



# West Southall Masterplan

## Health Impact Assessment October 2008

On behalf of:  
National Grid Property Limited

# West Southall

## Health Impact Assessment

October 2008

## Contents

<b>Executive Summary .....</b>	<b>4</b>
Introduction .....	4
Policy.....	4
Baseline Analysis.....	4
The Development Proposals.....	4
Impact Assessment.....	5
Conclusions.....	6
<b>Introduction .....</b>	<b>7</b>
Background to HIA and the Approach .....	7
<b>Policy Context .....</b>	<b>9</b>
National Directives .....	9
<i>Saving Lives: Our Healthier Nation</i> .....	9
<i>Our health, Our care, Our say – a new direction for community services</i> .....	10
<i>Tackling Health Inequalities – a Programme for Action</i> .....	11
<i>The NHS Plan</i> .....	11
<i>High Quality Care for All – NHS Next Stage Review Final Report, 2008</i> .....	12
<i>NHS Next Stage Review – Our Vision for Primary and Community Care, 2008</i> .....	13
<i>Healthcare for London</i> .....	13
Local Policy .....	13
<i>Strategic Service Development Plan for Investment in Primary Care, 2004</i> .....	13
<i>Commissioning Strategy Plan, 2007</i> .....	14
<i>Operating Plan, 2008-9</i> .....	15
<i>Estates Strategy, 2007</i> .....	15
<i>Local Delivery Plan, 2006-8</i> .....	16
<i>Conclusion</i> .....	16
<b>Baseline.....</b>	<b>17</b>
Demographics .....	17
<i>Population</i> .....	17
<i>Ethnicity</i> .....	17
<i>Religion</i> .....	18
<i>Age Profile</i> .....	19
Labour Market.....	20
<i>Qualifications</i> .....	20
<i>Occupational Breakdown</i> .....	21
<i>Earnings</i> .....	21
Economic Conditions .....	22
<i>Employment Rates</i> .....	22
<i>Unemployment</i> .....	23
<i>Crime</i> .....	23

Housing Conditions .....	25
<i>Housing Tenure</i> .....	25
<i>Overcrowding</i> .....	26
<i>Central Heating</i> .....	27
Health Conditions .....	28
<i>Mortality Ratios</i> .....	28
<i>Life Expectancy</i> .....	29
<i>Limiting Long Term Illness</i> .....	30
<i>Teenage Conceptions</i> .....	31
Lifestyle Factors .....	31
Deprivation .....	31
<i>Index of Multiple Deprivation</i> .....	32
<i>Crime Domain</i> .....	32
<i>Education Domain</i> .....	32
<i>Employment Domain</i> .....	32
<i>Health Domain</i> .....	32
<i>Income Domain</i> .....	32
<i>Living Environment Domain</i> .....	33
<i>Housing Domain</i> .....	33
Conclusion .....	33
<b>Impact Assessment .....</b>	<b>34</b>
The Scheme .....	34
Health Impacts Identified in EIA .....	35
<i>Noise and Vibrations</i> .....	35
<i>Air Quality</i> .....	37
<i>Ground Conditions</i> .....	38
<i>Microclimate</i> .....	38
<i>Transport</i> .....	39
Impact on Demand for Healthcare Services .....	40
<i>Baseline</i> .....	40
<i>Additional Needs Arising from the Development Proposals</i> .....	40
<i>Proposed Provision</i> .....	42
<i>Conclusion</i> .....	43
Impact on Determinants of Health .....	44
<i>Improvements in early years support for children and families</i> .....	45
<i>Improved social housing and reduced fuel poverty amongst vulnerable populations</i> .....	45
<i>Improved educational attainment and skills development among disadvantaged populations</i> .....	46
<i>Improved access to public services in disadvantaged communities in urban and rural areas</i> .....	47
<i>Reduced Unemployment</i> .....	48
<b>Conclusions .....</b>	<b>50</b>



# Executive Summary

## Introduction

- 1.1 This document is the Health Impact Assessment (HIA) for the proposed development at West Southall. HIA is an iterative method of identifying the health aspects of a project plan or process. Initially applied to strategic policy, it is now also used as a cross-cutting assessment theme in the development planning process.

## Policy

- 1.2 The Policy section reviews a range of national and local policies. It concludes that the major policy themes are the need to reduce health inequalities and introduce reform in the health service in order to promote good health, not just the treatment of illness. The method of service delivery is also changing to become more community focused, with traditional hospital services being delivered locally in a community setting, and Polyclinics emerging as a potential future vehicle for this. This is being taken forward at the local level by Ealing PCT.

## Baseline Analysis

- 1.3 The baseline analysis shows that social and economic conditions and the health of Ealing residents compare well to London and national averages. There are however, pockets of deprivation in the borough which do not reflect these average figures. The Southall area in particular suffers from high levels of deprivation and poor health indicators. Southall also has very high levels of ethnic diversity with a large Asian population. In the ward containing the site, the Asian community makes up 76% of the population with 12% white. The population of Southall is also changing so it is likely that health needs will change throughout the development period.

## The Development Proposals

- 1.4 The West Southall development site is in the London Borough of Ealing close to the town centres of Southall and Hayes. The site is bounded by the Paddington to Bristol railway line and the Grand Union Canal and existing residential areas. The site is approximately 34 hectares previously occupied by the Southall Gas Works around 3ha of which will be retained for use by National Grid.
- 1.5 The surrounding area is largely urban containing residential, retail and employment uses. There is also Minet Country Park to the west in LB Hillingdon which provides extensive open space.
- 1.6 The vision for West Southall set out in the masterplan is to create a new high quality urban environment that would transform the area and complement the role and function of Southall. The proposals contain a mix of uses that will be residential led, with between 3,400 and 3,750 new homes, but also include retail, employment, leisure and community facilities including a health centre and a primary school.
- 1.7 The proposed scheme would be delivered over approximately a 15 year period and therefore the application is currently being submitted in outline. This means that it seeks approval for the key principles of what will be developed in the area but will leave the detailed design, appearance and precise location of new buildings for subsequent planning applications. Parameter plans, rather than detailed floorspace schedules, are used for the purpose of the application to allow flexibility.

## Impact Assessment

- 1.8 The assessment of impacts is broken down into three sections: health impacts identified through Environmental Impact Assessment (EIA); impacts on demand for health services; and, impacts on the wider determinants of health.
- 1.9 Five chapters of the EIA assess factors which have a direct impact on health. These are noise and vibration, air quality and dust, transport, contaminated land, and microclimate.
- 1.10 For each factor a Chapter of the Environmental Statement identifies the current baseline and policy position, assessed the likely impacts of the scheme and proposed mitigation measures to deal with any potential negative impacts. The assessments find that, subject to mitigation, the five major impacts will have no net negative impact on health and in that the, remediation of the land and improvements for pedestrian and cycle movement be beneficial.
- 1.11 The assessment of healthcare demand shows that the development, which is estimated to take 15 years to build, providing 3,400 to 3,750 homes for around 6,500 people and have approximately 1,300 additional people working in the area. This will generate additional demand for healthcare at the local level. In addition Ealing Primary Care Trust (EPCT) will be looking to consolidate services in larger centres which, as well as local GP services may also include other specialist and community services for people in the wider area.
- 1.12 To address these issues, the planning application contains provision for a health centre of up to 2,500 sqm that could house up to 8 GPs and ancillary services.
- 1.13 The configuration of this floorspace will be considered further as the planning and development process progresses. Health stakeholders will have input into the nature of provision.
- 1.14 The overall impact on primary healthcare services in the West Southall area is therefore assessed as beneficial.
- 1.15 The assessment of impacts on wider determinants of health has been arranged around the five priority action areas identified in the Government's 'Tackling Health Inequalities – a programme for action'.
  - **Improving early years support for children and families** - the development will provide a full range of facilities for young children and families including nursery places and potential to incorporate a children's centre as part of the new primary school.
  - **Improving social housing and reducing fuel poverty amongst vulnerable populations** - the development will aim to maximise the proportion of affordable housing in the context of a financially viable scheme and provide new modern homes and highly energy efficient housing across the site.
  - **Improving educational attainment and skills development among disadvantaged populations** - the development will provide a new primary school with extended services for the local community.
  - **Improving access to public services in disadvantaged communities in urban and rural areas** - the development will provide improved access across the site and links to other areas such as the Minet Country Park as well as provision of health and education facilities that will be accessible to residents in the wider area.
  - **Reducing unemployment** - the development will house around 1,300 jobs with the majority in retail, demanding a full range of skills, from entry level to high skill jobs. The developers will work with LB Ealing to ensure that local people can access these jobs.

