effects of the Proposed Development in relation to noise and vibration is set out in **ES Volume 1, Chapter 9: Noise and Vibration**.

Health Impact Assessment

- 8.6 This section responds to the following questions outlined in HUDU’s guidance:
- Does the proposal minimise construction impacts such as dust, noise, vibration, and odours?
 - Does the proposal minimise air pollution caused by traffic and energy facilities?
 - Does the proposal minimise noise pollution caused by traffic and commercial uses?

Construction

³² Noise exposure level beyond 80 dB during 40 years of working a 40 hour work week can give rise to permanent hearing impairment. Given that environmental exposure to noise is much lower than these levels and that noise-related hearing impairments are not reversible, the GDG considered that there should be no risk of hearing impairment due to environmental noise and considered any increased risk of hearing impairment relevant. WHO, 2018, Environmental Noise Guidelines for the European Region p. 23

³³ WHO, 2018, Environmental Noise Guidelines for the European Region p. 24

- 8.7 Construction impacts such as dust, noise and vibration will be mitigated through a range of inherent best practice measures which will be set out within a detailed Demolition and Construction Environmental Management Plan (DCEMP) to be agreed with LBS prior to commencement of the construction works.
- 8.8 The **ES Volume 1, Chapter 8: Air Quality** concluded that the enabling, demolition and construction works can create dust. Therefore, a set of mitigation measures will be proposed in a Dust Management Plan (part of the DCEMP) to control dust emission and health effects on nearby sensitivity receptors. Assuming that the mitigation measures are implemented, the overall effect of construction dust is considered to be not significant.
- 8.9 The Outline DCEMP establishes the greatest generators of dust as breaking out concrete, concrete crushing and stockpiling excavated materials. Suggested control measures are:
- Damping down site works;
 - Wheel washing upon exiting site;
 - Sweepers on-site;
 - Designated cutting areas; and
 - Skips and bin to be enclosed and covered at all times.
- 8.10 **ES Volume 1, Chapter 9: Noise and Vibration** assesses the impact of demolition and construction activities on-site on existing receptors. Mitigation measures to reduce construction impacts on noise and vibration are detailed in the assessment and the Outline DCEMP. The assessment concludes that after mitigation measures significant adverse effects are likely where there are commercial units with residential properties above on Peckham High Street (Receptor B) and Rye Lane (Receptor L) (noting that these effects are only likely to occur during the noisiest periods and activities and not all the time).

Operation

- 8.11 **ES Volume 1, Chapter 8: Air Quality** considers the site suitability, accounting for the impact of emissions from the adjacent road network on residential and commercial units and public realm spaces. Through the introduction / implementation of more stringent emissions standards, the Low Emission Zone (LEZ) and Ultra Low Emission Zone (ULEZ) and the London Environment Strategy, air quality is expected to continue to improve into the future and concentrations at the Site are expected to be below the objective levels by the anticipated opening year. Consequently, the assessment finds the site suitable for the proposed uses.
- 8.12 The assessment notes that the Proposed Development will comprise an all-electric system consisting of Air-Source Heat Pumps (ASHPs) and photovoltaic panels (PVs). This will reduce the Proposed Development's energy consumption and subsequent air pollution.
- 8.13 **ES Volume 1, Chapter 9: Noise and Vibration** identifies that changes in road traffic flows from the Proposed Development will result in a negligible effect on surrounding public roads. As no significant effects are identified, no mitigation is required.
- 8.14 The **Transport Assessment** identifies measures for minimising noise pollution on-site. These include:
- Minimising the need to reverse is on-street;
 - Commercial deliveries to be made outside of unsociable hours;
 - Residential deliveries, where possible, to be made outside of unsociable hours;

- A delivery booking system to prevent avoidable peak hour deliveries (0800-0900 and 1700-1800) and deliveries in unsociable hours;
- Commercial occupiers (except the supermarket operator, which will manage its own deliveries) will be required to use and comply with the booking system (including restrictions on peak hour deliveries and antisocial hours) and will be a condition of the commercial leases; and
- A servicing etiquette and quiet delivery protocol will be in place at the Site and all commercial tenants and suppliers will be required to act in accordance with the protocol.

Summary: Air Quality, Noise and Neighbourhood Amenity

Key Impacts	Overall Effect on Health	Mitigation & Recommendation
Construction phase noise and vibration, and air quality	Noise – Negative	Mitigation measures to be adopted in line with DCEMP.
	Air – Neutral	Mitigation measures to be adopted in line with DCEMP.
Operational phase noise and vibration, and air quality	Positive	Mitigation measures to be adopted in line with the Transport Assessment.

