

**St Michael's Convent,
Ham Common, Ham**
Health Impact Assessment



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Indigo Planning



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Appendices

**Appendix 1
Healthcare facilities plan**

1. Introduction

- 1.1. Indigo Planning has prepared this health impact assessment (HIA) to support the redevelopment proposals for St Michael's Convent at Ham Common in Ham.
- 1.2. The proposed development will provide a total of 28 residential retirement units (for the elderly). There are two separate planning applications, as follows:
- Application 1 (Ham Common) – Planning Portal reference: PP-05367828. The application seeks full planning permission and listed building consent for:

Conversion and extension of the existing convent buildings (following demolition of some mid-20th century extensions), together with new build apartments and houses, to provide a total of 26 residential retirement units, parking and associated works within a landscaped site, with access via Ham Common.
 - Application 2 (Martingales Close) – Planning Portal reference: PP-05397976. Planning permission is sought for:

Erection of a pair of semi detached residential retirement cottages, parking and associated works within a landscaped site, with access via Martingales Close.
- 1.3. In considering the likely health impacts of the proposed development, Indigo Planning has assessed the combined effects of both planning applications.
- 1.4. The HIA is structured as follows:
- **Section 2** – describes the **methodology** employed to assess health impacts, including the **data and reference sources** used to support the HIA;
 - **Section 3** – reviews the **key health-related planning policies** for Richmond upon Thames;
 - **Section 4** – assesses the **baseline health conditions** in the borough and the local area;
 - **Section 5** – provides an **audit of healthcare infrastructure** in the vicinity of the site;
 - **Section 6** – evaluates the **health impacts** of the redevelopment proposals, including both **temporary health impacts** during the construction phase and **permanent health impacts**;
 - **Section 7** – identifies other relevant **socio-economic impacts** from the redevelopment proposals; and
 - **Section 8** – highlights the **overall conclusions** from the health impact assessment.
- 1.5. The HIA includes the following appendices:
- **Appendix 1** – plan showing the **healthcare facilities** in the vicinity of the site.

2. Methodology

Approach to the HIA

- 2.1. In preparing this HIA, Indigo Planning has followed the approach set out in the *Healthy Urban Planning Checklist (Second Edition)* published by the London Healthy Urban Development Unit in June 2015.
- 2.2. The *Healthy Urban Planning Checklist (Second Edition)* identifies a total of 30 questions relating to the potential health impacts of a development proposal. In completing this HIA, Indigo Planning has considered all of these questions, noting where applicable if a question is not relevant to the redevelopment proposals for the St Michael's Convent site.

Impact areas

- 2.3. The HIA includes a high level assessment of the baseline health conditions experienced by Richmond residents and by those communities living closest to the development site. In assessing baseline health conditions, Indigo Planning has used the following impact areas:
 - **Local impact area** – as defined by the Ham, Petersham and Richmond Riverside ward boundary; and
 - **Wider impact area** – as defined by the London Borough of Richmond upon Thames local authority boundary.
- 2.4. The HIA is also supported by a desktop audit undertaken by Indigo Planning of the existing healthcare facilities within a 2 km radius of the development site.

Information sources

- 2.5. In undertaking this HIA, Indigo Planning has drawn on advice and guidance provided by the following sources:
 - *Healthy Urban Planning Checklist (Second Edition)* – London Healthy Urban Development Unit, June 2015.
- 2.6. Indigo Planning has employed data from the following sources:
 - *Richmond upon Thames Health Profile 2015* – Public Health England, June 2015;
 - *Richmond upon Thames Child Health Profile 2016* – Public Health England, March 2016;
 - *English Indices of Deprivation 2015 Map Explorer* – Department for Communities and Local Government, 2016;
 - *Inequality in health and disability-free life expectancy within Richmond* – London Borough of Richmond upon Thames Joint Strategic Needs Assessment, 2015;
 - *London Borough of Richmond upon Thames Pharmaceutical Needs Assessment 2015* - London Borough of Richmond upon Thames and Richmond Clinical Commissioning Group, April 2015;
 - *DataRich datasets* - London Borough of Richmond upon Thames; and
 - *Pitney Bowes (GeoInsight) datasets 2015*.

3. Planning policy review

- 3.1. Indigo Planning has undertaken a review of local planning policy in order to help understand the strategic aspirations on health outcomes for the London Borough of Richmond upon Thames (LBRuT).

Local Plan Review

- 3.2. The LBRuT is currently reviewing the planning policies within the adopted Core Strategy (2009) and Development Management Plan (2011), whilst also considering the allocation of key sites for development.
- 3.3. An initial public consultation on the rationale and scope for the policy review, along with the proposed sites to be allocated for development, was undertaken between 4 January and 1 February 2016. The Council is currently analysing the consultation responses to inform the drafting of the revised policies.
- 3.4. The Detailed Review of Existing Policies (Appendix 1 - December 2015) consultation document states that Policy CP17 of the Core Strategy (2009), which relates to Health and Well Being, could be updated to reflect the requirement for Health Impact Assessments. It also identifies that the preparation of a supplementary planning document on Healthy Communities could be considered in the future, to provide more detailed guidance on the implementation of CP17.

Core Strategy (2009)

- 3.5. Policy CP17 relates to health and well-being in the borough, with CP17.A noting that all new development should encourage and promote healthier communities and places.
- 3.6. CP17.B identifies that support will be given to proposals for new or improved health and social care facilities, if they are located in sustainable locations and are accessible to all, with priority given to those in areas of relative deprivation (which CP13 identifies as being Castlenau, Ham, Hampton Nursery Lands, Heathfield and Mortlake).
- 3.7. Additionally, a pattern of land uses will be promoted to encourage active transport and leisure and recreation facilities to help provide a healthy lifestyle for the local population, which includes provisions for open and play space within new development as and when appropriate, as stated in CP17.C.
- 3.8. CP17.D explains that existing health, social care, leisure and recreation provision within the Borough will be retained where such facilities meet, or can be adapted to meet, the needs of local residents. Land that is available for such uses will be safeguarded, whilst the potential of re-using or redeveloping existing sites will be maximised.

4. Baseline health conditions

Introduction

- 4.1. This section of the HIA provides a high level overview of the existing health conditions in Richmond upon Thames. It considers baseline health conditions across the borough as a whole, as well as for the local area in surrounding the St Michael's Convent site.

Health conditions in Richmond

- 4.2. The health of the Richmond upon Thames population is generally better than the England average. However, as shown by Figure 4.1 below, local variations do exist, with males in the most deprived areas of the borough having a life expectancy 5.2 years lower than those in the least deprived areas (Public Health England, 2015). A similar life expectancy gap exists for women, with four years between the most and least deprived females in the local population.

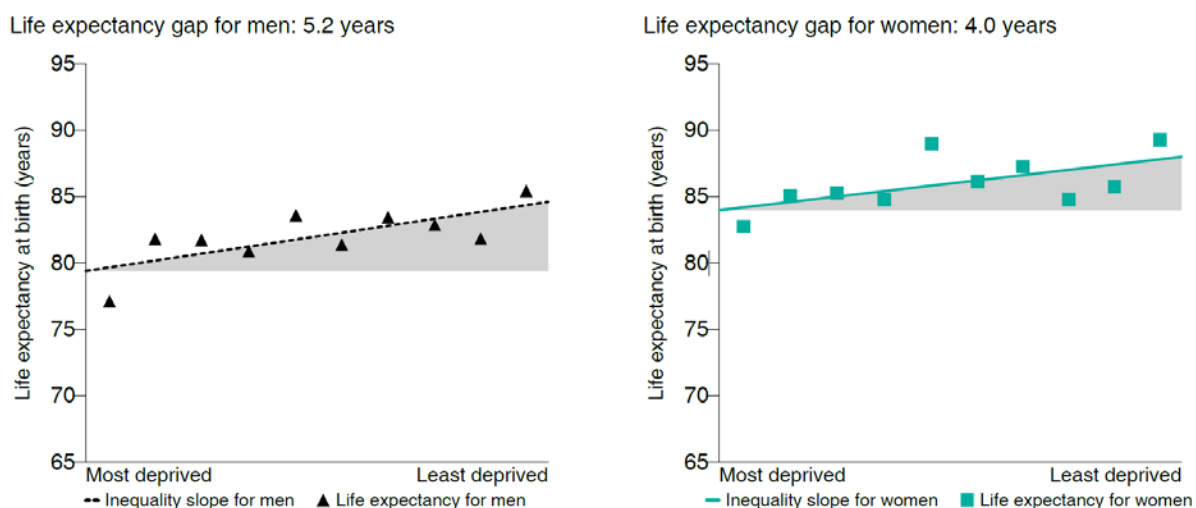


Figure 4.1 - Life expectancy gaps in Richmond upon Thames (Public Health England, 2015).