## **Conclusions**

- 1.16 Overall, there is a net benefit in the determinants of health as a result of this development. New public services, jobs, education and care facilities, high quality housing including affordable units, and an improved environment all contribute positively to the health of the population at West Southall and the wider area. As the development is taken forward the developers will continue to work with LBE and the PCT to identify actions which can help ensure that these benefits are maximised particularly for those residents most at risk from poor health.

## Introduction

1.17 The London Health Strategy<sup>1</sup> states:

“Health and regeneration are inextricably linked, and must be pursued together.”

1.18 This Health Impact Assessment (HIA) aims to set out a holistic perspective of health issues surrounding the regeneration of West Southall.

1.19 The assessment begins with a literature review of relevant national and borough level health policy and guidance, focusing on both improving the health of the population and on how healthcare services, primary in particular, are provided. There then follows a population profile using statistical health indicators, particularly those which reflect the policy priorities, together with socio-economic indicators.

1.20 The health impacts of the scheme are then assessed. These are separated into three sections:

- Those impacts which can be directly related to health – this will draw on information from various technical assessments carried out by specialist consultants
- Impacts on demand for healthcare services
- Impacts on the broader determinants of health (as defined by the London Health Observatory)

1.21 As part of the HIA process a workshop was held which involved key health stakeholders. The purpose of this workshop was to discuss the potential effects of the development proposals upon health in the three areas of impacts outlined above. The outcomes of this workshop are reflected throughout the document.

1.22 The significance of these impacts are assessed either using data included as part of a specialist assessment, or set against policy and baseline conditions where appropriate.

1.23 The report will conclude by recommending any mitigation measures which are identified after the impacts are considered, including those measures identified through the specialist assessments.

## Background to HIA and the Approach

1.24 The World Health Organisation European Centre for Health Policy defines Health Impact Assessment (HIA) as:

*“A combination of procedures or methods by which a policy, program, or project may be judged as to the effects it may have on the health of a population.”*

1.25 The earliest uses of HIA as a tool for assessing health implications were where HIA was used to assess the health impacts of policies at a European and subsequently a national level. This has filtered down through to regional and local authority level in the UK. Increasingly however, agencies have seen HIA as a tool which is capable of being used on individual development proposals.

1.26 Health is defined by the World Health Organisation (WHO) as:

*“A state of complete physical, mental and social well being and not merely the absence of disease or infirmity.”*

1.27 The Lalonde Report of 1974, ‘A New Perspective on the Health of Canadians,’ is one of the earliest reports which sets out the ways that health is about more than just biological factors. It identified four related influences over health – biology, environment, lifestyle and access to

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<sup>1</sup> The London Health Strategy, Outline Strategic Framework, 2000, London Health Commission



healthcare services. This is important in highlighting that, since biological factors cannot be altered, the influence of changeable factors such as the environment, lifestyle and access to health care services means the health of a population can be affected by human activity.

- 1.28 It is also important to recognise that these changeable factors are experienced in different ways by different people. The importance of addressing such health inequalities was recognised by the Government in the White Paper 'Saving Lives: Our Healthier Nation'<sup>2</sup> which identifies the need for a focus on the social, economic and environmental determinants of health within policy making.
- 1.29 The London Health Commission (LHC) was established by the Mayor of London in 2000 to prioritise health and the reduce health inequalities through policy and decision making. The LHC recognises the wider determinants of health model developed by Dahlgren and Whitehead<sup>3</sup>. This states that there are four factors in addition to biological determinants:
- General socio economic, cultural and environmental conditions
  - Living and working conditions
  - Social and community influences
  - Individual lifestyle factors
- 1.30 In essence, HIA attempts to examine the impact of proposals upon these wider determinants of health. This influences the format and content of this HIA; the policy review examines policy which relates not only to the provision of healthcare services, but to the improvement of health indicators of the population. Similarly, the baseline analysis establishes a background picture of health, not only through data relating directly to people's health, but to socio-economic factors which can influence health indirectly. Finally, when assessing impacts, this HIA looks not only at impacts which can be directly attributed to health, such as demand for healthcare services, but those which relate to the wider determinants of health.
- 1.31 The format of this HIA draws on the several sources including the Merseyside Guidelines for Health Impact Assessment<sup>4</sup> which shows that HIA is a process rather than a statement of impacts. The idea of this HIA is to identify the likely impacts on health arising from the development proposals to enable any positive impacts to be enhanced and negative impacts to be mitigated throughout the ongoing design process by the local planning authority. A public exhibition will also be held when discussions can be had on the merits of the proposals. The Primary Care Trust (PCT) will also be invited to comment on the proposals at various stages throughout the planning process.

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<sup>2</sup> Department of Health, White Paper, Saving Lives: Our Healthier Nation, 1999

<sup>3</sup> Stockholm, Institute for Futures Studies Dahlgren G and Whitehead M, Policies and strategies to promote social equity in health, 1991

<sup>4</sup> Scott-Samuel, A, Birley, M & Ardern, K, The Merseyside Guidelines for Health Impact Assessment, 2001

## Policy Context

1.32 This section examines the overarching priorities for health which shape policies at the national and local levels. Health policy develops quickly at both the national and local levels. This policy context examines what are seen to be the key documents affecting health as well as healthcare. A vast body of guidance on implementation has been issued to reflect the aspirations of these documents and this is not covered here; what is important in this context is to examine the overall direction of policies on health.

### National Directives

#### *Saving Lives: Our Healthier Nation*

1.33 'Our Healthier Nation' was a White Paper launched in 1999. Its publication marked a new approach to the health of the nation by the Government and represented what was the first comprehensive Government plan for health. The Paper focuses on the four main causes of death in the UK and sets a series of targets related to reducing death by these causes:

- Cancer – reduce the death rate in people under 75 by at least a fifth
- Coronary heart disease and stroke – reduce the death rate in people under 75 by at least two fifths
- Accidents – reduce the death rate by at least a fifth and serious injury by at least a tenth
- Mental illness – reduce the death rate from suicide and undetermined injury by at least a fifth

1.34 By achieving these targets the Government hopes to prevent up to 300,000 'untimely' and 'unnecessary' deaths. The paper sets out a series of ways in which the Government is tackling these issues:

- An increase in funding on previous years
- Tackling smoking
- Integrating central government and local government work to improve health
- Making health improvement a key role for the NHS
- High health standards for all, not just the privileged few

1.35 A key 'belief' of the White Paper is that "the social, economic and environmental factors tending towards poor health are potent" and that "people can make individual decisions about their and their families' health which can make a difference". This also marks the encouragement of a new approach to health, whereby people, communities and government work together to improve health.

1.36 The Paper states that people can improve their own health through lifestyle choices such as quitting smoking, eating more healthily and increasing physical activity. In addition, the health of communities can be improved by tackling poverty, low wages, unemployment, poor education, sub-standard housing, crime and a polluted environment. These factors are most important in deprived areas and the paper states that "the most disadvantaged have suffered most from poor health".

1.37 In addition to individual and communities' actions to encourage better health, the NHS was also reoriented to ensure that health improvement is for the first time, integrated into the delivery of health care.

*Our health, Our care, Our say – a new direction for community services*

1.38 This White Paper was published in 2006 and outlines a shift in emphasis for healthcare services, moving them away from large hospitals and secondary care settings, towards community and primary care settings.

1.39 The Paper sets out four main goals which it aims to achieve:

- Better prevention services with earlier intervention
- More choice and a louder voice for people
- More work on tackling inequalities and improving access to community services
- More support for people with long term needs

1.40 Underpinning these aims is the need to achieve a more personalised and accessible healthcare system which focuses on the needs of individuals and communities. This includes focusing the services offered at a community level upon the health issues which are most prominent in that area.

1.41 The Paper goes on to discuss six initiatives as a means of pursuing the goals listed above. They are summarised below:

- Practice Based Commissioning - giving GPs more responsibility for local health budgets and encouraging networks of individual practices to work together in providing community services for people outside of their registered list of patients. This will include a focus on prevention of illness, not just treatment.
- Shifting resources into prevention - promoting the notion of health and of prevention, which it describes as “a shift in the centre of gravity of spending”. This involves leaving hospitals to treat illness and for other services to be moved closer to where they are needed most. The refocus must take account of changing demographics in the population.
- More care undertaken outside hospitals and in the home - this represents the key initiative to place more acute and secondary treatments into primary care settings. Targeted services might include dermatology, ear, nose and throat medicine, general surgery, orthopaedics, urology and gynaecology.
- Better joining up of services at the local level - integrating primary and social care commissioning in order to achieve a more streamlined system. This requires closer co-operation between Primary Care Trusts (PCTs) and local authorities.
- Encourage innovation - greater patient and user choice may act as a prompt for innovation as services are refocused to become more suited to the population being served by them.
- Allowing different providers to compete for different services - increasing the procurement of doctors in order to offer improved levels of patient choice. This will also be particularly important in addressing the varying ratios of doctors per head of population in different areas of the country. Removing barriers to entry for the ‘third sector’ is cited as an approach to encourage this process.