9 Accessibility and Active Travel

Potential Health Pathways

- 9.1 Traffic or transport impacts may have positive or negative effects on health. Planning and development may result in effects that improve or reduce access to services (inc. health services) and employment. It may provide or remove access to public transport, walking and cycling routes that support active lifestyles.
- 9.2 Increased traffic from large vehicles associated with demolition and construction may also pose indirect health effects through fear and intimidation to pedestrians and cyclists. Fear would impact on health by increasing stress, while intimidation may dissuade individuals from walking or cycling.
- 9.3 Accidents and road safety directly impact health, where traffic volumes could potentially have a detrimental effect on highway safety through increased opportunities for conflict.
- 9.4 Promoting active travel is important to deliver a 'modal shift', with less reliance on cars, and cycling, walking and other forms of active travel can be considered to have the ability to tackle multiple health considerations – including pollution, obesity, congestion and road accidents – all at once.
- 9.5 A traffic and transport environmental impact assessment is provided in **ES Volume 1, Chapter 7: Traffic and Transport**. A full transport baseline is also set out in the **Transport Assessment**.
- 9.6 The Site has access to all transport modes, with a Public Transport Accessibility Level (PTAL) rating of 6a / 6b representing an 'excellent' level of public transport accessibility.
- 9.7 The nearest bus stop is Peckham Bus Station adjacent to the Site. The closest station is Peckham Rye Station (located 300 m from the Site), which provides access to Southern, Thameslink, Southeastern and London Overground (Windrush) services.
- 9.8 Cycle hire docking stations can be accessed within walking distance from the Site. Further cycle parking spaces can be found along Rye Lane.

Health Impact Assessment

- 9.9 This section responds to the following questions outlined in HUDU's guidance:
 - Does the proposal address the ten Healthy Streets indicators?
 - Does the proposal prioritise and encourage walking (for example through the use of shared spaces)?
 - Does the proposal prioritise and encourage cycling, for example by providing secure cycle parking, showers and cycle lanes?
 - Does the proposal connect public realm and internal routes to local and strategic cycle and walking networks?
 - Does the proposal include traffic management and calming measures to help reduce and minimise road injuries?
 - Is the proposal well connected to public transport, local services and facilities?
 - 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?
 - Does the proposal allow people with mobility problems or a disability to access buildings and places?

Construction

- 9.10 During the construction phase, vehicular movements will be reduced and managed by measures set out in the DCEMP. These include:
- Minimising the requirement for material to be imported or exported from the Site;
 - Managing and minimising construction waste on Site; and
 - Managing the movement of workers onto the Site using shared transport.
- 9.11 Construction staff and visitors to the Site will be encouraged to use public transport arrangements where possible. This will be encouraged by providing information to staff which details local public transport opportunities. There is secure cycle parking for contractors and staff. In addition, car-share schemes, cycle schemes and secure cycle parking will be provided to encourage use of sustainable transport methods.
- 9.12 The Proposed Development has been designed following the process set out in the 'Construction, Design and Management Regulations, 2015' applying the principles of 'ERIC' to eliminate, reduce, isolate and control hazards. The DCEMP will include mitigation measures for traffic management and calming to minimise road injuries. For further details, please refer to the **ES Volume 1, Chapter 7: Traffic and Transport**

Operation

- 9.13 The Proposed Development will align with TfL's core principles of healthy streets and active travel. The **Transport Assessment** has been prepared in accordance with TfL's "Healthy Streets for London" assessment criteria and the design approach to the Proposed Development has prioritised active and sustainable travel, increasing pedestrian and cycle provision and reducing car dominance.
- 9.14 As previously mentioned, the Proposed Development will improve the permeability of the Site and the surrounding area by delivering new pedestrian connections. These improvements will create a welcoming environment that will encourage walking and cycling. In turn, these would have a positive impact on the physical and mental health of the residents, office workers and other Site users.
- 9.15 To encourage walking, pleasant and direct pedestrian links will be provided across the Site between residential buildings, workspaces and the local public transport network. This will include a pedestrian-only route that will cut diagonally across the Site, starting on Rye Lane, across Aylesham Gardens and ending on Linear Park in front of the entrance to proposed supermarket. The pedestrian environment will be improved by widening footpaths, providing improved crossings and better lighting and enhancing the streetscape through seating and plating. Pedestrian access routes are designed to be inclusive through access features such as gentle gradients and suitable surfaces, for example tactile paving on Peckham High Street to be more inclusive for blind and partially sighted users.
- 9.16 New cyclable streets will also be created within the Proposed Development for residents, employees and visitors. Secure long-stay cycle parking for residents (1,517 spaces), commercial use (22 spaces), workspace use (44 spaces) and the supermarket (26 spaces) is proposed within communal cycle stores at ground floor of Buildings F, G / K, H, J1 / J2 and L, at ground floor upper level of Building L and at first floor of Buildings C, L and Q. In addition, cycle hubs will be available to residents, providing bike cleaning and repairing facilities. Where cycle stores / hubs are above the ground floor, platform lifts are provided for easy manoeuvring of bicycles.