- 4.3. There is a similar pattern when considering the differences between the most deprived and least deprived parts of the borough for **healthy life expectancy** (the estimated lifetime spent in “very good” or “good” health based on how individuals perceive their health) and for **disability-free life expectancy** (lifetime spent free for a limiting persistent illness or disability based on how individuals perceive their health).
- 4.4. For healthy life expectancy and disability-free life expectancy, the LBRuT has one of the smallest gaps of all local authorities in England between the most deprived and least deprived parts of the borough.
- 4.5. On average, the borough’s population has lower rates of early deaths (in people under 75) than the rest of England. The least deprived members of the local population have significantly lower early death rates than the England average, although this is not true for the entire population, with the rate for the most deprived people similar to, and often worse than, the England average (see Figure 4.2 below).

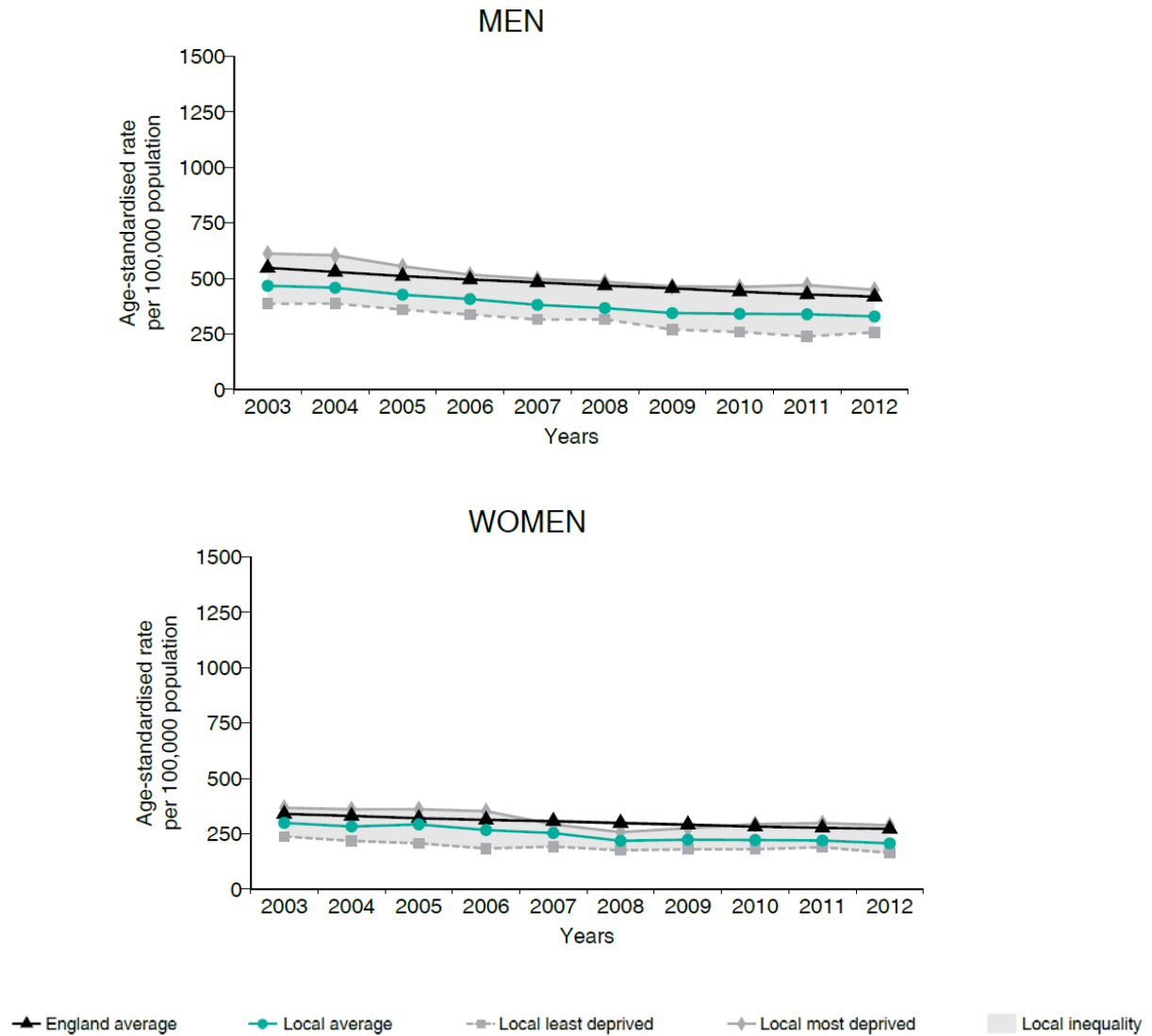


Figure 4.2 - Comparison in early deaths from all causes (2003-2012) between Richmond and all of England (Public Health England, 2015).

4.6. The health of children within Richmond upon Thames can also be viewed as generally positive. Children classified as obese at age 10-11 in 2014/15 within the Borough was 10.5%, compared to the England average of 19.1% (see Figure 4.3 below).

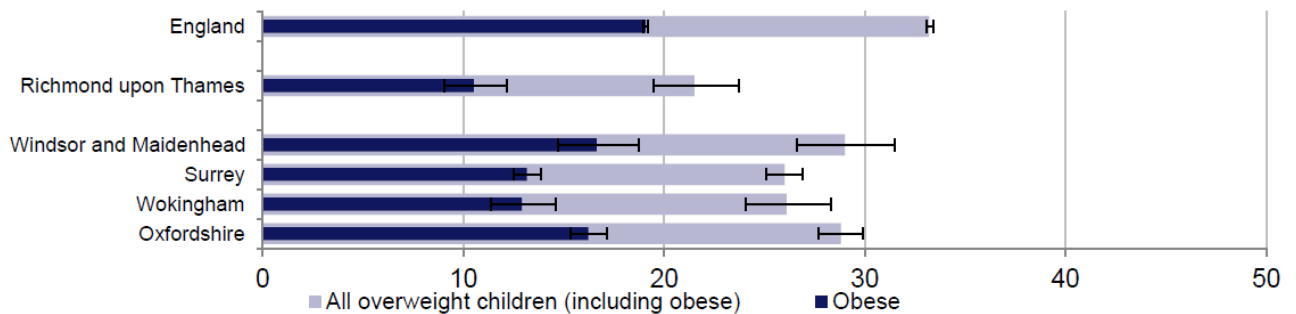


Figure 4.3 - Children aged 10-11 years classified as obese or overweight, 2014/15 (%) (Public Health England, 2016).

- 4.7. The borough performance is not as strong when considering A&E attendances by children aged 0 to 4 years, with a local value of 690.4 of such attendances in 2014/15, which is higher than the England average. This figure is, however, significantly better than the England worst of 1,761.8.

Health conditions in the local area

- 4.8. The English Indices of Deprivation (EID 2015) enable comparisons to be made for a range of deprivation indicators at the small area level. The small areas, or neighbourhoods, are known as lower level super output areas (LSOAs) which on average contain around 1,500 people. There are 32,844 of these neighbourhoods across England as a whole.
- 4.9. The EID 2015 provides an overall index of multiple deprivation which is based on seven separate deprivation domains. Each deprivation domain is weighted, as shown below:
- **Income deprivation** – with a weighting of 22.5%;
 - **Employment deprivation** – with a weighting of 22.5%;
 - **Health deprivation and disability** – with a weighting of 13.5%;
 - **Education, skills and training deprivation** – with a weighting of 13.5%;
 - **Barriers to housing and services** – with a weighting of 9.3%;
 - **Crime** – with a weighting of 9.3%; and
 - **Living environment deprivation** – with a weighting of 9.3%.
- 4.10. On the health deprivation and disability domain of the EID 2015, the LBRuT is ranked 319 of 326 local authorities in England. This means that the borough is less deprived than 97.8% of all districts in England for the health deprivation and disability domain.
- 4.11. The St Michael's Convent site is located within Richmond upon Thames 012D local area (outlined in blue in Figure 4.4 below with the site indicated by the blue marker), which is one of 115 local areas in Richmond upon Thames.
- 4.12. The neighbourhood in which the site is located is ranked 31,459 of 32,844 in England on the health deprivation and disability domain of the EID 2015. This means that the local area close to St Michael's Convent site is less deprived than 95.8% of neighbourhoods in England.