### *Tackling Health Inequalities – a Programme for Action*

- 1.42 This 'Programme for Action' was developed to tackle health inequalities over a three year period and was launched in 2003.
- 1.43 The findings of the Treasury-led Cross Cutting Review (CCR) provide the backbone of the Programme for Action. The CCR examined how Government spending could best be applied to reduce health inequalities, by reviewing a series of existing Government programmes including: Sure Start; the National Strategy for Neighbourhood Renewal; UK Fuel Poverty Strategy, and; the NHS Plan.
- 1.44 A key 'lesson learned' from the CCR was that above all, integrating health inequalities into the mainstream of service delivery is central to progress and that targeting the most disadvantaged groups and areas was key. In addition, it was recognised that national standards need "to support a mix of local services to meet a diversity of local need".
- 1.45 The report identified that action taken on the following areas across government, would have the greatest impact in tackling the underlying determinants of inequalities:
- Improvements in early years support for children and families
  - Improved social housing and reduced fuel poverty amongst vulnerable populations
  - Improved educational attainment and skills development among disadvantaged populations
  - Improved access to public services in disadvantaged communities in urban and rural areas
  - Reduced unemployment
- 1.46 In addressing these issues, the Programme for Action states that "health inequalities are stubborn, persistent and difficult to change" and that they will continue to widen unless addressed.
- 1.47 The document describes five principles for how health inequalities will be tackled in practice:
- Preventing health inequalities getting worse by reducing exposure to risks and addressing the underlying causes of ill health
  - Working through the mainstream by making services more responsive to the needs of disadvantaged populations
  - Targeting specific interventions through new ways of meeting need, particularly in areas resistant to change
  - Supporting action from the centre by clear policies effectively managed
  - Delivering at a local level and meeting national standards through diversity of provision

### *The NHS Plan*

- 1.48 The NHS Plan was published in 2000, and sets out the Government's strategy for investment in the NHS, where increased funding is accompanied by reform. The overall emphasis of the Plan is to establish a health service designed around the patient.
- 1.49 The Plan states that the performance of local health bodies will be monitored and reported on by the Commission for Health Improvement, an independent inspectorate. The performance of each local body will influence the way in which it receives funding, rewarding high achievers, but also prompting intervention in poor performing areas.

- 1.50 Social services, run by local authorities, will work together with the NHS to ensure there is more co-operative working in the area and that there are no gaps between the health care and social services which may follow once the patient no longer requires NHS treatment
- 1.51 On Primary Health Care, the Plan sets out a target for patients to be able to see a GP within 48 hours. In addition, waiting times in accident and emergency should be reduced and the waiting times for outpatient appointments will be three months and for inpatients six months.
- 1.52 For the first time, the Plan establishes inequalities in health as a priority issue, and to reduce inequalities the Plan states that the NHS will:
- Increase and improve primary care in deprived areas;
  - Introduce screening programmes for women and children;
  - Step up smoking cessation services; and
  - Improve the diet of young children by making fruit freely available in schools for 4-6 year olds.

*High Quality Care for All – NHS Next Stage Review Final Report, 2008*

- 1.53 The NHS Next Stage Review Final Report published in June 2008, written by Sir Ara Darzi, makes recommendations for changes to the NHS in its 60<sup>th</sup> anniversary year. The report focuses on improving the quality of NHS services through directing resources to improving health rather than just treating illness and giving patients more rights and control over their own health and care.
- 1.54 The review focuses on local changes to the NHS that will have a direct effect on the quality of the services received by patients and their perceptions. The report suggests a number of key themes that need to be addressed:
- Preventing ill health
  - Ensuring timely access to services
  - Providing convenient care closer to home
  - Rapid diagnostics in convenient locations
  - Giving more control to patients
  - Ensuring care is effective and safe
  - High quality care
  - Personal care organised around the individual
  - Innovation in healthcare delivery
- 1.55 The report recommends the introduction of a Constitution for the NHS setting out the purposes, principles and values of the NHS and the rights and responsibilities of patients, the public and NHS staff.
- 1.56 The report states that implementation of its vision needs to be delivered locally.



*NHS Next Stage Review – Our Vision for Primary and Community Care, 2008*

- 1.57 Following on from the NHS Next Stage Review Report, the Department of Health have produced a document setting out the policy approach the delivering primary healthcare. The strategy follows many of the themes outlined in the review focusing on promoting personal services where people have a say in their healthcare, promoting healthy lives, improving the quality of healthcare continuously and supporting PCTs and local service providers to deliver these aims.
- 1.58 The key developments in terms of delivery include providing integrated urgent care services around the clock, providing access to a range of healthy living services and developing practice based commissioning to allow local groups to shape services. Each PCT will develop their own plans for delivering these outcomes.

*Healthcare for London*

- 1.59 Healthcare for London, 2007, a report by Sir Ara Darzi commissioned by the NHS, points to an extended model of localised service delivery for healthcare in London, with a broader range of services delivered by new polyclinics.
- 1.60 These new clinics would carry out up to 50% of services currently delivered in hospitals, with the aim of relieving pressure on hospitals and reducing the distances patients have to travel to receive secondary healthcare.
- 1.61 This differs from a simple model of co-locating GPs into larger premises, and focuses instead on the range of services on offer, including ante-natal care and diagnostics including x-rays.
- 1.62 Hospitals would then deliver traditional Accident and Emergency services, alongside major operations and specialist treatments.

**Local Policy**

- 1.63 Various Ealing PCT policy documents have been reviewed with a focus on those areas which relate to the West Southall development, namely the PCT's plans for responding to population change, improving the health of the population and the provision of primary healthcare services.

*Strategic Service Development Plan for Investment in Primary Care, 2004*

- 1.64 The Strategic Service Development Plan (SSDP) was produced by the Local Improvement Finance Trust (LIFT) for West London which brings together the Boroughs of Ealing, Hammersmith and Fullham and Hounslow. It sets out plans for the development of new primary care facilities across the three boroughs building on the service delivery aims of "providing effective and accessible modern health and social care as close to people's homes as possible" and enabling residents to "participate more fully in achieving their own well being".
- 1.65 The overall aim is to ensure that people can have healthy lives with 'minimum disruption' from illness and this should be achieved not only through health care that is organised around patient needs but also through helping people to adopt and sustain healthy lifestyles and promoting health improvement.
- 1.66 The key principles of the Plan involve helping people to take a greater role in their own health care, ensuring that the most vulnerable and isolated are reached by services and balancing easy geographical access with the need to provide a full range of services.

1.67 The report states that the population of the three boroughs is expected to grow by 10% between 2001 and 2021 with a significant increase in the proportion of children (20% in Ealing). These people need access to a range of health services with the location of facilities a major consideration. Modern service delivery methods require more space to deliver the increased range of primary care and only three quarters of premises in Ealing meet minimum standards.

1.68 In addition, the current provision of services across the three boroughs needs to be improved. The key issues for Ealing are:

- The number of GP surgeries with only one or two GPs
- Lack of opportunities for female patients to see female doctors
- Number of GPs coming up to retirement age
- Variations in availability of practice nurses and use of dedicated practice management

1.69 Key priorities for future provision to cater for a growing population therefore include an increased range of services and facilities close to people's homes, improved space for collaborative working and greater accessibility for local residents.

1.70 The service model for West London presented in the Plan suggests three types of facilities:

- Community health and care centres – standard provision for all communities providing accessible modern primary health care integrated with other key related services
- Locality centres – or 'Integrated care centres' in landmark buildings large enough to incorporate a children's centre and a wide range of adult general medical services
- Outreach – smaller facilities ensuring access for isolated communities

1.71 Buildings need to be flexible to be able to respond to changes over the next 25 years.

### *Commissioning Strategy Plan, 2007*

1.72 The Commissioning Strategy Plan is the result of a review of previous strategies including the 'Vision for Health and Care' in 2003 and the 'Strategic Service Delivery Plan' in 2004. The aim of the Plan is to set out how the PCT intends to deliver the main themes of the Borough's Community Strategy relating to health.