9.17 256 short-stay cycle parking will also be provided across the public realm. These will be located in two main areas:

1. Close to the main arrival points, to avoid informal cycling routes through pedestrian spaces; and
2. Close to retail and food and beverage units for convenience and to encourage activation of the public realm.

9.18 As well as improving internal connectivity, the Proposed Development aims to create accessible routes to all connections within the local pedestrian and public transport network. **Figure 9.1** shows how pedestrian routes in the Site link with the surrounding pedestrian network. Key surrounding pedestrian and cycle routes include Rye Lane – a primary route to Peckham Rye Station and communities to the north – and Peckham High Street – a locally important shopping street.

Figure 9.1: Pedestrian Routes in Site's Vicinity



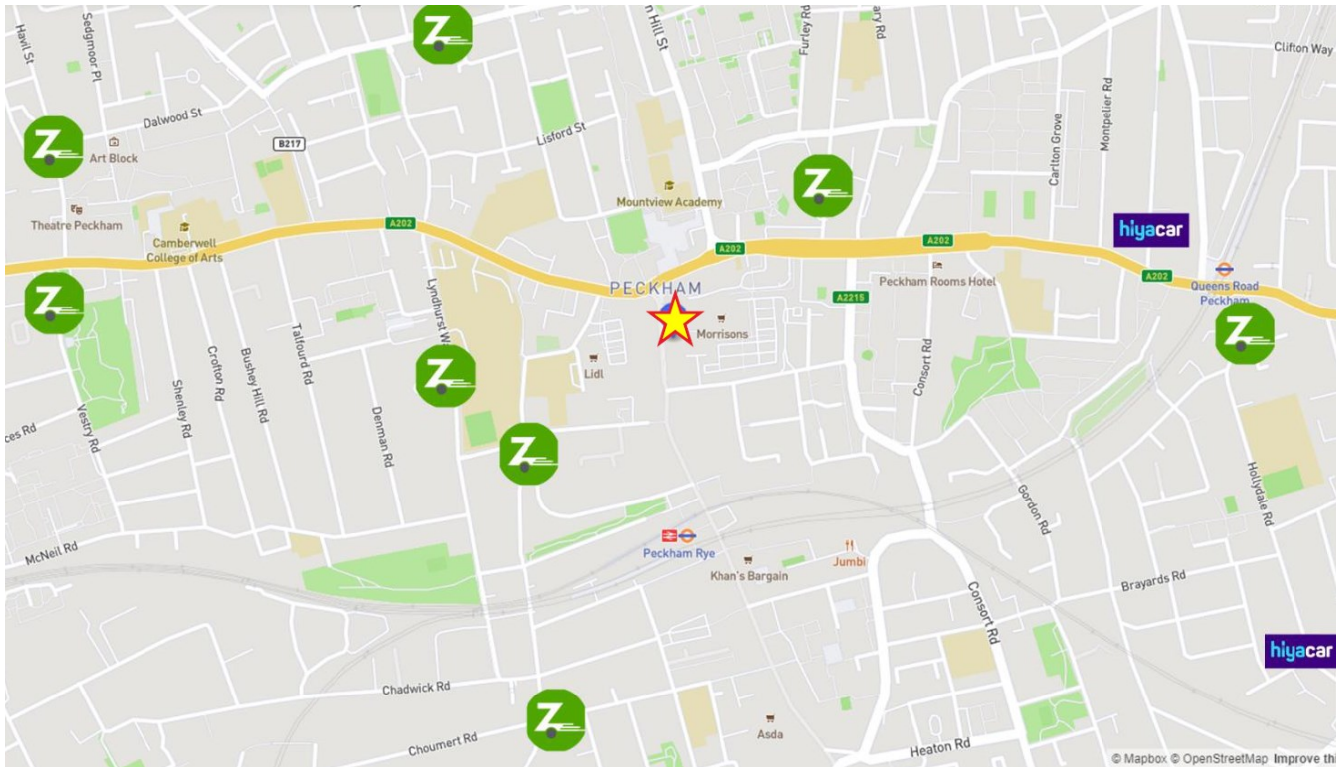
Source: *Transport Assessment*, p.14

9.19 The Proposed Development is not expected to result in changes which could significantly affect accidents and safety once completed and operational. For further details, please refer to the **ES Volume 1, Chapter 7: Traffic and Transport**.