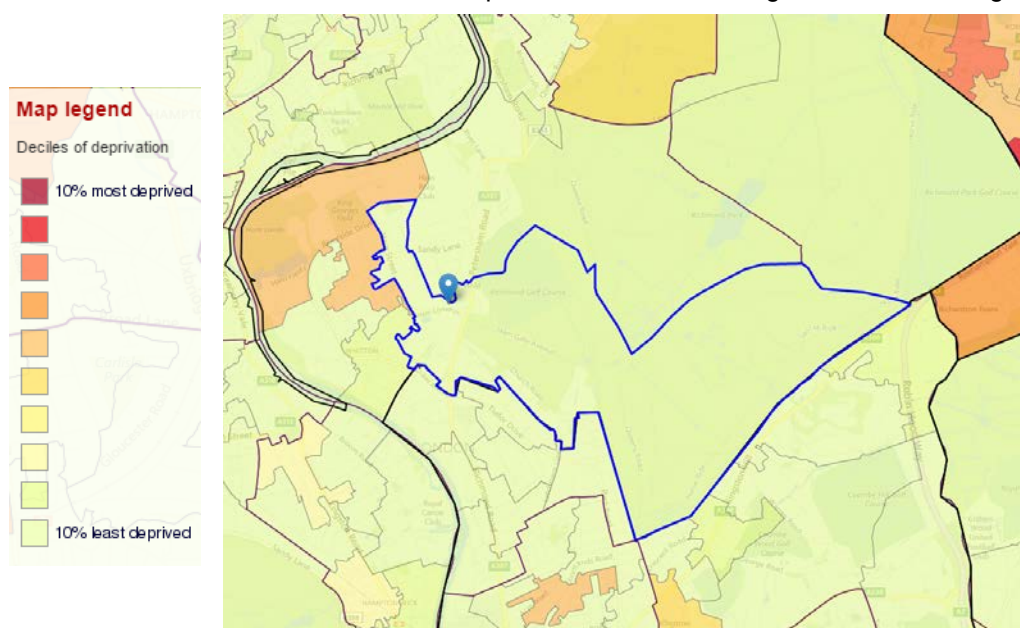


Figure 4.4 - Health deprivation and disability (DCLG, 2015).

- 4.13. Crime is more of an issue within the local neighbourhood, with a ranking of 7,346, making the site among the 22% most deprived neighbourhoods in the country (see Figure 4.5 below).

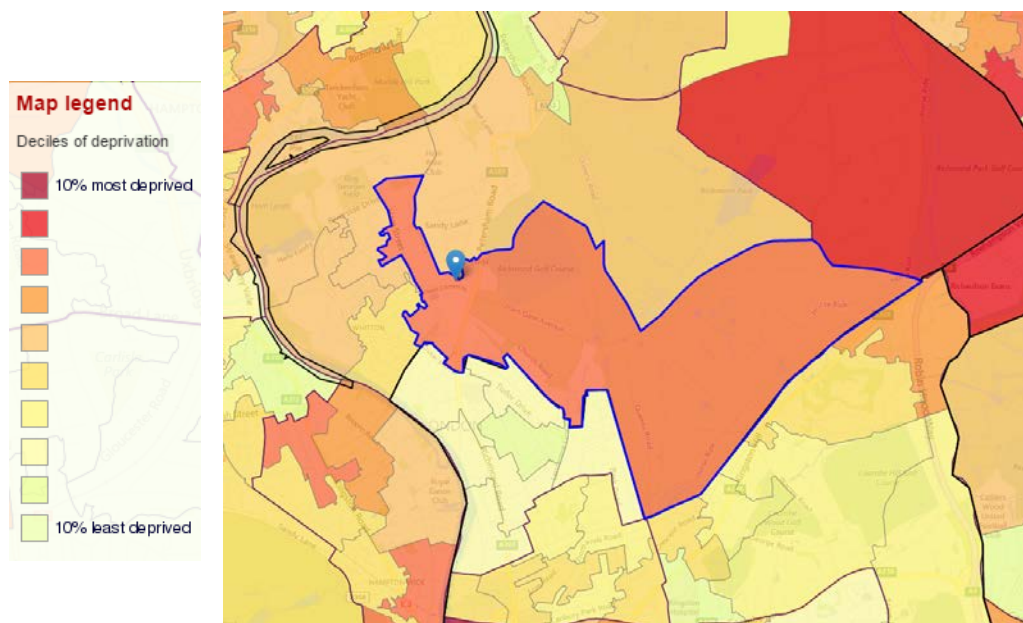


Figure 4.5 – Crime deprivation (DCLG, 2015).

- 4.14. Richmond upon Thames 012D is around the middle of all LSOAs in England when investigating barriers to housing and services, with a ranking of 13,935 putting the area among the 50% most deprived neighbourhoods in the country (see Figure 4.6 below).

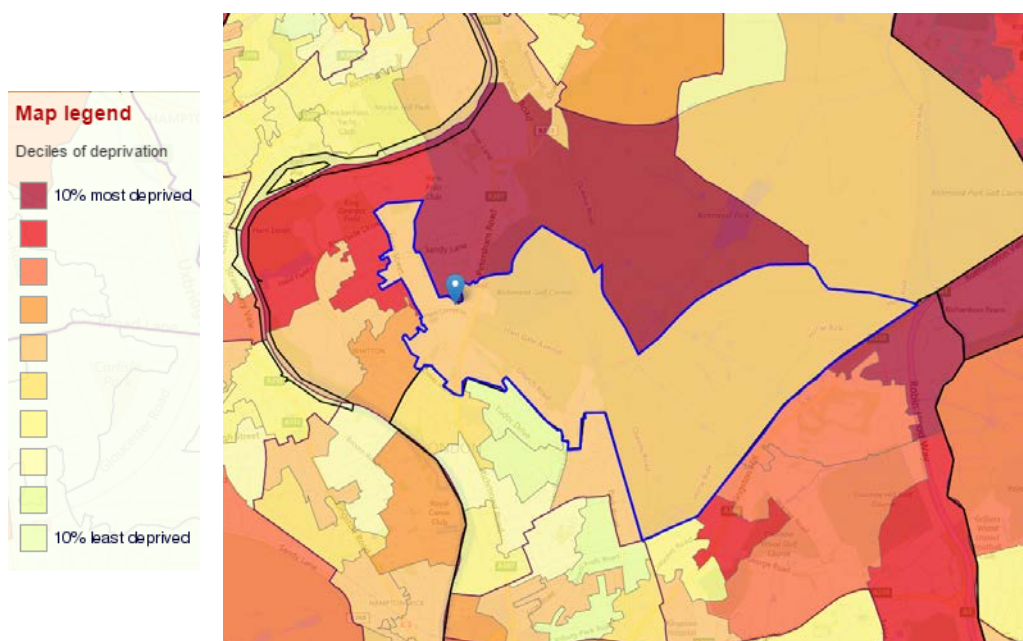


Figure 4.6 – Barriers to housing and services (DCLG, 2015).

- 4.15. The 2011 Census included a question that asked people to describe their general health over the preceding 12 months, by ranking their health from 'very good' to 'very bad'. Although a subjective method, this helps to identify the perceived health of the population of the local in which the site is located. Table 4.1 below compares the results of this question within the local neighbourhood to those of people in Richmond upon Thames and England as a whole.

Variable	Measure	Richmond upon Thames 012D	Richmond upon Thames	England
Very good	%	49.8	57.3	47.2
Good	%	34.1	30.5	34.2
Fair	%	11.4	8.9	13.1
Bad	%	3.8	2.5	4.2
Very bad	%	0.8	0.8	1.2

Table 4.3 – Description of individual health from the 2011 Census

- 4.16. Table 4.3 shows that 83.9% of people described their health as good or very good at the time of the 2011 Census. Although less than the borough wide average of 87.8%, this share is above the England average of 81.4%.