1.73 These themes are:

- Narrow the gap in health status across the Borough through reducing cardiovascular disease, diabetes, cancer and TB and promoting sexual health
- Improve the quality of life and independence for older people and increase the number supported to live at home by 12% by 2016
- Improve the quality of life and independence of people with a physical and learning disability and increase the number supported to live at home by 20% by 2016
- Reduce the prevalence of mental health problems and increase the number supported to live at home by 17% by 2016
- Reduce harm caused by drugs, alcohol and tobacco through increasing participation in treatment
- Year on year improvements in the proportion of children who lead healthy lifestyles and ensure that Ealing is a safe place for children and young people to grow up
- Consistent delivery of high quality health service which people find easy to access

- 1.74 The Plan states that existing models of care are dominated by the use of hospital services, under-developed and under-resourced primary and community care and mental health services focusing on those with severe and enduring problems. Ealing also has a strong voluntary and non-statutory sector and good joint commissioning with LBE.
- 1.75 The PCT are working towards a model that includes managing more patients outside of hospital care in a primary care setting, reducing the number of general practices and creating larger practices able to offer an increasingly wide range of services and delivering primary care mental health services. However, most general practices have significant constraints on space and workforce gaps which will need to be overcome to deliver these aims.
- 1.76 The Plan also outlines a shift in role for the PCT from a provider of services to a purely commissioning role. The PCT is also developing and supporting Practice-based Commissioning (PbC) as a way of delivering effective service redesign based on assessed local need which addresses inequalities.
- 1.77 The changes to primary care services in the next five years should lead to improved performance with extended opening hours, choice of practitioners and a range of different services available to patients within their GP surgeries. This will enable the PCT to improve health outcomes and reduce inequalities through prevention and also better education and support packages.

### *Operating Plan, 2008-9*

- 1.78 The Operating Plan outlines the goals for 2008/90 following on from the Commissioning Strategy Plan. These are:
- Improving access, responsiveness and choice in primary care
  - Improve urgent and out of hours care
  - Supporting practice based commissioning and the commissioning of more care outside of hospital
  - Improving the ongoing care and management of those with long term conditions
  - Reduce health inequalities

### *Estates Strategy, 2007*

- 1.79 The Estates Strategy 2007 updates the Strategy approved by the PCT Board in September 2006. The aim of the estates strategy is to ensure that the PCT can “provide primary care and an extended range of community based services from high quality, accessible, fit for purpose premises, with the flexibility to support changing service requirements in response to local need”.
- 1.80 The Estates Strategy supports the service delivery model set out in other PCT policy documents. It states that any new developments will need to deliver a premises solution that provides the facilities to group together GPs with a shared infrastructure. The updated strategy takes into account the recommendations of the ‘Healthcare for London’ report which promotes the development of polyclinics.
- 1.81 The key principles of the Estate Strategy are therefore to provide one-stop health centres that support integrated models of care, focusing services locally and co-location of workforce including health and social services teams. Buildings should be modern and spacious, in prominent accessible locations with flexibility for future changes and growth.

1.82 The PCT has established a model for delivering these aims which contains:

- Primary care centres – Serving up to 7,000 patients in areas where transport is poor or there is a lack of alternative premises solution, though these will not provide the full range of services
- Health centres – Between 7,000 and 20,000 patients with a number of general practices and additional services and community healthcare staff based on site
- Integrated care centres – Over 20,000 patients registered providing a comprehensive range of services including complex diagnostic procedures and day care as well as services provided by other agencies

1.83 The review of the strategy in the light of the 'Healthcare for London' report identified that the model for Integrated Care Centres supported by a network of smaller community based Health Centres is similar to the model proposed for polyclinics and federated or co-located GP practices. However, finding a site big enough to deliver all the services required for a polyclinic may prove difficult.

### *Local Delivery Plan, 2006-8*

1.84 The Local Delivery Plan sets out how Ealing PCT will deliver health services in the Borough in order to meet strategic targets. The Plan focuses on addressing health inequalities and priorities include prevention of health problems, a focus on primary care and providing care close to patients' homes.

1.85 The Plan sets a number of key targets that aim to improve both the health of the population and the standard of healthcare under the themes of Public Health, Supporting People with Long Term Conditions, Improving Access to Services and Patient Experience.

### *Conclusion*

1.86 The policy review shows that the main overarching policy aims that are evident at both the national and local levels are as follows:

- Reducing health inequalities
- Focusing on promoting good health and well being not just treating illness
- Better integration between health and other services
- Shift in provision with more services being provided locally outside hospitals and in the home
- Improving the quality of health care
- Encouraging self care and promoting independence

## Baseline

1.87 This section sets out the current baseline conditions in Ealing and compares them to wider regional and national data. The conditions examined here are set out under 5 themes: demographics; economic conditions; housing conditions; health conditions and deprivation.

### Demographics

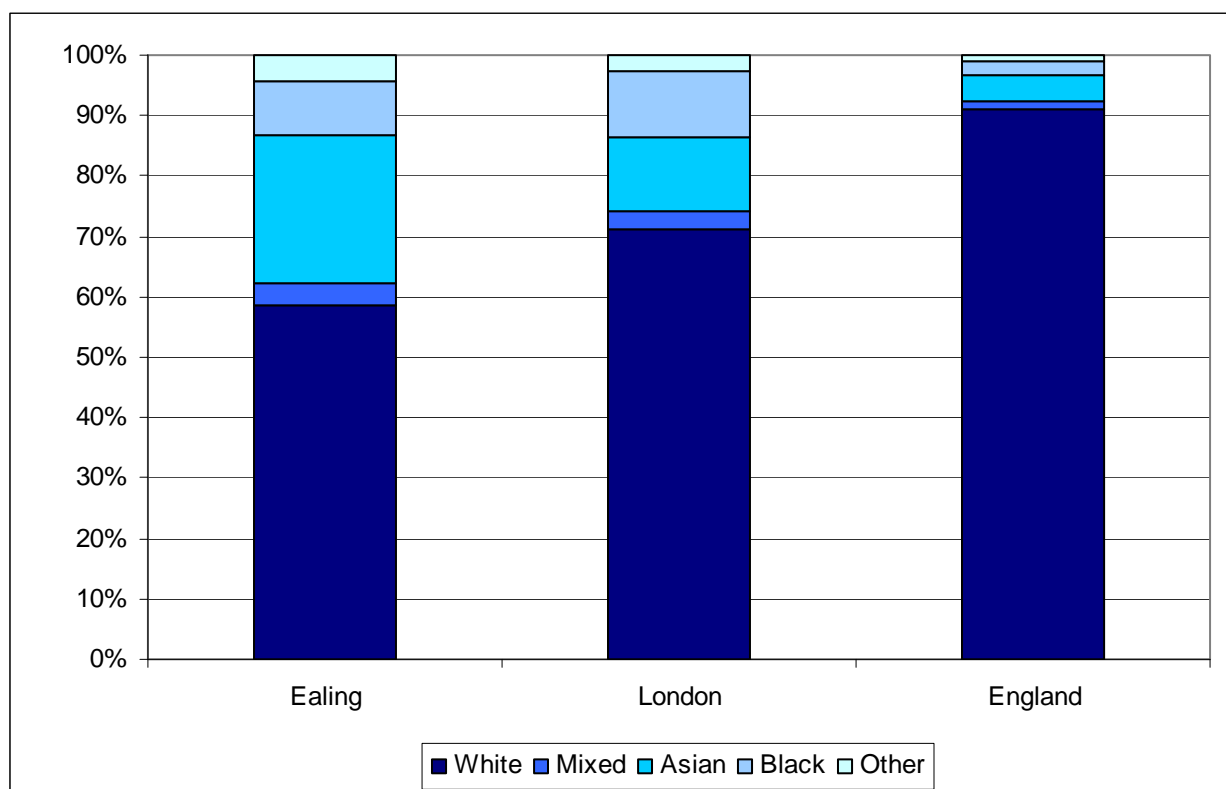
#### *Population*

1.88 According to the 2007 ONS Mid Year Estimates, the population of Ealing was 306,400. The population is on average well educated and ethnically diverse. The area has relatively low levels of social housing, unemployment is low and the percentage of the working age population that is economically inactive is lower than the national averages.