- 9.20 The proposed enhancements to the permeability and wayfinding of the area by creating new walking routes through the Site will improve the connectivity between the Site and its surrounding public transport services, including Queens Road Peckham Station and Peckham Rye Station, for residents, workers and members of the public.
- 9.21 The residential scheme will be car-free, with the exception of accessible car parking provided exclusively for wheelchair housing residents. Accessible parking bays for 11 vehicles will be provided on-street (six bays), and within the basement car park under Building P (five bays). Supermarket car parking (140 spaces) will also be provided in the basement underneath Buildings L, M, N, P and Q. Providing this parking underground minimises the need car parking on-site.
- 9.22 The Site will be publicly accessible by private vehicles; however, traffic volume is expected to be low, consisting of delivery / refuse vehicles and residents parking in the accessible car parking spaces. A **Travel Plan** will be secured to embed healthy travel and monitor travel demand once the Proposed Development is operational.
- 9.23 Of the accessible car parking, 20% of car parking spaces will have electric vehicle charging points (EVCPs) installed (active provision) and a further 80% of spaces provided with potential for installation of EVCPs in the future (passive provision). This will encourage use of electric cars rather than diesel / petrol reliant vehicles.
- 9.24 As discussed above, in the basement under Buildings L, M, N, P and Q, 140 parking spaces will be provided for the Morrisons supermarket and high street visitors. Of the 140 parking spaces, 6% (eight bays) will be accessible bays and a further 6% (eight bays) will be enlarged parent and child bays, capable of becoming wheelchair accessible bays in the future to suit increasing demand. In addition, 20% (228 bays) will be equipped with active EVCPs.

9.25 Residents will have access to the many car clubs in the Site's vicinity, run by Zipcar and Hiyacar (see **Figure 9.2**). Zipcar provides a flexible travel option for travellers, which allow them to take one-way trips as well as the more traditional return journey car club model.

Figure 9.2: Car Clubs



Source: *Transport Assessment*, p.32

9.26 The Proposed Development is designed to be as inclusive as possible so that it can be comfortably and independently used by residents, people working in and visiting the development, and the wider community. The **Access Statement** establishes measures for ensuring the internal accessibility of buildings to all, including horizontal and vertical circulation. This includes requiring doors and corridors to be of a certain width, as previously discussed, as well as space requirements and wheel-chair-specific facilities for different rooms. Step-free access will also be provided for all parts of the buildings, including landscaped podiums, terraces and balconies.

9.27 Encouraging healthy lifestyles is one the priorities identified in this HIA. The Proposed Development makes a positive contribution through public space design, improved connectivity and increased permeability of the Site, provision of cycle infrastructure and implementation of a **Travel Plan**. These measures will promote active travel which will likely have an overall positive effect on health.

Summary: Accessibility and Active Travel		
Key Impacts	Overall Effect on Health	Mitigation & Recommendation
Increased permeability and connectivity of the Site, new pedestrian and cycle links connecting to the centre of the Site, cycle infrastructure, blue-badge parking, provision of parking spaces at basement level and high quality landscaped public space.	Positive	Implementation of the Travel Plan. Implementation of DCEMP.

10 Crime Reduction and Community Safety

Potential Health Pathways

- 10.1 Perception and fear of crime reduces social solidarity and can have a negative psychological impact. This can lead to mental health issues and subsequent physical illness associated with a lack of access to services and facilities, a lack of social interaction, and a sedentary lifestyle.
- 10.2 Construction sites can present particular opportunities for crime such as vandalism, theft of building materials, and increase fear of crime due to poor lighting and lack of animation out of work-hours.
- 10.3 As shown in **Table 4.1**, LBS has the same rate of violent crime (28 per 1,000 people) as London overall.