Summary

- 4.17. Health conditions across Richmond borough as a whole are generally very good, exceeding the England average based on a wide range of commonly used health indicators.
- 4.18. For healthy life expectancy and disability-free life expectancy, the LBRuT has one of the smallest gaps of all local authorities in England between the most deprived and least deprived parts of the borough.
- 4.19. On the health deprivation and disability domain of the EID 2015, the LBRuT is ranked 319 of 326 local authorities in England. This means that the borough is less deprived than 97.8% of all districts in England for the health deprivation and disability domain.
- 4.20. This overall picture of good health is also reflected in the more limited range of data available at ward and local area level. On the health and disability domain of the Indices of deprivation for 2015, the local area around the St Michael's Convent site is less deprived than 95.8% of local areas across England.

5. Healthcare infrastructure audit

Introduction

- 5.1. In preparing this HIA, Indigo Planning has undertaken a desktop audit of the healthcare facilities within a 2 km radius of the St Michael's Convent site. **Appendix 1** provides a plan showing the spatial distribution of healthcare facilities within 2 km of the development site.
- 5.2. **Appendix 1** reveals that the following healthcare facilities are located within a 2 km radius of the St Michael's Convent site:
- 9 medical centres or GP surgeries;
 - 6 dental practices; and
 - 10 pharmacies.
- 5.3. Indigo Planning has spoken by telephone with the Practice Manager or equivalent at these healthcare facilities in order to ascertain how well used the facilities are and whether there is capacity to take new patients. In total, Indigo Planning contacted six dentists and nine GP surgeries.
- 5.4. Indigo Planning has also reviewed the Joint Strategic Needs Assessment (JSNA) 2014/2015 dataset, prepared by the Department of Health, to understand the key drivers for health infrastructure in Richmond.
- 5.5. There are nine GP surgeries or medical centres within a 2 km radius of the site. The site is within the catchment area of four of those surgeries as follows:
- Churchill Medical Centre;
 - Lock Road Surgery;
 - 212 Richmond Road; and
 - Thameside Medical Practice.
- 5.6. Indigo Planning was advised by the York Medical Practice that, although the St Michael's Convent site lies outside the practice catchment area, residents will still be accepted, but will not be able to utilise the home visits service. The St Mary's College Medical Centre is just for students of St Mary's College and is affiliated with the York Road Medical Practice.

Medical centres and GP surgeries

- 5.7. The main messages from the telephone interviews and JSNA dataset were as follows:
- All of the doctor surgeries and medical centres are accepting new patients. All surgeries have thousands of patients enrolled, with the Oak Lane surgery having 4310 patients enrolled. This is a positive indicator that there is enough capacity in the immediate surrounding area of the site to absorb the modest net additional population generated by St Michael's Convent scheme;
 - The JSNA states that 52% of Richmond borough patients' reported experience of out-of-hours GP services as 'very good' or 'fairly good'. However overall, 88% of Richmond borough GP patients described their experience as 'very good' or 'fairly good'. This is

higher than the London and England. From our discussions with the surgeries, we are of the view that the positive feedback is due to the surgeries operating more efficiently in terms of offering a range of flexible appointments. This includes, over the telephone appointments. Also, a number of surgeries are in partnership with each other and are therefore able to offer appointments to patients in partner surgeries. This is an area where the borough as a whole is improving;

- Many of the surgeries offer non-NHS services such as the Churchill Medical Centre and the Lock Road Surgery, which provide a range of certificates and detailed opinions and statements of patient health. This enhances the services offered by the surgeries and further meets the needs of the patients.

Dentists

- 5.8. The main messages from the telephone interviews and JSNA dataset were as follows:
- The site is in the catchment area of four of the six dentist surgeries within a 2 km radius of the site. All of the dentist surgeries have capacity for new patients, NHS and private; and
 - The JSNA states that patients have reported a variable experience of NHS dental services in the borough as a whole. In 2013-14, 79% of Richmond borough patients described their experience as very good or fairly good. This is similar to London (80.5%) and lower than England.

Pharmacies

- 5.9. There are 10 pharmacies located within a 2 km radius of the site. These are shown on the healthcare infrastructure plan at Appendix 1. The closest pharmacy to the site is Pharma Care on Black Lane. It provides a range of services such as, care home support, prescription delivery service and weight management.
- 5.10. The *London Borough of Richmond upon Thames Pharmaceutical Needs Assessment 2015* states that residents in the southwest area of the Richmond, Ham and Kew locality are able to access pharmacies Monday to Saturday but would be required to travel to a pharmacy on a Sunday. Nonetheless, this was not identified as an issue by respondents of the public survey.

Kingston Hospital

- 5.11. Kingston Hospital is located 2.8 km south of the development site. Kingston Hospital NHS Foundation Trust provides a full range of diagnostic and treatment services to approximately 350,000 people, including emergency care, day surgery and maternity services. Kingston Hospital also provides a range of private care services for patients, in partnership with BMI.

Summary

- 5.12. Paragraphs 7.2 and 7.3 of this HIA describe the methodology used for estimating the net additional residential population created by the redevelopment proposals for St Michael's Convent.
- 5.13. Based on this methodology, Indigo Planning estimates that the redevelopment proposals for St Michael's Convent will have the following impacts on the local resident population:
- **New households** – the proposals will create 28 net additional new households; and
 - **New residents** – the proposals will generate 32 net additional new residents.
- 5.14. The audit of healthcare infrastructure has confirmed that this increase to the local residential

population can be accommodated by the existing supply of local healthcare facilities.

- 5.15. The conventional rule of thumb is that one GP is required per 1,800 patients. The net additional residential population at the St Michael's Convent site will therefore create the demand for an additional 0.018 GPs. This increase in population can be comfortably accommodated by the existing supply of local healthcare facilities.

6. Evaluation of health impacts

Evaluation framework

- 6.1. In this section of the HIA, Indigo Planning considers both the temporary and permanent health impacts of the redevelopment proposals for the site.
- 6.2. The *Healthy Urban Planning Checklist Second Edition* recommends the assessment of potential health impacts under four main thematic areas, as follows:
- Healthy housing;
 - Active travel;
 - Healthy environment; and
 - Vibrant neighbourhoods.
- 6.3. In evaluating the health impacts of the scheme, the HIA addresses the questions raised by the *Healthy Urban Planning Checklist Second Edition* for each of these thematic areas.

Temporary health impacts

- 6.4. The key questions to address are as follows:
- **Construction impacts** – does the proposal minimise construction impacts such as dust, noise, vibration and odours?
 - **Local employment and healthy workplaces** – does the proposal include commercial uses and provide opportunities for local employment and training, including temporary construction and permanent “end-use” jobs?

Construction impacts

- 6.5. The planning application includes a Construction Management Plan in line with LBRuT guidelines. The Construction Management Plan explains the steps that will be taken to minimise construction impacts. It also describes the anticipated construction traffic routes.

Local employment and healthy workplaces

- 6.6. The proposals for St Michael’s Convent will include a construction phase which will generate turnover and temporary employment for construction firms and related trades.
- 6.7. It is possible to estimate the temporary construction employment impacts based on the anticipated build cost for the scheme. The total construction cost for the proposed development is anticipated to be £5.4 million at 2016 prices.
- 6.8. Data from the Annual Business Survey published in November 2015 reveals that total turnover in the construction sector during 2014 was £218,918 million. The average number of people employed in the construction sector during 2014 was 1.337 million, suggesting that average turnover per full time equivalent construction job in 2014 was £163,738.
- 6.9. Using the build cost estimate of £5.4 million and the average turnover per full time equivalent construction job in 2014 of £163,738, Indigo Planning estimates that the proposed development will generate 33 person years of temporary construction employment. This is

equivalent to 33 construction workers being employed on a full-time basis for twelve months.

- 6.10. The standard convention in economic impact assessment is that ten person years of construction employment equate to one full-time equivalent, permanent job in the construction sector. This means that the construction of the scheme will support the equivalent of around 3.3 permanent construction jobs.

Gross value added

- 6.11. Gross value added (GVA) is a conventional measure of economic well-being. In essence, GVA measures the value of output generated by a producer minus the costs associated with the production of the output.
- 6.12. The Annual Business Survey 2014 also provides estimates of the approximate gross value added by different sectors of the UK economy. During 2014 the approximate gross value added by the construction sector was £86,308 million.
- 6.13. With an average number of people employed in the construction sector during 2014 of 1.337 million, this suggests that the gross value added per full time equivalent construction job in 2014 was £64,553.
- 6.14. Indigo Planning estimates that the 33 person years of temporary construction employment generated by the proposed development will create gross value added to the local economy of around £2.13 million.