#### *Ethnicity*

1.89 Like London, Ealing has an ethnically diverse population. At 25% of the population Ealing has a larger proportion of Asian residents than London (12%) and England (5%). Both Ealing (41%) and London (29%) show higher levels of ethnic diversity than England (9%). The Southall area has even higher proportions of ethnic minority groups and the Southall Broadway ward (where the site is) has 76% Asian population and 12% white.

**Figure 1: Ethnicity**



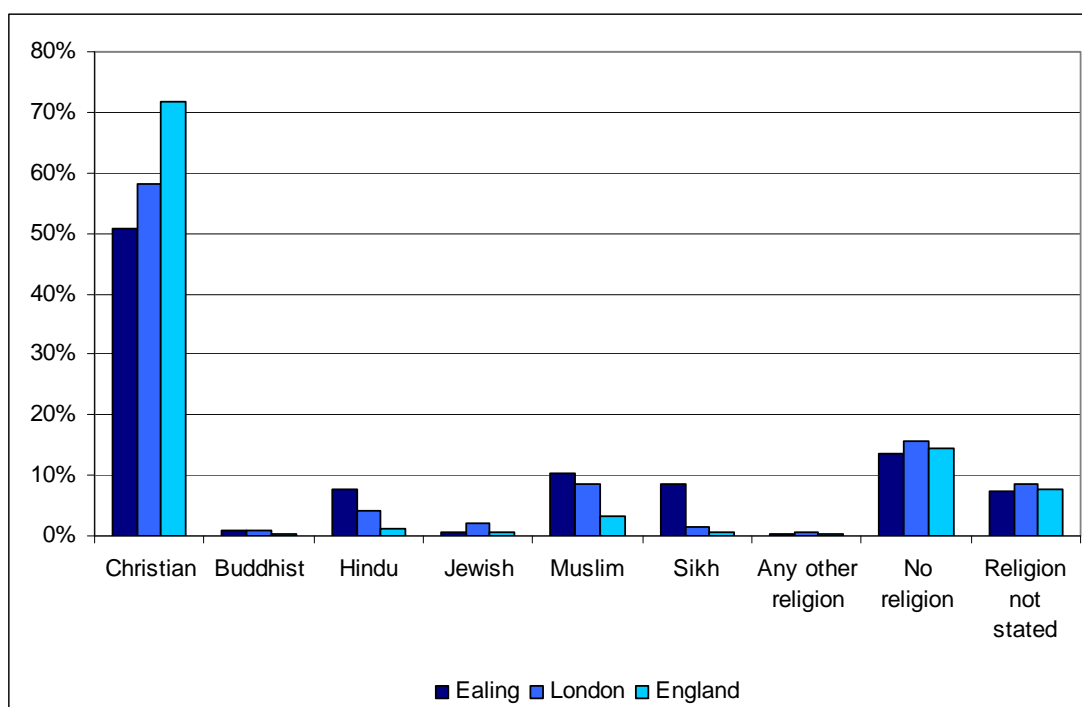
Source: 2001 Census



## Religion

1.90 Ealing has a lower proportion of Christian residents (51%) than London (58%) or England (72%). Ealing has relatively high Hindu, Sikh and Muslim populations compared to London or national averages. Provision of new services will need to be sensitive to the needs of these residents. In the Southall area, as well as the more diverse ethnicity profile there are also a higher proportion of people in religions other than Christianity. The Southall Broadway ward has 37% Sikh population, 20% Hindu and 19% Muslim with 16% Christian.

**Figure 2: Religion**

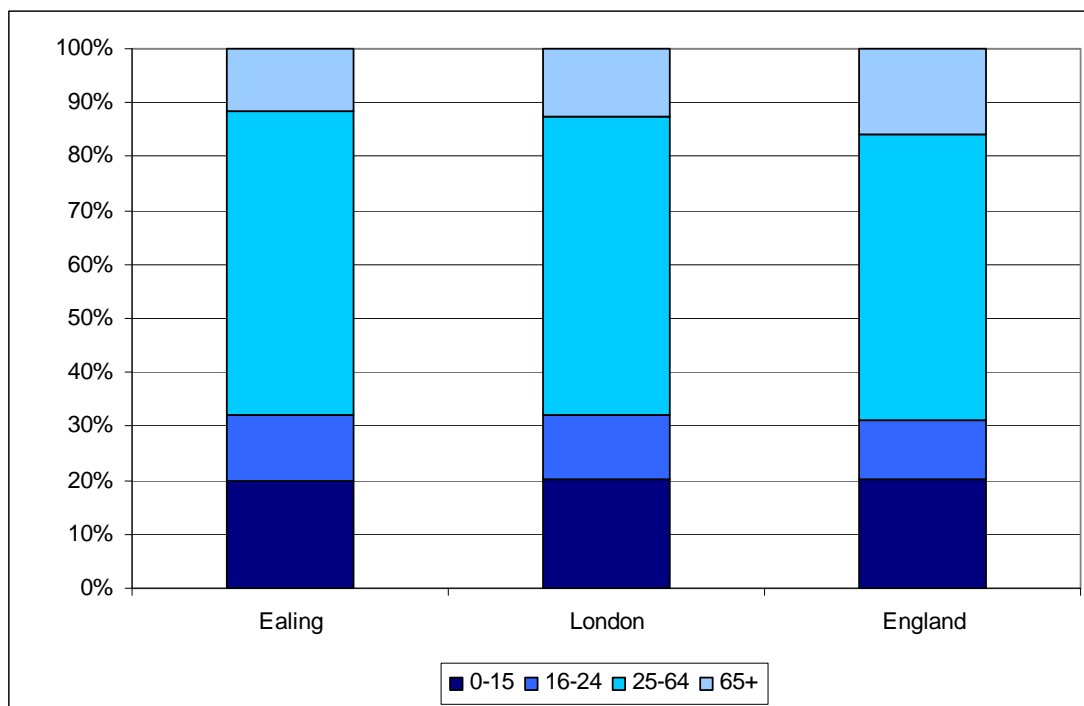


Source: 2001 Census

### Age Profile

1.91 Ealing's age profile is similar to the London and national average. One noticeable difference is that Ealing has fewer residents (11.5%) who are 65 or older than London (12.4%) and national (15.9%) levels.