Health Impact Assessment

- 10.4 This section responds to the following questions outlined in HUDU's guidance that are relevant to this application:
 - Does the proposal incorporate elements to help design out crime?
 - Does the proposal incorporate design techniques to help people feel secure and avoid creating 'gated communities'?
 - Does the proposal include attractive, multi-use public spaces and buildings?
 - Has engagement and consultation been carried out with the local community and voluntary sector?
- 10.5 As set out above, the Proposed Development has been designed with Secure by Design principles. The strategy and objectives for designing a secure building have been informed through consultation with the Metropolitan Police. Design features to promote safety in the public realm include:
 - Wide, straight paths to reduce anti-social behaviour;
 - Bulkhead lighting to full illuminate public spaces;
 - Planting to be lower than 1 m and low density to improve sightlines and reduce spaces to hide drugs and weapons; and
 - CCTV across the Site.
- 10.6 The need to create safe and welcoming spaces where people can feel comfortable meeting and spending time was also highlighted in public consultation. To achieve this, sightlines and lighting have been carefully considered to maximise users' sense of safety. Additionally, residential units will look out onto streets / public spaces to provide natural surveillance.
- 10.7 The Proposed Development provides a diverse, multi-use ground floor incorporating retail and food and beverage units, workspace and public realm. These uses will ensure continuous movement through the Site at various hours, facilitating natural surveillance, creating a sense of security and safety.
- 10.8 Extensive community consultation has been carried out to ensure that the concerns of the existing residents and local businesses are considered. The influence of the community consultations over the proposals is covered at the end of Section 4 in this document. Further details on the timeline of the consultation and summary of each session are provided in the **Statement of Community Involvement (SCI)**. The document also responds to comments raised by members of the public.

10.9 Specifically in relation to crime, the project team met with a representative of the Metropolitan Police on 17 January 2024 to present the site context and design including architecture, landscape and surfacing. They provided advice and recommendations which are reflected in the Design and Access Statement (Section 4.4.3). They identified existing issues as:

- Rye Lane currently suffers from a large amount of graffiti, drug misuse, low level anti-social behaviour, and rough sleeping on streets and semi-public spaces, such as stairwells.
- Theft from powered scooters/ petty theft of phones and handbags in public realm

10.10 Community safety and tackling local crime has been identified as a priority in this HIA to improve health locally. The Proposed Development has taken an integrated approach to security, by integrating landscaped elements within the public realm to create a pleasant and welcoming environment, as well as opportunities for natural surveillance, and more managed elements such as CCTV and lighting. The overall impact of the Proposed Development on health in relation to crime reduction and community safety is expected to be positive.

Summary: Crime Reduction and Community Safety

Key Impacts	Overall Effect on Health	Mitigation & Recommendation
Secured by design measures to provide both passive and active security.	Positive	Implementation of safety-conscious design measures.

11 Access to Healthy Food

Potential Health Pathways

- 11.1 A diet including ample fresh fruit and vegetables is highly beneficial to personal health, providing essential vitamins that protect the human body from infection, boost the immune system and reduce the risks associated with a high-fat, high-sugar diet; for example, obesity and heart disease linked to high cholesterol.
- 11.2 There is a Morrisons supermarket on-site, to be re-provided as part of the Proposed Development, providing fresh food.

Health Impact Assessment

- 11.3 This section responds to the following questions outlined in HUDU's guidance:
- Does the proposal facilitate the supply of local food, for example allotments, community farms and farmers' markets?
 - Is there a range of retail uses, including food stores and smaller affordable shops for social enterprises?
 - Does the proposal avoid contributing towards an over-concentration of hot food takeaways in the local area?
- 11.4 Provision of allotments or other growing space has not been considered for this Proposed Development. The communal roof terraces could provide small growing spaces for residents.
- 11.5 The Proposed Development includes 6,469.9 sqm (GIA) of retail / leisure / commercial floorspace (Use Class E (a - g)/Sui Generis, not including the re-provided supermarket), part of which is expected to accommodate food and beverage uses. existing Morrisons store on-site will also be re-provided.
- 11.6 The overall impact of the Proposed Development on health in relation to access to healthy food is considered to be neutral.

Summary: Access to Healthy Food

Key Impacts	Overall Effect on Health	Mitigation & Recommendation
Provision of commercial floorspace suitable for accommodating food and beverage uses and re-provision of Morrisons supermarket.	Neutral	None required.

12 Access to Work and Training

Potential Health Pathways

- 12.1 Access to employment can be a significant contributing factor to increased health. Being in work can make it easier to pursue a healthy lifestyle, with income being one of the most significant influences on health and the prevalence of disease in public health research.
- 12.2 Unemployment is often related to an increased risk of poor physical and mental health, and premature death. There are three core ways in which unemployment affects levels of morbidity and mortality:
- Financial problems due to unemployment can result in lower living standards, which may in turn reduce social integration and lower self-esteem;
 - Unemployment can trigger distress, anxiety and depression; and
 - Unemployment can affect health behaviours via increased smoking and alcohol consumption, and reduced levels of physical exercise.
- 12.3 Employment and financial stability are also contributing factors to an individual's health. The Local Area has a higher unemployment rate than LBS and London. The proportion of resident claiming unemployment related benefits in the Local Area is also higher. A detailed economic profile, including unemployment and economic activity, can be found in **ES Volume 1, Chapter 6: Socio-Economics**.