Construction training opportunities

- 6.15. The proposals for St Michael's Convent offer the opportunity to provide training, apprenticeships and work experience in a range of construction trades.
- 6.16. For example, there could be opportunities for local young people to gain NVQ Level 2 and Level 3 training and practical experience in a range of different construction and engineering trades. Initiatives of this sort are typically run by a training provider in partnership with the main contractor for the construction programme.

Permanent health impacts

Healthy housing

- 6.17. The key questions to address as part of the healthy housing theme are as follows:
- **Healthy design** – does the proposal meet all the standards for daylight, sound insulation, private space and accessible and adaptable dwellings?
 - **Accessible housing** – does the proposal provide accessible homes for older or disabled people?
 - **Accessible housing** – does the proposal ensure that every non-ground floor dwelling is accessible by a lift which can accommodate an ambulance trolley?
 - **Healthy living** – does the proposal provide dwellings with adequate internal space, including sufficient storage space and separate kitchen and living spaces?
 - **Healthy living** – does the proposal encourage the use of stairs by ensuring that they are well located, attractive and welcoming?
 - **Housing mix and affordability** – does the proposal provide affordable, family-sized homes?

Healthy design

- 6.18. The separate Sustainability Statement prepared by PRP provides a detailed assessment of the scheme design, whilst drawing on the results from the LBRuT Sustainable Construction Checklist.
- 6.19. The new buildings that form part of the proposals meet daylight, sound insulation and the accessible and adaptable space M4(2) standards. Where possible the existing listed building will also meet these standards.
- 6.20. All residential units achieve the minimum requirements for external amenity, as defined by the London Housing Standards. The expansive communal private gardens, to which all residents have access, provide further amenity space for residents. The landscape proposals aim to create a safe, attractive and legible communal realm that maximises the amenity and biodiversity within the site.
- 6.21. A Daylight, Sunlight and Overshadowing analysis has been prepared by PRP, the results of which show that the development will not reduce the neighbouring buildings access to daylight and sunlight.
- 6.22. Paragraphs 6.41 to 6.43 of this HIA consider the noise mitigation measures at the site.

Accessible housing

- 6.23. The new buildings that form part of the proposals are designed to be accessible by all users, including the elderly and disabled. All of the residential units will comply with Lifetime Homes and 10% will be wheelchair user dwellings, in compliance with Building Regulation M4(3).
- 6.24. Level access is provided along all areas of the communal gardens. Level access is also provided to private amenity spaces to satisfy requirements for Accessible Homes as defined in Part M of the Building Regulations.
- 6.25. All apartments, both new and within the converted existing building, can be accessed via a lift. The lifts are not large enough to accommodate an ambulance trolley, due to the constraints of the existing fabric of the listed building.
- 6.26. The houses on the site do not have lifts, as there is no requirement for a through-floor-lift in Building Regulation M4(2). The full details of the design approach are outlined in the accompanying Design and Access Statement.
- 6.27. The applications will provide a total of six disabled parking spaces.

Healthy living

- 6.28. All proposed residential units provide adequate internal space, including sufficient storage space. In addition to the inclusion of lifts within the main existing building, two stair cases are conveniently located so that their use is encouraged, which are suitable for use by elderly residents.

Housing mix and affordability

- 6.29. The scheme is aimed at retired people and is therefore not suitable for families. An appraisal accompanies the application which confirms that affordable housing is not viable on the site.

Active travel

- 6.30. The key questions to address as part of the active travel theme are as follows:
- **Promoting walking and cycling** – does the proposal promote cycling and walking

through measures in a travel plan, including adequate cycle parking and storage?

- **Safety** – does the proposal include traffic management and calming measures and safe and well lit pedestrian crossings and routes?
- **Connectivity** – does the proposal connect public realm and internal routes to local and strategic cycle and walking networks and public transport?
- **Minimising car use** – does the proposal seek to minimise car use by reducing car parking provision, supported by the controlled parking zones, car free development and car clubs?

Promoting walking and cycling

- 6.31. The Transport Statement prepared by Glanville identifies the sustainable travel options that would be available for residents, including both walking and cycling.
- 6.32. The local environment has a good level of permeability for pedestrians, with footways providing convenient and safe access to and from the site. The footways are relatively wide, in good condition and have a good level of street lighting to promote walking as a safe and viable travel option.
- 6.33. To encourage and promote cycling, cycle storage is provided in line with LBRuT guidelines. In addition, the site fronts on to National Cycle Network route 4.
- 6.34. A travel plan is not required for the scale of development proposed, based on Transport for London Guidelines.

Safety

- 6.35. Due to the relatively small size of the site and low number of predicted vehicle movements generated by the development, the proposal does not include traffic management and calming measures.

Connectivity

- 6.36. The proposed development is within 200 metres of the local bus stops, fronts onto a National Cycle Route and forms part of the proposed Quietway Route between Bushy Park and Wandsworth Park. Furthermore, there are good pedestrian links in the vicinity of the site.
- 6.37. Further details on the connectivity of the site are set out in the accompanying Transport Statement prepared by Glanville.

Minimising car use

- 6.38. The development is not car free, due to it being aimed at retired people. The proposed car parking provision (a total of 40 spaces) is in line with LBRuT guidelines in order to minimise overspill car parking on to the local highway network.

Healthy environment

- 6.39. The key questions to address as part of the healthy environment theme are as follows:
- **Construction** – does the proposal minimise construction impacts such as dust, noise, vibration and odours?
 - **Air quality** – does the proposal minimise air pollution caused by traffic and energy facilities?

- **Noise** – does the proposal minimise the impact of noise caused by traffic and commercial uses through insulation, site layout and landscaping?
- **Open space** – does the proposal retain or replace existing open space and in areas of deficiency, provide new open or natural space, or improve access to existing spaces?
- **Open space** – does the proposal set out how new open space will be managed and maintained?
- **Play space** – does the proposal provide a range of play spaces for children and young people?
- **Biodiversity** – does the proposal contribute to nature conservation and biodiversity?
- **Local food growing** – does the proposal provide opportunities for food growing, for example by providing allotments, private and community gardens and green roofs?
- **Flood risk** – does the proposal reduce surface water flood risk through sustainable urban drainage techniques, including storing rainwater, use of permeable surfaces and green roofs?
- **Overheating** – does the design of buildings and spaces avoid internal and external overheating, through use of passive cooling techniques and urban greening?

Construction

- 6.40. Paragraph 6.5 of this HIA considers temporary health impacts associated with the construction phase.

Air quality

- 6.41. The proposal minimises air pollution caused by traffic, given that the proposals encompass retirement residential units for which the anticipated level of traffic generation is minimal. The provision of on-site cycle storage and the good pedestrian facilities within the local area have the capacity to further minimise air pollution caused by traffic.

Noise

- 6.42. As the site is bordered by low traffic roads, noise is not expected to be a concern for the proposed development. To the west there is a scenic pedestrian route, to the north and East a 'No through' residential road and to the south a residential access road that runs along the Ham Common perimeter.
- 6.43. In addition, noise mitigating measures proposed include:
- The new dwellings have been placed away from the perimeter road, and their building fabric will meet Build Regulations Part E;
 - The existing brick walls and existing trees along the main entrance to the site will be retained; and
 - A tall native hedge will be planted next to the existing building protecting the dwellings that sit behind it.
- 6.44. Additional information on the noise mitigation is included in the Sustainability Statement prepared by PRP.

Open space

- 6.45. The scheme retains the existing open character of lawns, orchard and kitchen garden and therefore residents have access to ample communal open space. Sympathetic modifications to the levels around the retained buildings will achieve full accessibility to the garden areas, enhancing opportunities for outdoor activities.
- 6.46. A full landscape maintenance and management plan is included in the application submission to promote the long-term establishment and quality of the site and gardens.

Play space

- 6.47. No play space is provided, as the development is for retired people.

Biodiversity

- 6.48. Existing mature trees, open grassland, and ornamental beds are retained as key habitats or for their wildlife attracting properties. The development identifies new opportunities for habitat enhancement, through the introduction of species.
- 6.49. Opportunities for vertical greening of new and existing walls are also considered. In addition, the scheme also makes provision for log piles to informal boundaries as hibernacula for invertebrates.

Local food growing

- 6.50. Opportunities for local food growing are provided in the walled kitchen garden. Green roofs are proposed on the roofs of each of the two dwellings to the north and south of the walled garden.