**Figure 3: Age Profile**



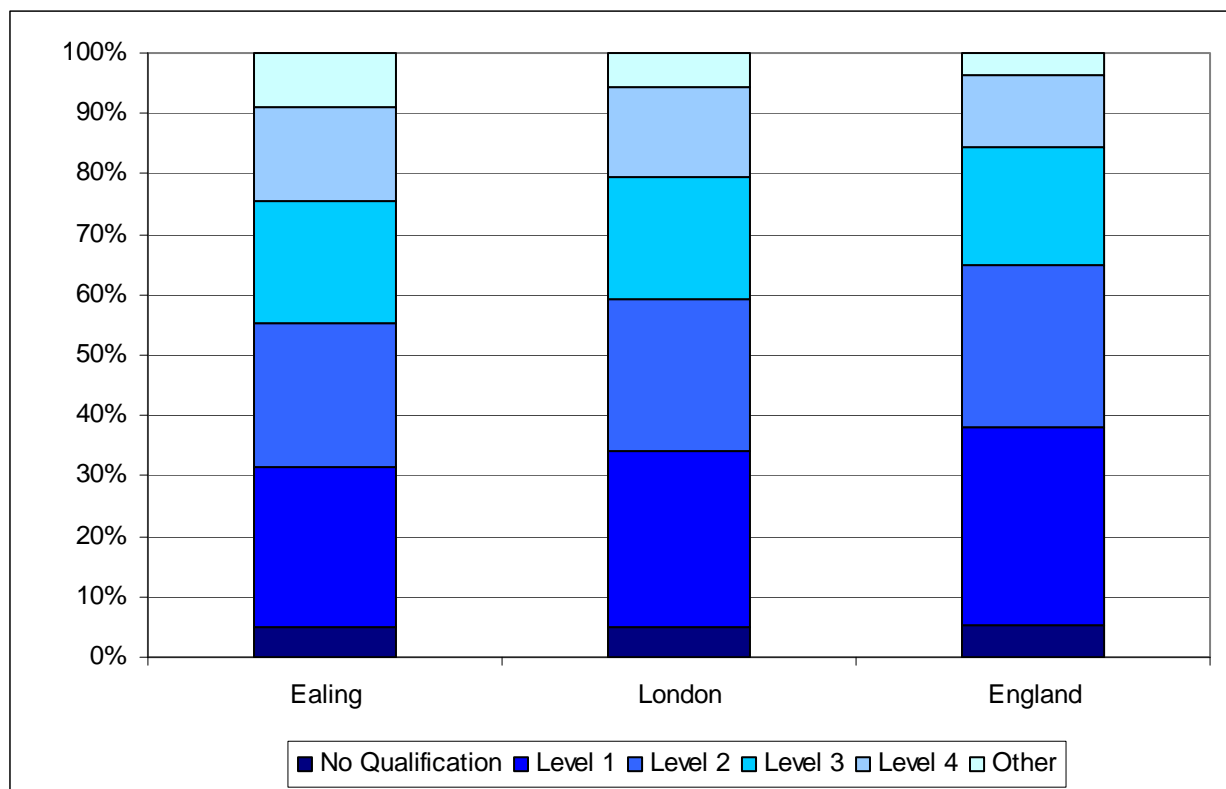
Source: 2001 Census

## Labour Market

### Qualifications

1.92 Ealing has a well educated population with 38.3% of residents holding level 4 qualifications (degree level and above), which is higher than the London (37.4%) and national (28.3%) levels. At 12.3%, Ealing has a lower proportion of residents with no qualifications compared to London (12.8%) and national averages (12.9%). In Southall Broadway, there is a slightly higher proportion of people with no qualifications and lower proportion with highest level qualifications than in Ealing.

**Figure 4: Qualifications**

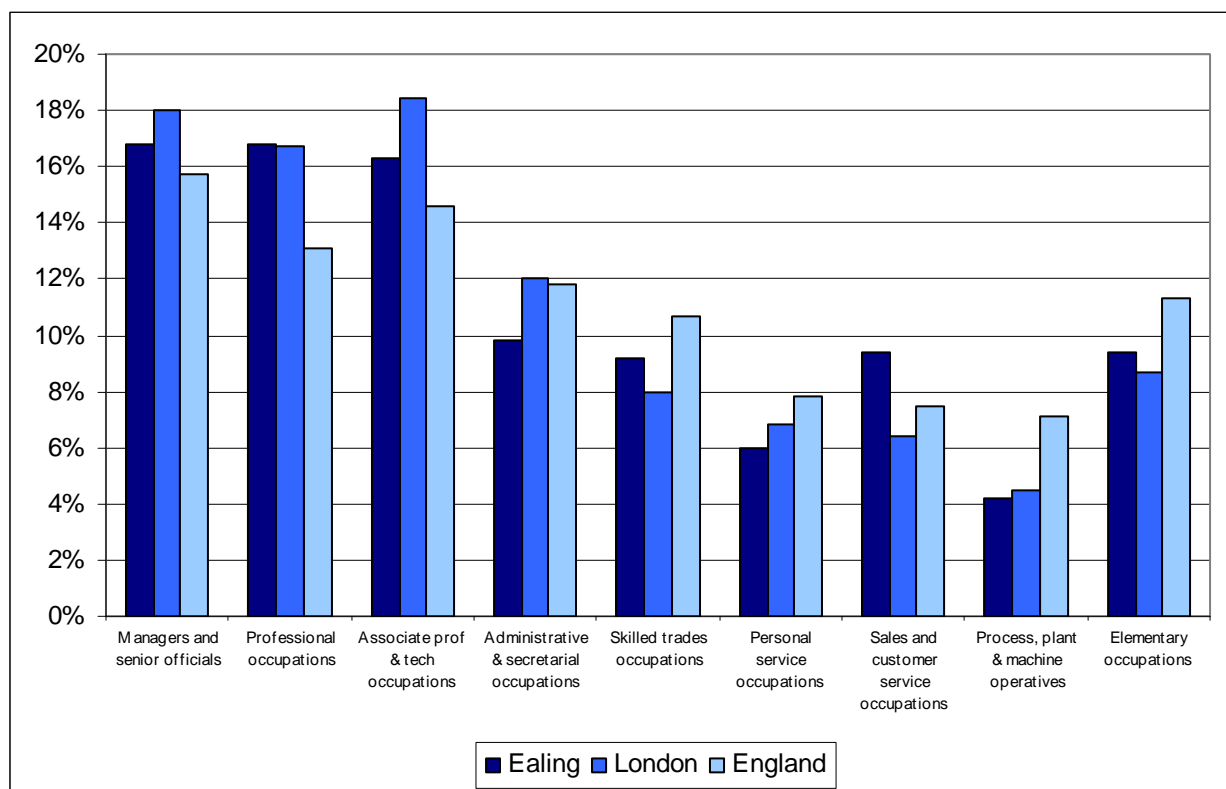


Source: 2007 Annual Population Survey

### Occupational Breakdown

1.93 The top three occupations for residents of Ealing are; Managers and Senior Officials, Professionals, and Associate Professional and Technical. These account for 17%, 17% and 16% respectively of occupations. These figures reflect the fact that Ealing has a generally higher skilled population in comparison to national levels. The occupation profile of Southall Broadway ward shows a much lower proportion of people in professional occupations and 22% in elementary occupations compared to 10% in Ealing.

**Figure 5: Occupational Breakdowns**



Source: 2007 Annual population Survey

### Earnings

1.94 Residents of Ealing are on average well paid, with gross earnings that are significantly higher than the national average.

**Table 1: Gross Earnings £**

Location	Ealing	London	England
Weekly pay - gross	£536	£553	£463
Annual pay - gross	£28,216	£29,633	£24,428

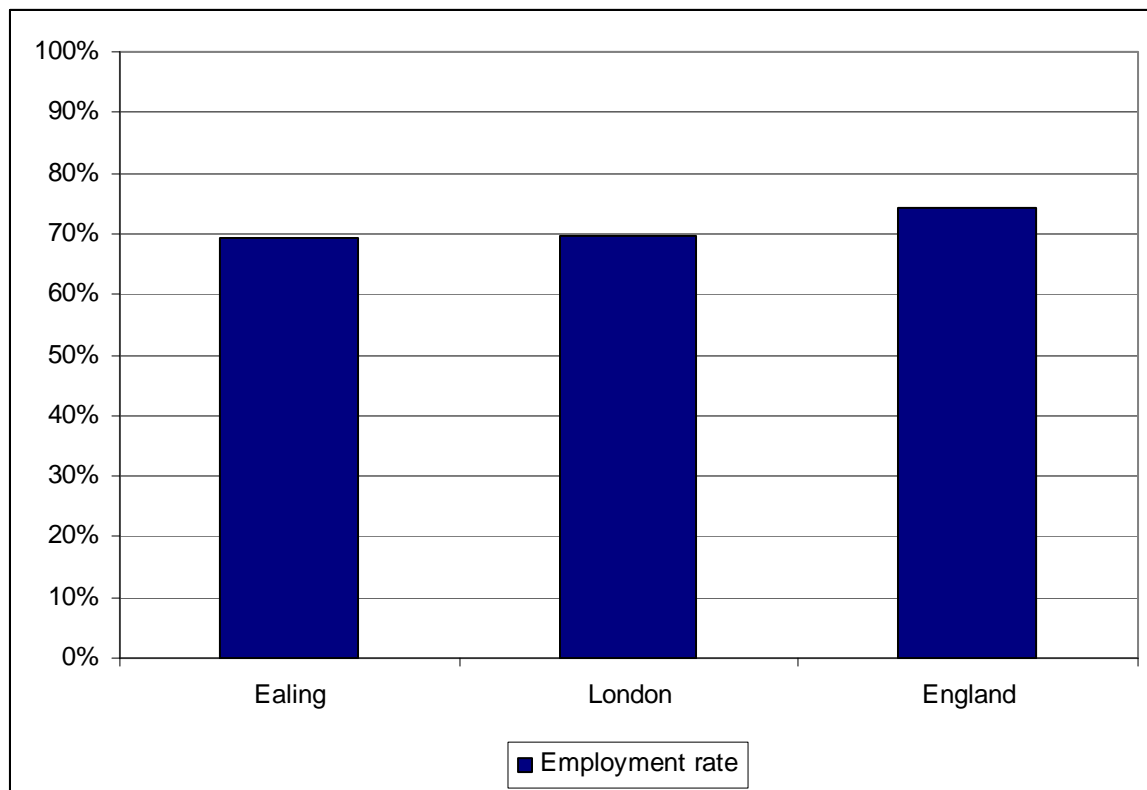
Source: Nomis – Annual survey of hours and Earnings

## Economic Conditions

### *Employment Rates*

1.95 The percentage of the working age population in Ealing that is employed is slightly lower in Ealing (69%) than in London (70%) or England (74%). The Southall area has an even lower employment rate at around 60% in the ward which contains the site.