Health Impact Assessment

- 12.4 This section responds to the following questions outlined in HUDU's guidance:
- Does the proposal provide access to local employment and training opportunities, including temporary construction and permanent 'end-use' jobs?
 - Does the proposal provide childcare facilities?
 - Does the proposal include managed and affordable workspace for local businesses?
 - Does the proposal include opportunities for work for local people via local procurement arrangements?
- 12.5 **ES Volume 1, Chapter 6: Socio-Economics** provides an assessment of the Proposed Development's impact on employment. The site is currently occupied by the Aylesham Centre, comprising a Morrisons supermarket and smaller retail units, associated car park, servicing areas, and a petrol station. Based on the industry standard assumptions about employment density, and discounting vacant floorspace, the Aylesham Centre currently accommodates approximately 410 to 550 Full Time Equivalent jobs. Of these uses existing on site, the supermarket will be re-provided as part of the Proposed Development.
- 12.6 The Proposed Development will generate approximately 510 to 660 gross FTE jobs in the local economy, the majority of which would be associated within the supermarket use. The remaining non-residential uses proposed include office / workspace, food and beverage, retail and gym space. The socio-economic assessment concluded that the overall effect on employment as a result of the Proposed Development is likely to be negligible at the Local Area.
- 12.7 Of the office / workspace floorspace (Use Class E(g)), 10% will be provided as affordable workspace. This complies with the affordable workspace requirements set out in LBS Policy P31.

- 12.8 At the construction stage, the Proposed Development is estimated to generate an average of 271 FTE jobs over the duration of the 99-month construction period. This is the average number of construction jobs associated with the construction stage, but actual number of jobs on-site will fluctuate over the build programme as various trades move on and off the Site. At peak these will be significantly more jobs. These jobs will create new opportunities within the construction industry which will be beneficial. However, as the construction workforce is highly mobile, it is unlikely that jobs generated within the construction workforce would have a significant effect on health of the local population.
- 12.9 The Proposed Development does not currently provide childcare facilities.
- 12.10 Tackling health inequality is one of the health priorities identified in this assessment. Provision of mixed-use space ensures that the Proposed Development delivers employment needs across different skillsets. It is expected that training and development would eventually be provided by the occupiers of the units for future employees. Together, the uses within the Proposed Development create opportunities for better economic outcomes for the local population (through proximity to jobs).

Summary: Access to Work and Training

Key Impacts	Overall Effect on Health	Mitigation & Recommendation
Provision of floorspace supporting between 510 and 660 FTE jobs across office, retail, leisure and flexible uses, including affordable workspace provision.	Positive.	None required.

13 Social Cohesion and Inclusive Design

Potential Health Pathways

- 13.1 Social cohesion and social capital are challenging to define but broadly relate to social relations and community characteristics that have productive benefits, socially and economically, with indirect impacts on the mental and physical health of that community.
- 13.2 The productive and cohesive operating of a society, to all of its members' mutual benefit, can be undermined by poverty, deprivation, poor education and fragmentation of society along lines of age or race etc.
- 13.3 Availability of community infrastructure is central to generating social cohesion within communities, providing opportunity for social interaction and involvement in community activities; this in turn can reduce social isolation and promote mental and physical wellbeing.
- 13.4 The design of new buildings and spaces can also help reinforce or enhance the character, legibility, permeability and accessibility of the neighbourhood. Development should also maximise the opportunity for community diversity, inclusion and cohesion and enable people to live healthy, active lives.

Health Impact Assessment

- 13.5 This section responds to the following questions outlined in HUDU's guidance:
 - Does the proposal consider health inequalities by addressing local needs through community engagement?
 - 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?
 - Does the proposal include a mix of uses and a range of community facilities?
 - Does the proposal provide opportunities for the voluntary and community sectors?
 - Does the proposal take into account issues and principles of inclusive and age-friendly design?
- 13.6 As mentioned in Section 4, community consultation has been undertaken to inform the proposals, identify concerns of the local residents and workers in the area, and understand local needs. The proposals have been carefully considered to ensure social and health benefits for the existing and future population in the Local Area are prioritised. The **SCI** provides detail on all stages of community engagement and responds to concerns raised by members of the public.
- 13.7 The Proposed Development seeks to maximise opportunities to foster community cohesion. New connections will be established which will improve the permeability of the Site and connectivity to the surrounding area, as previously mentioned in this assessment.
- 13.8 The Proposed Development provides a range of commercial uses as well as publicly accessible open space which will be beneficial to everyone. Spaces have been designed to be welcoming and support social interaction in a manner inclusive and accessible to all individuals, regardless of their age or mobility-level.
- 13.9 Overall, the extensive public realm provision will provide significant benefits to the quality of the physical environment (through extensive placemaking), health and wellbeing (through provision of community spaces and amenity spaces), and support in tackling inequality and poverty (by providing spaces for local business). By responding to these health priorities

(identified earlier in the assessment), the Proposed Development makes a positive contribution to human health.