Flood risk

- 6.51. The scheme is supported by a Flood Risk Assessment and Surface Water Drainage Strategy prepared by Glanville.
- 6.52. The site is located in Flood Zone 1, at the lowest possible risk from flooding from fluvial sources. Furthermore, the Flood Risk Assessment and Surface Water Drainage Strategy report concludes that the site is considered to be at low risk from all sources of flooding, including allowance for the potential of climate change.
- 6.53. The report identifies that the proposed development will not create an increased flood risk from surface water either on the site or to the surrounding area, whilst providing betterment to both foul and surface water public sewers.
- 6.54. Furthermore, the proposals will employ a surface water drainage strategy based on the principles of sustainable drainage.

Overheating

- 6.55. To mitigate against the potential overheating risks and minimise excessive heat generation, the following measures have been adopted:
- The majority of the proposed new houses will benefit from cross ventilation;
 - All living spaces will have opening windows (both new and existing);
 - All dwellings will have a shallow floor plan and energy efficient lighting will be installed;
 - The size of windows has been chosen carefully in accordance with the orientation of the window;

- Large expanses of existing soft landscape, trees and a pond will be maintained on site; and
- Green roofs, additional trees and wildlife planting are proposed for the site.

Vibrant neighbourhoods

6.56. The key questions to address as part of the vibrant neighbourhoods theme are as follows:

- **Health services** – has the impact on healthcare services been addressed?
- **Education** – has the impact on primary, secondary and post-19 education been addressed?
- **Access to social infrastructure** – does the proposal contribute to new social infrastructure provision that is accessible, affordable and timely?
- **Access to social infrastructure** – have opportunities for multi-use and the co-location of services been explored?
- **Local employment and healthy workplaces** – does the proposal include commercial uses and provide opportunities for local employment and training, including temporary construction and permanent ‘end-use’ jobs?
- **Local employment and healthy workplaces** – does the proposal promote the health and well-being of future employees by achieving BREEAM health and wellbeing credits?
- **Access to local food shops** – does the proposal provide opportunities for local food shops?
- **Access to local food shops** – does the proposal avoid an over concentration of hot food takeaways in the local area?
- **Public realm** – does the design of the public realm maximise opportunities for social interaction and connect the proposal with neighbouring communities?
- **Public realm** – does the proposal allow people with mobility problems or a disability to access buildings and places?

Health services

6.57. Section 5 of this HIA provides the results from a desktop audit of the healthcare facilities within a 2 km radius of the St Michael's Convent site.

Education

6.58. The proposed development will not have an impact on education facilities within the local area, as all residents would be retired.

Access to social infrastructure

6.59. None of the social infrastructure uses which the Council has identified a need for in the local area would be suitable for, or could be reasonably accommodated at, the site.

6.60. In addition, the adaptation of the site for a ‘community use’ is likely to give rise to similar problems, or even greater ones, in terms of an impact on the historic and architectural interest of the listed buildings.

- 6.61. In order to maintain a degree of community use, akin to that enjoyed currently by the community, the applicant is happy to commit to opening up the gardens to the general public under the National Gardens Scheme, in the same way the Sisters (who currently reside at the site) do at present.
- 6.62. Additional information on social infrastructure is included in Section 6 of the accompanying Planning Statement prepared by Indigo Planning.

Local employment and healthy workplaces

- 6.63. Paragraphs 6.6 to 6.16 of this HIA consider the temporary construction employment that will be generated by the proposals for St Michael's Convent, along with the gross value added to the local economy by the temporary construction employment.
- 6.64. The proposals for the St Michael's Convent site will not generate any permanent employment.

Access to local food shops

- 6.65. The St Michael's Convent site is within easy walking distance of local food shops in Ham. Residents of the new development will also have easy access by public transport to an extensive range of food shopping in both Richmond and Kingston town centres.

Public realm

- 6.66. The design of the proposed development maximises opportunities for social interactions, with large landscaped communal gardens providing a pleasant and relaxing space in which residents can socialise with one another. Additionally, as explained in paragraph 6.59 of this HIA, it is proposed that the gardens are made open to the public on some days of the year under the National Gardens Scheme.
- 6.67. All areas are accessible by ramps, except some parts of the historic building where it is not feasible to install such access without altering the internal structure of the building, therefore allowing ensuring the greatest possible level of access for people with mobility problems or a disability.

Summary

- 6.68. The redevelopment proposals for St Michael's Convent have carefully considered the potential positive health impacts of the development proposals for the future residents of the development as well as the existing residents of the surrounding area.
- 6.69. This HIA has demonstrated that the redevelopment proposals will make an overwhelmingly positive contribution to promoting healthy housing, active travel, a healthy environment and vibrant neighbourhoods.

7. Community/social infrastructure

- 7.1. The applicant maintains that, contrary to the LPA's position during pre-application discussions, the convent does not represent a true community use. St Michael's Convent's primary function is as a home for the Sisters of the Church and other ancillary activities at the site are insufficient to qualify the convent as a community facility, and certainly not an important community facility as suggested by the Council
- 7.2. Whilst this position is maintained, the below social infrastructure assessment identifies community/social infrastructure uses for which there is an identified local need and demonstrates that the site is unsuitable to be re-used for each of these.
- 7.3. Community/social infrastructure matters are further dealt with in the Planning Statement, prepared by Indigo Planning.

Social infrastructure assessment

- 7.4. Development Management Plan Policy DM SI 2 states that the Council will encourage an alternative social infrastructure use if that social infrastructure use ceases. In considering applications involving the loss of social infrastructure, the following evidence will be required:
- that the existing facilities are no longer needed or do not meet the needs of users and cannot be adapted in any way; or
 - that the existing facilities are being adequately re-provided in a different way or elsewhere in a convenient alternative location, in accordance with Policy DM SI 1 'Encouraging New Social Infrastructure Provision'; or that there are sufficient suitable alternative facilities in the locality; and
 - the potential of re-using or redeveloping the existing site for the same or an alternative social infrastructure use has been fully considered.
- 7.5. This second part of Policy DM SI 2 requires applicants to fully consider the potential of re-using or redeveloping the existing site for the same or an alternative social infrastructure use.
- 7.6. London Plan Policy 3.16 is however clear that only social infrastructure uses, for which there is a defined local need, should be considered. It states:
- “The suitability of redundant social infrastructure premises for other forms of social infrastructure for which there is a defined need in the locality should be assessed before alternative developments are considered.”*
- 7.7. In compliance with Policy DM SI 2 and Policy 3.16, the applicant has considered other social infrastructure for which there is an identified need in the locality.
- 7.8. The applicant has looked specifically at:
- Infrastructure Delivery Plan (2012);
 - Background Paper – Needs Assessment – Community Facilities (2013); and
 - LBRuT Community Plan 2016-2020.

- 7.9. The Infrastructure Delivery Plan (2012) includes a table summarising the infrastructure assessment and requirements (page 103), including a column on future need. The Plan identifies the following needs in the Ham area:
- Primary education – Medium to long term possible need to consider alternative provision in the Ham/Petersham area (among other areas);
 - Sports facilities – 3G floodlit artificial turf pitch in east of Borough (Ham);
 - Leisure facilities (sports halls and indoor) – Need for 1 indoor pool (e.g. 25m school/community pool in Ham); and
 - Youth centres – Need for investment in Ham and Petersham.
- 7.10. The Background Paper – Needs Assessment – Community Facilities (2013) identifies the need for the following within the Ham area:
- Co-locating community libraries with other public services, with a particular focus on the co-location of Kew Library and Ham Library; and
 - Ham and Petersham Youth Centre – ideally re-provision of the facility within this locality or future modernisation/upgrading.
- 7.11. The Community Plan 2016-2020 contains no relevant needs in the Ham area.
- 7.12. We assess each of the social infrastructure uses identified above in turn.

Primary education

- 7.13. The emerging Local Plan reports that the Council's School Place Planning Strategy provides evidence that more school places are required to meet longer-term forecast demand, particularly in the primary phase.
- 7.14. The site will become surplus to requirements in 2017 and as such is available in the short term. Given the listed buildings on site, it would be inappropriate to leave the site vacant until the potential delivery of a primary school in the longer term.
- 7.15. Further, the facility requirements of primary school uses would have a significant and detrimental impact to the on-site heritage assets.
- 7.16. The existing infrastructure is not adequate to accommodate a primary school use and nor could it be easily upgraded, given the surrounding site constraints (ie MOL designation, Historic Parks and Gardens, etc) and without significant cost.
- 7.17. Primary education use is therefore not suitable.