**Figure 6: Economic Activity**



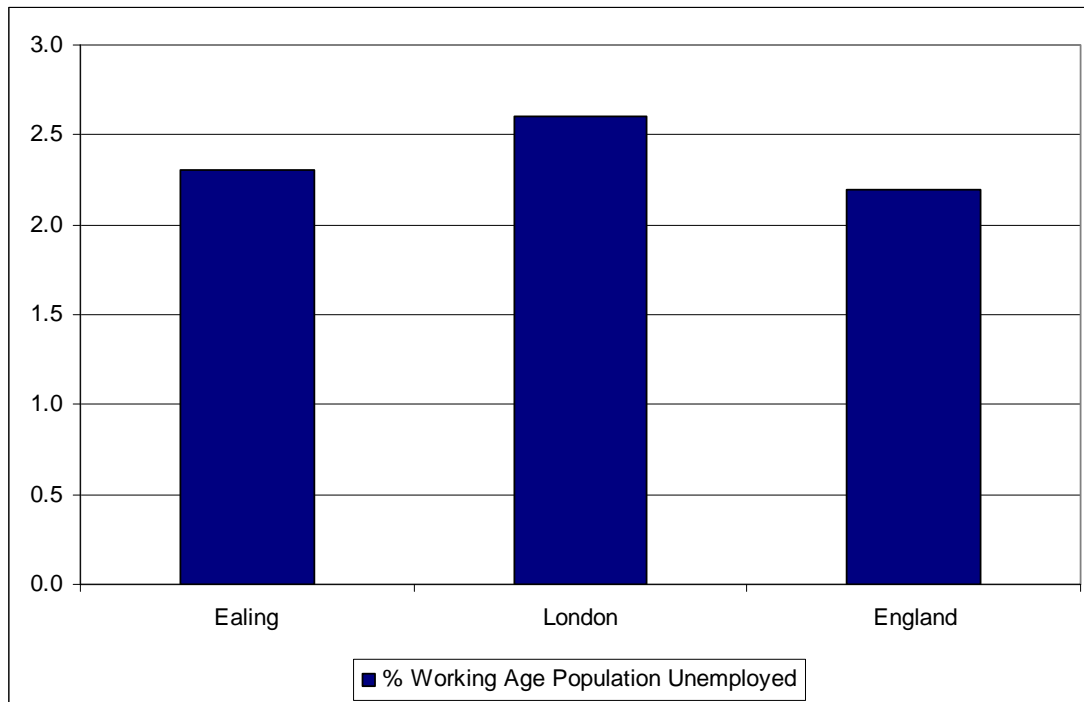
Source: 2007 Annual Population Survey



### Unemployment

1.96 At 2.3%, Ealing has a marginally higher claimant count rate than the national level at 2.2%. However, it is lower than London, in which the claimant count rate is 2.6% of the population.

**Figure 7: Unemployment**



Source: NOMIS, May 2007

### Crime

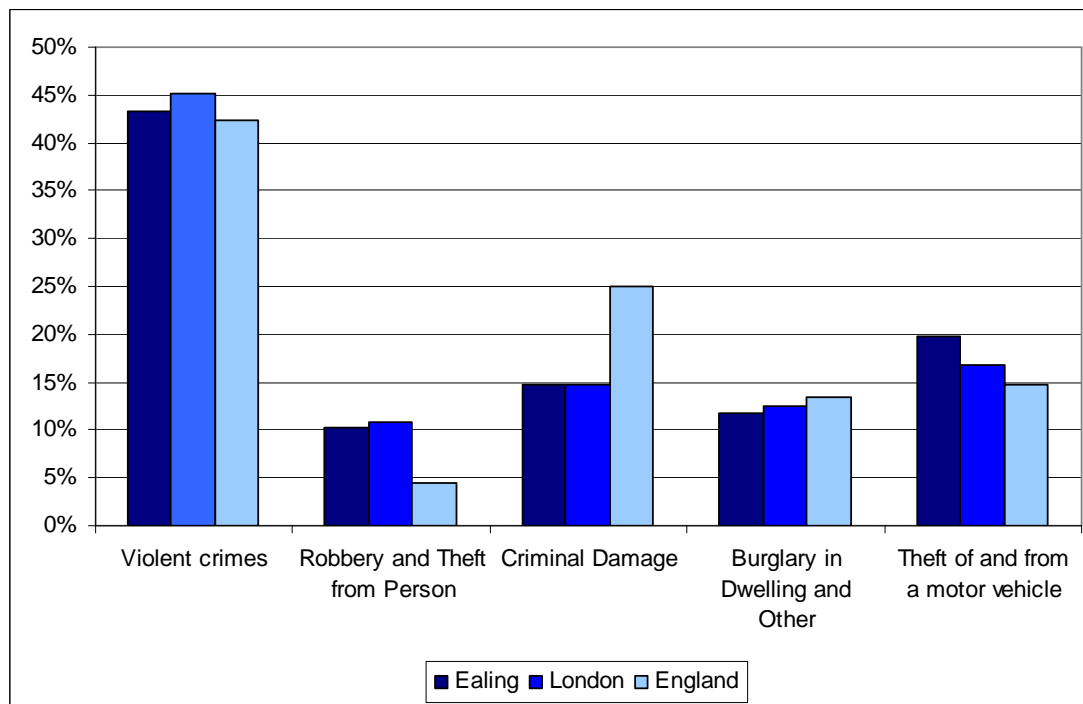
1.97 Crime in Ealing is higher than London and national rates according to 'Notable Offences Recorded by the Police 2006-2007'. Ealing has 112 crimes per 1,000 people compared to 108 in London and 90 nationally.

1.98 The most common crimes in Ealing are violent crimes. Ealing has lower levels of violent crimes as a proportion of total crimes committed than London. Theft from a motor vehicle and criminal damage are respectively the second and third most common crimes in Ealing.

**Table 2: No of crimes per 1,000 people**

Location	Ealing	London	England
Crimes per 1,000	112	108	90

Source: Notifiable Offences Recorded by the Police, 2006/2007

**Figure 8: Notifiable Offences**

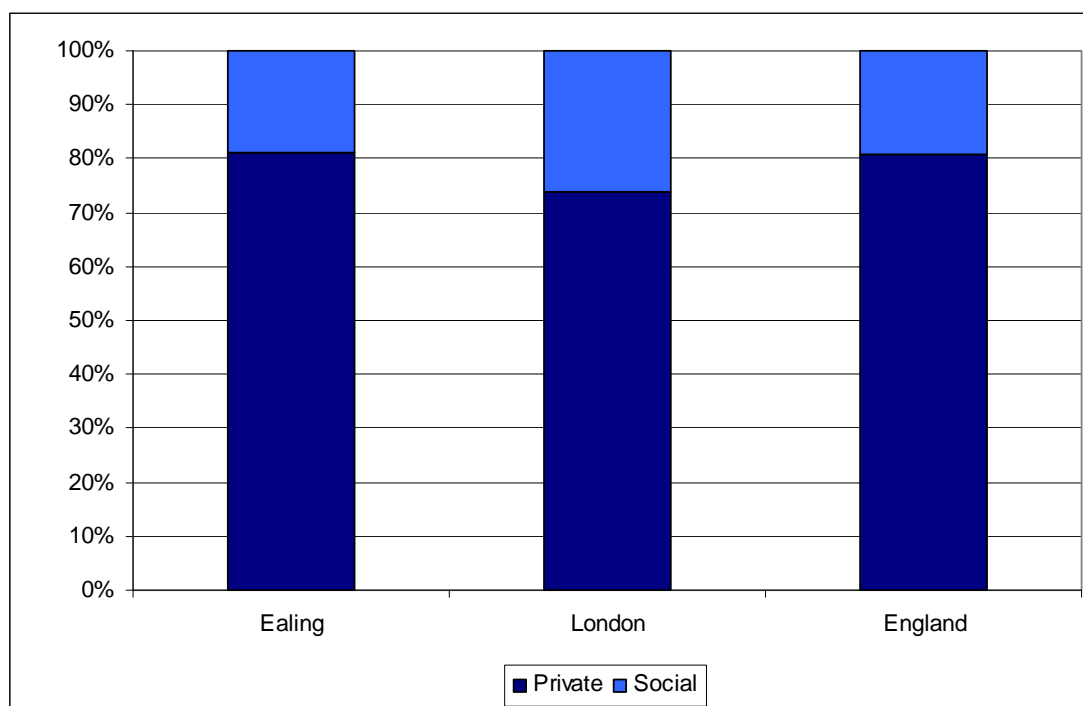
Source: Notifiable Offences Recorded by the Police, 2006/2007

## Housing Conditions

### *Housing Tenure*

1.99 Ealing's proportion of social housing (19%) is in line with the national level, which are both substantially lower than the London level (26%).