Summary: Social Cohesion and Inclusive Design		
Key Impacts	Overall Effect on Health	Mitigation & Recommendation
Placemaking, provision of flexible uses, open space, places for social gathering.	Positive	None required.

14 Minimising the Use of Resources

Potential Health Pathways

- 14.1 Use of resources and waste from development can create environmental impacts – these include ecological impacts (e.g. stripping of materials, mining for minerals etc.) through excessive use of resources; increased vehicle movements associated with the removal, sorting and disposal of waste; and hazardous impacts associated with improper disposal of waste materials.
- 14.2 Reducing waste can, therefore, contribute to improved human health both directly and indirectly by minimising environmental impact. Planning and development can reduce waste at both construction and operational phases through both minimising use of resources and encouraging recycling.

Health Impact Assessment

- 14.3 This section responds to the following questions outlined in HUDU's guidance:
- Does the proposal make the best use of existing land?
 - Does the proposal encourage recycling, including building materials?
 - Does the proposal incorporate sustainable design and construction techniques?
- 14.4 To ensure the application makes the best use of the existing land 35 pre-application meetings were held between December 2021 to June 2024. These resulted in significant design evolution, including: large open spaces with greenery provided throughout the site, access into the masterplan aligned with Cerise Road, active frontages for a variety of commercial spread across the site, publically accessible, safe routes connecting Rye Lane to the bus stop and Morrisons and prominent communal entrances.
- 14.5 The Proposed Development seeks to minimise its use of resources during the construction and operational phases. At least 95% of non-hazardous demolition and construction waste materials will be diverted from landfill for reuse / recycling / recovery. Where on-site of construction materials is not possible, they will be sent for beneficial reuse off-site.
- 14.6 Recycling of waste generated during occupation shall be encouraged through the provision of dedicated on-site waste storage and recycling facilities.
- 14.7 As discussed under 'Housing Design and Affordability', sustainable design techniques have been incorporated to promote energy efficiency and minimise emissions. These include using energy-efficient building materials that improve insulation, reduce carbon emissions and energy demand. Low carbon systems e.g. an all-electric system consisting of Air Source Heat Pumps (ASHPs) and Photovoltaic Panels (PVs) will also be used across the Site.
- 14.8 Further details on how sustainability has been incorporated into the Proposed Development are found in the **Sustainability Statement**.
- 14.9 Minimising the use of resources through both the construction and operational phases, by adopting sustainable approaches, will indirectly benefit human health through minimising environmental impact such as air pollution associated with construction traffic and waste materials. Adhering to the Outline Demolition and Construction Environmental Management Plan (DCEMP), waste management procedures will also ensure a clean and pleasant environment for both construction workers and occupants of the Proposed Development, which can have mental health benefits.

14.10 These measures are expected to have an overall positive effect in relation to health.

Summary: Minimising the Use of Resources

Key Impacts	Overall Effect on Health	Mitigation & Recommendation
Minimisation of resources and waste through implementation of sustainable methods of the design, demolition, construction and operational stages.	Positive	Ensure DCEMP standards are met.

15 Climate Change

Potential Health Pathways

- 15.1 The Marmot Review highlights a clear link between climate change and health, with climate change impacts likely to most effect those with the poorest health. This is reiterated in 'Marmot Review 10 Years On' with a further call to action to employ measures to reduce emissions and the potential impacts of climate change.
- 15.2 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, along with their impacts such as flooding.