Sports/leisure facilities

- 7.18. The site could not accommodate a 3G artificial pitch. It would be entirely inappropriate to introduce floodlighting and would result in significant harm to the on and off site heritage assets.
- 7.19. Likewise, the site could not accommodate a swimming pool or sports hall without significant intervention or without causing significant harm to designated heritage assets.
- 7.20. The site would be an inappropriate location for sports/leisure facilities and are simply not suitable at the site.

Youth centre

- 7.21. Ham Youth Centre is located approximately 0.5km north-west of the site. Opening up another youth centre at the site is unnecessary as there would simply not be enough demand to sustain both centres.
- 7.22. The site is therefore unsuitable for use as a youth centre.

Library

- 7.23. A £146k revamp of Ham library was completed in 2013. We also understand that a further extension is planned using s106 monies from other developments in the area.
- 7.24. There is no longer a need for a local library in the area.

Summary

- 7.25. As demonstrated, none of the social infrastructure uses which the Council has identified a need for in the local area, would be suitable for, or could be reasonably accommodated at the site.
- 7.26. The adaptation of the site for a 'community use' is likely to give rise to similar problems, or even greater ones in terms of an impact on the historic and architectural interest of the listed buildings.
- 7.27. In order to maintain a degree of community use, akin to that enjoyed currently by the community, the applicant is happy to commit to opening up the gardens to the general public under the National Gardens Scheme, in the same way the Sisters do at present.

8. Socio-economic effects

Introduction

8.1. This section of the HIA assesses the anticipated socio-economic effects of the redevelopment proposals for St Michael's Convent. It considers the following socio-economic effects:

- Net addition to the local population;
- Additional Council Tax receipts;
- New Homes bonus payments; and
- Increased consumer spending.

Net additional population

8.2. In order to estimate the net addition to the local population Indigo Planning has made the following assumptions:

- Each of the two one bedroom properties will have one occupant;
- Each of the 23 two bedroom properties will have two occupants;
- Each of the three four bedroom properties will have two occupants, on the basis that the properties are for retired people only.

8.3. Based on these assumptions the redevelopment proposals for St Michael's Convent will accommodate a total of 54 occupants. After allowing for the departure of the 20 Sisters currently residing at St Michael's Convent the net addition to the local population will be 34 people.

Additional Council tax receipts

8.4. The new residential accommodation at St Michael's Convent will have a beneficial impact on the annual Council Tax receipts for the LBRuT.

8.5. In order to estimate the scale of this effect, Indigo Planning has made the following assumptions:

- All new properties at St Michael's Convent are rated as Council Tax Band D. Band D Properties in the LBRuT are subject to an annual Council Tax charge of £1,582:39 in 2016/17;
- The two one bedroom apartments could be occupied by only one person. Indigo Planning has therefore assumed that these two properties will be occupied by people qualifying for the sole occupancy discount of 25% on the standard Band D charge; and
- All the residential units are occupied.

8.6. The LBRuT is required to pay a Greater London Authority precept of £276 per Band D property. The net Council Tax receivable by the LBRuT per Band D property is therefore £1,306:39. The net Council Tax receivable by the LBRuT per Band D property with a sole occupancy discount is therefore £979:79.

- 8.7. Based on these assumptions, Indigo Planning estimates that the 28 new households at St Michael's Convent will generate additional Council Tax receipts for the LBRuT of £35,925 per annum at 2016/17 prices.
- 8.8. This additional Council Tax revenue will be generated in stages as the residential accommodation at St Michael's Convent is constructed and then occupied. The full effect of the increased Council Tax receipts will be felt on completion of the new residential accommodation by the end of 2018.

New Homes Bonus payments

- 8.9. The "New Homes Bonus" is a Government scheme which is designed to encourage local authorities to grant planning permissions for the construction of new houses in return for additional revenue. The scheme provides a lump sum payment for each new home built and is payable for a total a six years.
- 8.10. Indigo Planning has used the New Homes Bonus Calculator tool, provided by the Department for Communities and Local Government, to estimate the New Homes Bonus payment which will be generated by the redevelopment proposals for St Michael's Convent.
- 8.11. Based on the overall total of 28 new homes, and assuming that all the new homes fall into Council Tax band D, the scheme will generate New Homes Bonus payments to the LBRuT of £41,540 in year 1. The total New Homes Bonus payment to the LBRuT over a six year period will be £249,241.
- 8.12. The New Homes Bonus scheme also includes an additional premium of £350 per year for each new affordable home built. Indigo Planning has not estimated these additional payments at this stage, as the final mix of housing tenures remains subject to the overall financial viability of the scheme.
- 8.13. Some care is required in considering these estimates. The precise timing of New Homes Bonus payments will depend on the construction programme for delivering the new residential accommodation at St Michael's Convent. There is also a lag between the construction of new homes and the commencement of New Homes Bonus payments to local authorities.
- 8.14. Indigo Planning has also assumed that all the new homes fall into Council Tax band D. In reality, there could be a mix of properties falling into more than one Council Tax band.
- 8.15. These factors mean that the estimates of New Homes Bonus payments provided by this section are likely to differ slightly from the final sums that will be received by the LBRuT. Notwithstanding this, the figures provide a sensible indicative estimate of the New Homes Bonus payments that will be generated by the new residential accommodation at St Michael's Convent.

Increased consumer spending

- 8.16. The new residential population at St Michael's Convent will generate additional demand by increasing household spending in the local area.
- 8.17. The report on Family Spending 2015 published by the Office for National Statistics in December 2015 provides data for the 2014 calendar year on household expenditure. The results reflect the Living Cost and Food Survey for 2014 which is based on a sample of 4,982 households across Great Britain.
- 8.18. Family Spending 2015 reveals that the average weekly household expenditure in London for the period from 2012 to 2014 was £616.30. The survey also shows that, on average, each household in the London region spends £109.00 per week on net housing (excluding mortgage interest payments and Council Tax), fuel and power costs. Since this spending

typically goes to major national institutions with only modest impacts on the local economy, Indigo Planning has deducted this spending from average weekly household expenditure.

- 8.19. This means that for the period from 2012 to 2014 (net) average weekly household expenditure in the London region was £507.30, which is equivalent to an annual figure of £26,379.60. Assuming that VAT of 20% had been paid on all of this spending, the average annual household expenditure (net of indirect taxation and housing, fuel and power costs) was £21,983 for the London region during the period from 2012 to 2014.
- 8.20. Based on this analysis and the net addition of 28 new households, Indigo Planning estimates that the gross additional household expenditure generated by the new residential population at St Michael's Convent will be around £615,000 per annum. This assumes that the scheme's 28 households demonstrate spending patterns typical of the London region as a whole.
- 8.21. This additional household expenditure of £615,000 per annum is a gross effect. Some of this spending will clearly leak out of the Richmond area. Indigo Planning has assumed that 25% of the additional household expenditure generated by the new residential population at St Michael's Convent will be spent outside the wider impact area defined for the HIA.
- 8.22. This means that the net additional household expenditure generated by the new residential population at St Michael's Convent will be around £461,000 per annum.
- 8.23. This net additional household expenditure will be generated in stages as the residential accommodation is constructed and then occupied. The full effect of the net additional household expenditure will be felt on completion and occupation of the new residential accommodation by the end of 2018.

9. Conclusions

- 9.1. Indigo Planning has undertaken a detailed desktop health impact assessment (HIA) of redevelopment proposals for St Michael's Convent at Ham Common in Ham.
- 9.2. In evaluating the health impacts of the scheme, the HIA has addressed the questions raised by the London Healthy Urban Development Unit's *Healthy Urban Planning Checklist (Second Edition)* for each of four thematic areas, as follows:
- Healthy housing;
 - Active travel;
 - Healthy environment; and
 - Vibrant neighbourhoods.
- 9.3. The key findings from the health impact assessment are summarised below.

Health conditions

- 9.4. Health conditions across Richmond borough as a whole are generally very good, exceeding the England average based on a wide range of commonly used health indicators.
- 9.5. For healthy life expectancy and disability-free life expectancy, the LBRuT has one of the smallest gaps of all local authorities in England between the most deprived and least deprived parts of the borough.
- 9.6. On the health deprivation and disability domain of the English Indices of Deprivation for 2015, the LBRuT is ranked 319 of 326 local authorities in England. This means that the borough is less deprived than 97.8% of all districts in England for the health deprivation and disability domain.
- 9.7. This overall picture of good health is also reflected in the more limited range of data available at ward and local area level. On the health and disability domain of the English Indices of Deprivation for 2015, the local area around the St Michael's Convent site is less deprived than 95.8% of local areas across England.

Healthcare infrastructure

- 9.8. Indigo Planning has undertaken a desktop audit of the healthcare facilities within a 2 km radius of the St Michael's Convent site.
- 9.9. The audit reveals that there are nine medical centres or GP surgeries, six dental practices and 10 pharmacies within 2 km of the development site. Kingston Hospital is located 2.8 km from the site. There is a very wide choice of high quality health care facilities in the vicinity of the site, many of which are within walking distance.
- 9.10. The audit of healthcare infrastructure has confirmed that the modest increase to the local residential population at the St Michael's Convent site can be accommodated by the existing supply of local healthcare facilities.

Temporary health impacts

- 9.11. At this stage the arrangements for the three year construction phase of the project have still

to be confirmed. However, it is anticipated that a range of measures will be agreed with the LBRuT as part of a planning condition designed to minimise the impact of construction traffic, dust, noise and vibration on residents of the surrounding streets.

- 9.12. Indigo Planning estimates that the redevelopment of the site will generate 33 person years of temporary construction employment. This is equivalent to 33 construction workers being employed on a full-time basis for twelve months and 3.3 permanent construction jobs.
- 9.13. Indigo Planning estimates that the 33 person years of temporary construction employment generated by the proposed development will create gross value added to the local economy of around £2.13 million.
- 9.14. There is scope during the construction phase of the development to provide opportunities for local young people to gain NVQ Level 2 and Level 3 training, as well as practical experience in a range of different construction and engineering trades.

Permanent health impacts

- 9.15. The redevelopment proposals for St Michael's Convent have carefully considered the potential positive health impacts of the development proposals for the future residents of the development as well as the existing residents of the surrounding area.
- 9.16. This HIA has demonstrated that the redevelopment proposals will make an overwhelmingly positive contribution to promoting healthy housing, active travel, a healthy environment and vibrant neighbourhoods.

Community/social infrastructure

- 9.17. The convent is not open to the public and is essentially in private residential use, serving as a home to the Sisters and the women of faith that live alongside them. The convent does therefore not represent a true community use.
- 9.18. Furthermore, it has been demonstrated that none of the social infrastructure uses which the Council has identified a need for in the local area, would be suitable for, or could be reasonably accommodated at the site.

Socio-economic effects

- 9.19. The redevelopment proposals for St Michael's Convent will also bring a range of socio-economic benefits for the local community in Ham, as well as for the borough more widely.
- 9.20. The main socio-economic effects will be as follows:
- **Additional Council Tax receipts** – the 28 new households at St Michael's Convent will generate additional Council Tax receipts for the LBRuT of £35,925 per annum at 2016/17 prices;
 - **New Homes bonus payments** – the total New Homes Bonus payment to the LBRuT over a six year period will be £249,241; and
 - **Increased consumer spending** – the net additional household expenditure generated by the new residential population at St Michael's Convent will be around £461,000 per annum.

Summary

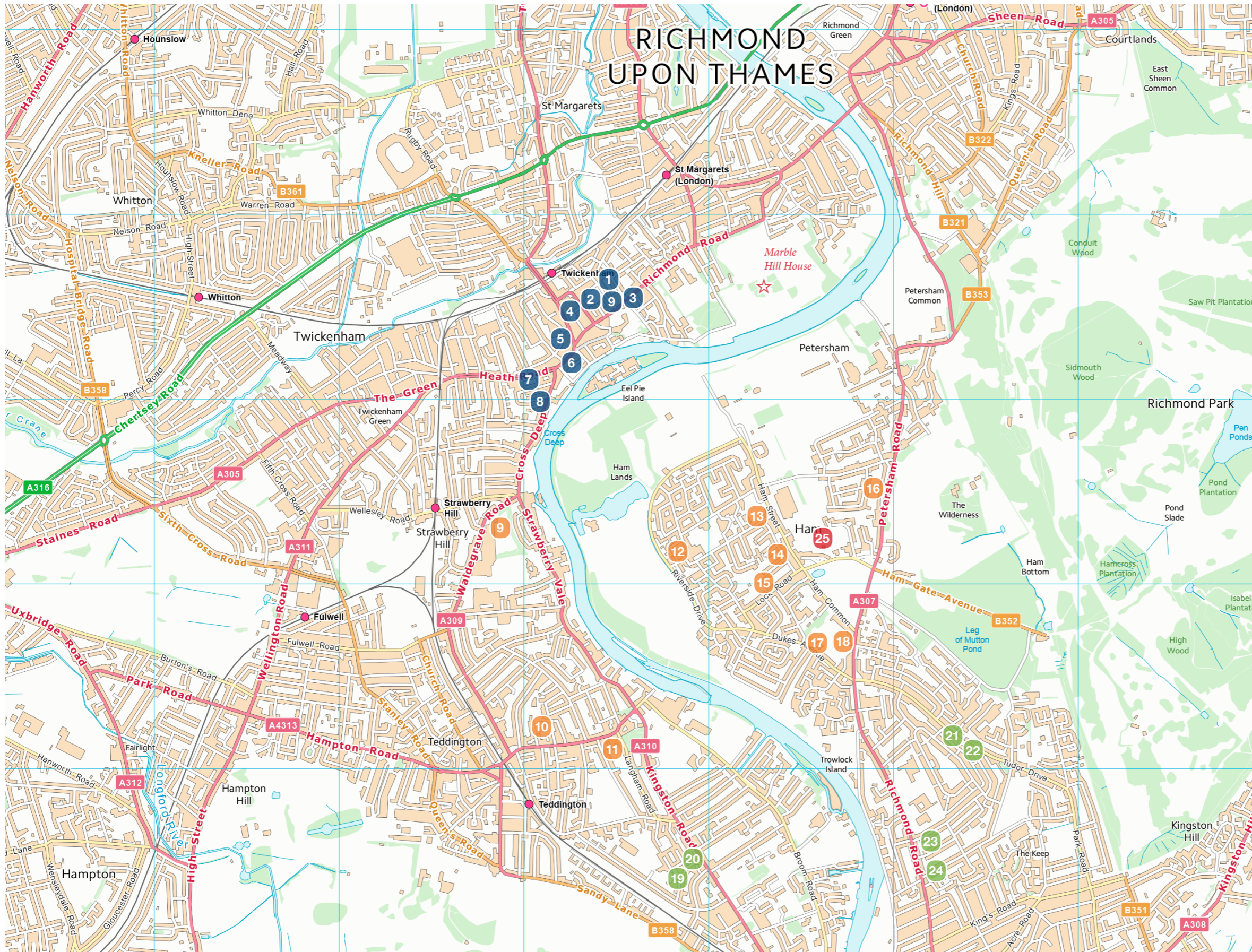
- 9.21. This Health Impact Assessment clearly demonstrates that the proposal complies fully with policy CP17 of the Core Strategy which promotes health and wellbeing. The proposal will generate additional construction jobs as well as a range of socio-economic benefits including

an increase in council tax receipts, new homes bonus payments and consumer spending. The scheme provides homes for retired people without placing any additional stress on the health infrastructure within the area.

- 9.22. The proposal is therefore economically and socially sustainable and meets national, regional and local objectives in promoting sustainable development.

Appendix 1

RICHMOND UPON THAMES



- 1 Churchill Medical Centre
- 2 The Acorn Group Practice
- 3 Medical Centre, St Mary's College
- 4 Lock Road
- 5 212 Richmond Road
- 6 Cross Deep Surg & Med Ctr
- 7 Thameside Medical Pract
- 8 6 Oak Lane
- 9 The York Medical Practice
- 9 202 Kingston Road
- 10 305 Richmond Road
- 11 17 Richmond Road
- 12 170 Tudor Drive
- 13 12 Back Lane
- 14 53 High Street
- 15 177 Ashburnham Road
- 16 1 Cross Deep Court
- 17 3 King Street
- 18 22 London Road
- 19 Tudor Lodge Dental Practice
- 20 St Marks Orthodontic
- 21 Dental Surgery
- 22 8 Dukes Avenue
- 23 Dental Surgery
- 24 Perfect Smile Surgery Limited
- 25 Site

- GPs
- Pharmacy
- Dentist
- Site

Project St Michael's Convent, Ham Common

Title HIA plan

Client Beecroft Developments Ltd

LPA London Borough of Richmond upon Thames

Date: 24.08.16
Scale: NTS
Project No: 09030002
Drawing No: 09030002/1
Drawn By: MR

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