Health Impact Assessment

- 15.3 This section responds to the following questions outlined in HUDU's guidance:
- Does the proposal incorporate renewable energy?
 - Does the proposal ensure that buildings and public spaces are designed to respond to winter and summer temperatures, for example ventilation, shading and landscaping?
 - Does the proposal maintain or enhance biodiversity?
 - Does the proposal incorporate sustainable urban drainage techniques (SuDS)?
- 15.4 The very young and very old are likely to be the most affected by climate extremes. The Proposed Development has been designed to minimise the impact of climate change on all of its residents and occupiers by incorporating climate change mitigation and adaptation measures across the scheme.
- 15.5 According to the **Sustainability Statement**, the Proposed Development will maximise the use of renewable energy to reduce reliance on fossil fuel energy and minimise the impact associated carbon emissions on the environment. The design shall implement Low and Zero Carbon technologies to achieve a minimum of 35% on-site carbon reduction.
- 15.6 As previously mentioned, the Proposed Development will incorporate Air-Source Heat Pumps (ASHPs) and photovoltaic panels (PVs) as part of its all-electric system, as well as using high energy efficiency building fabric to minimise carbon emissions and energy demand.
- 15.7 In addition, 20% of car parking spaces will have electric vehicle charging points (EVCPs) installed (active provision) and a further 80% of spaces provided with potential for installation of EVCPs in the future (passive provision). Passive charging bays will be converted to active should the demand for electric charging points exceed supply.
- 15.8 Overheating, form factors, daylight levels and acoustics were considered whilst determining the massing and orientation of buildings. Low-rise typologies such as deck-access buildings have been oriented along a west-east axis, parallel to Peckham High Street and Hanover Park, to provide homes with dual aspect facing onto north and south. Building L is specifically located between the overshadowing of Buildings P and M to enable sunlight penetration at various intervals throughout the day, ensuring appropriate levels of daylight. To reduce overshadowing, distances between buildings have been kept at a minimum of 10 m.
- 15.9 Residential units throughout the Proposed Development have private balconies as well as access to communal amenity space (e.g. roof terraces). In Building C, residential amenity space is located on the west to make the most of evening sun.
- 15.10 The use of energy-efficient building materials and placement and sizing of windows has been strategically designed to balance 'free' winter heating solar gain with the risk of overheating in

summer. For example, to limit overheating, balconies are placed on south façades to provide shade and windows are reduced in size where necessary to reduce solar gain.

- 15.11 Solar gains in summer will also be limited by fixed shading devices, including shutters, external blinds, overhangs and awnings. Shading will also be provided by adjacent buildings, structures and landscaping.
- 15.12 High efficiency mechanical ventilation with heat recovery (MVHR) systems have also been applied to the systems where appropriate to minimise overheating.
- 15.13 The Proposed Development is expected to deliver significant biodiversity net gain (BNG) for area-based habitats when comparing the developed Site against the pre-construction baseline. To achieve this, biodiversity will be promoted across the Site through the provision of richly layered planting. Biodiverse green and brown roofs will also help to boost the local ecology, providing habitat which complements the ground and podium level planting. In addition, urban trees will be retained on-Site where possible, and a range of semi-natural habitats will be delivered.
- 15.14 The Proposed Development will comply with the Environment Act 2021, which requires developments to deliver at least 10% BNG. Overall, the Proposed Development is expected to deliver a post-development habitat value of 3.17 habitat units. This is a net gain of 1.67 habitat units (111.02%) compared to the existing Site baseline. More details on this are set out in the **BNG Report**.
- 15.15 The **Flood Risk Assessment** states that a Drainage Strategy will be implemented to manage drainage and flood risk on-site. A Sustainable Drainage System (SuDS) will redistribute any ponding of surface water in extreme rainfall events to the new low points within the site. SuDS design features include permeable hard landscapes and blue and green roofs to retain rainwater.
- 15.16 Overall, it is considered that these integrated measures will have a positive impact on health with respect to climate change.

Summary: Climate Change		
Key Impacts	Overall Effect on Health	Mitigation & Recommendation
Minimisation of resources and waste through implementation of sustainable methods of the design, demolition, construction and operational stages.	Positive	None required.

16 Summary

16.1 Quod assessed the Proposed Development's potential health impact based on the principles of the HUDU Guidance. The assessment found that the Proposed Development is likely to have an overall positive impact on health.

16.2 Positive health effects relate to:

- 877 new homes to support LBS's housing delivery targets.
- Of which 270 affordable homes.
- Up to 660 FTE direct jobs.
- 271 FTE construction jobs, on average over nine years, including opportunities for training.
- New public routes and public spaces designed at high quality standards.
- 10% provision of affordable workspace in line with LBS policy.
- Buildings that have been designed taking into consideration LBS and London's sustainability targets.

16.3 A number of other recommendations or mitigation measures are identified which could be considered in order to minimise potential negative health impacts and maximise positive health outcomes for occupants of the Site and surrounding area, including:

- CIL could contribute to primary healthcare provision should sufficient information be provided to justify need.
- Implementation of a DCEMP to control and minimise any health impacts during the demolition and construction phases.
- Implementation of a Travel Plan, to be secured via planning condition, to encourage uptake of sustainable transport modes.
- Implementation of the Transport Assessment to mitigate noise, vibration and air quality impacts of traffic once the Proposed Development is operational.
- Implementation of safety-conscious design measures to promote sense of security in users.