**Figure 9: Housing Tenure**

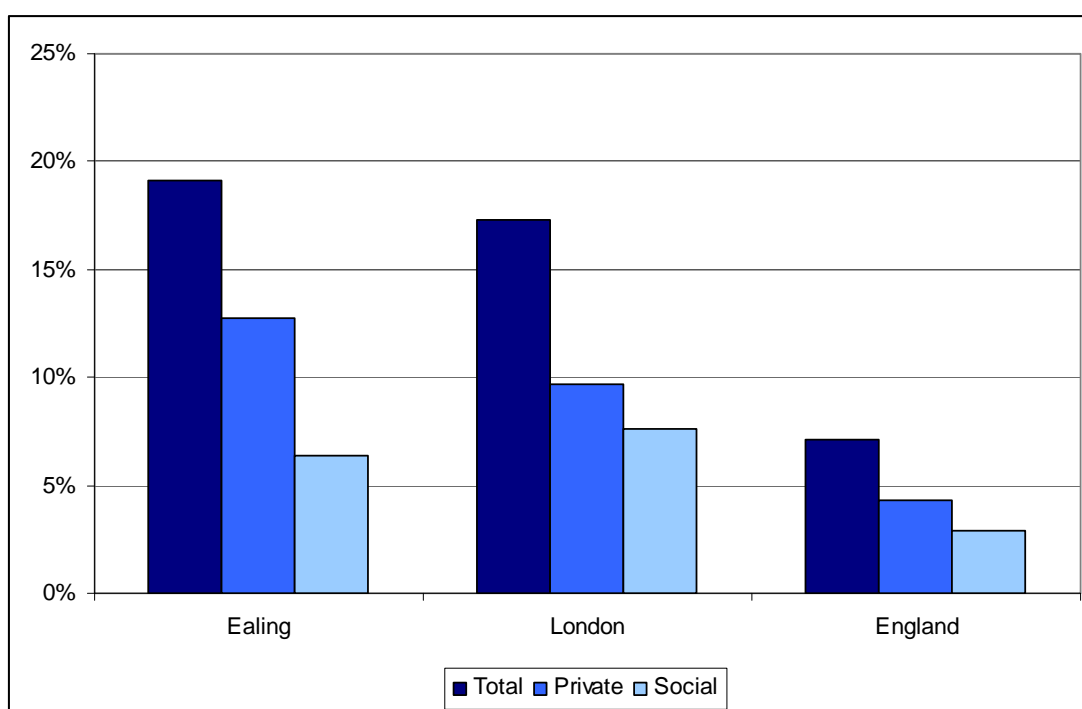


Source: 2001 Census

### Overcrowding

1.100 According to the Census definition<sup>5</sup>, levels of overcrowding in Ealing are higher than London and national levels. The total level of overcrowding at the national level is 7% of all households. The total level of overcrowding in London is 17% of households, in Ealing this figure stands at 19%. The level of overcrowding in private housing is higher in Ealing (13%) than London (10%) and national (4%) levels. The level of overcrowding in social housing is lower in Ealing (6%) than in London (8%), but remains higher than national (3%) levels.

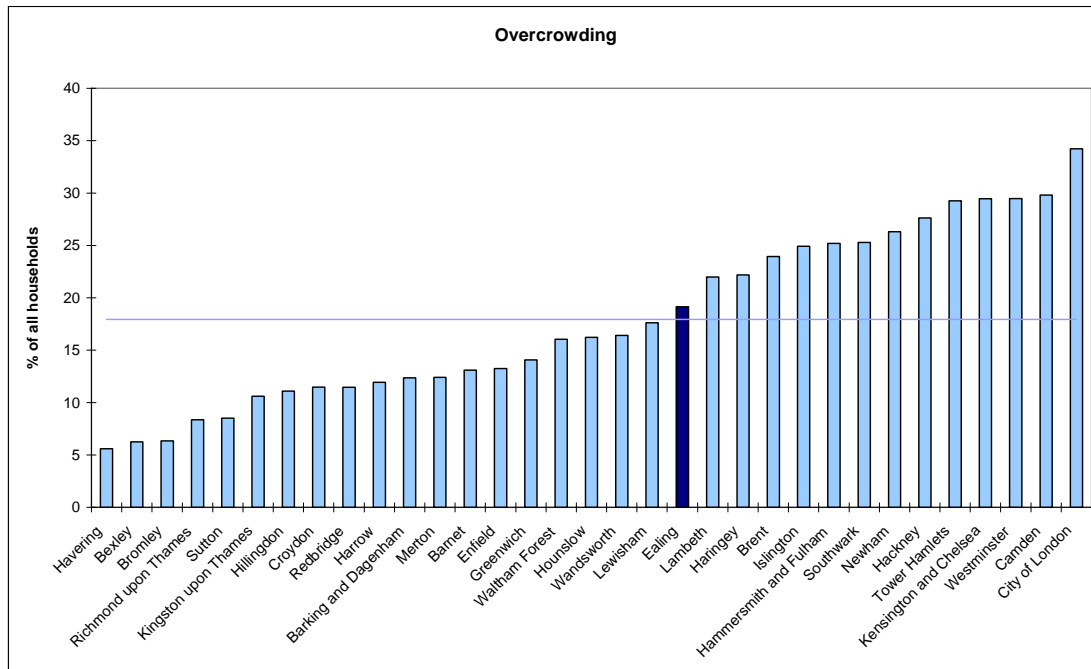
**Figure 10: Overcrowding**



Source: 2001 Census

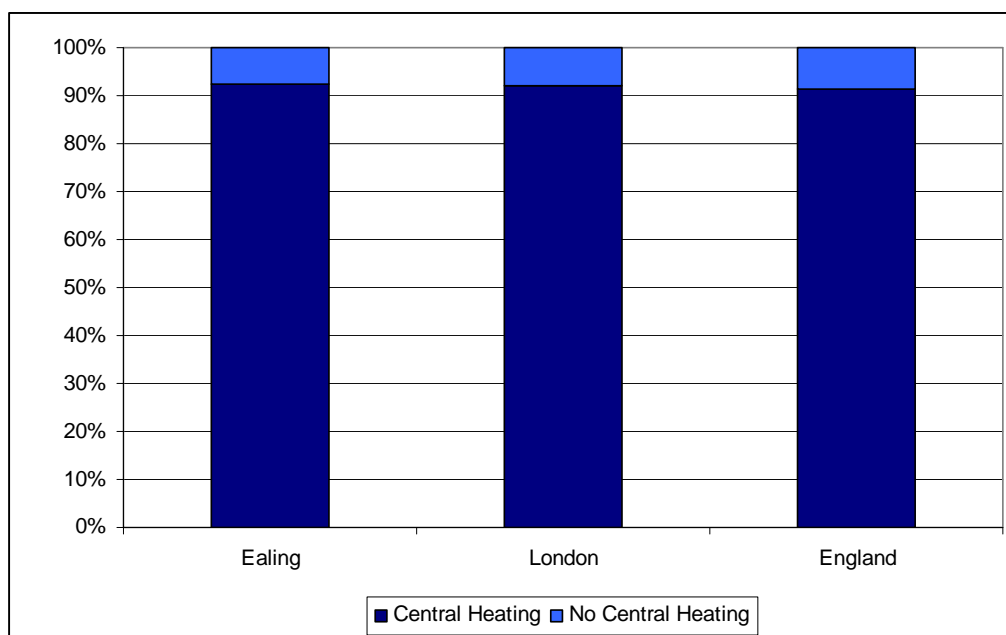
1.101 Figure 11 below shows the proportion of households that are overcrowded in all London boroughs. Ealing (shown in dark blue) is above average level of overcrowding in London and is the 14th most overcrowded borough.

<sup>5</sup> Persons per habitable room measure (excludes kitchens, bathrooms etc). More than one person per habitable room is considered overcrowded.

**Figure 11: Overcrowding in all London Boroughs**

### Central Heating

1.102 In Ealing 7.6% of households do not have central heating. This figure is lower than both the London and national averages, which are 7.8% and 8.5% respectively.

**Figure 12: Central Heating**

Source: 2001 Census

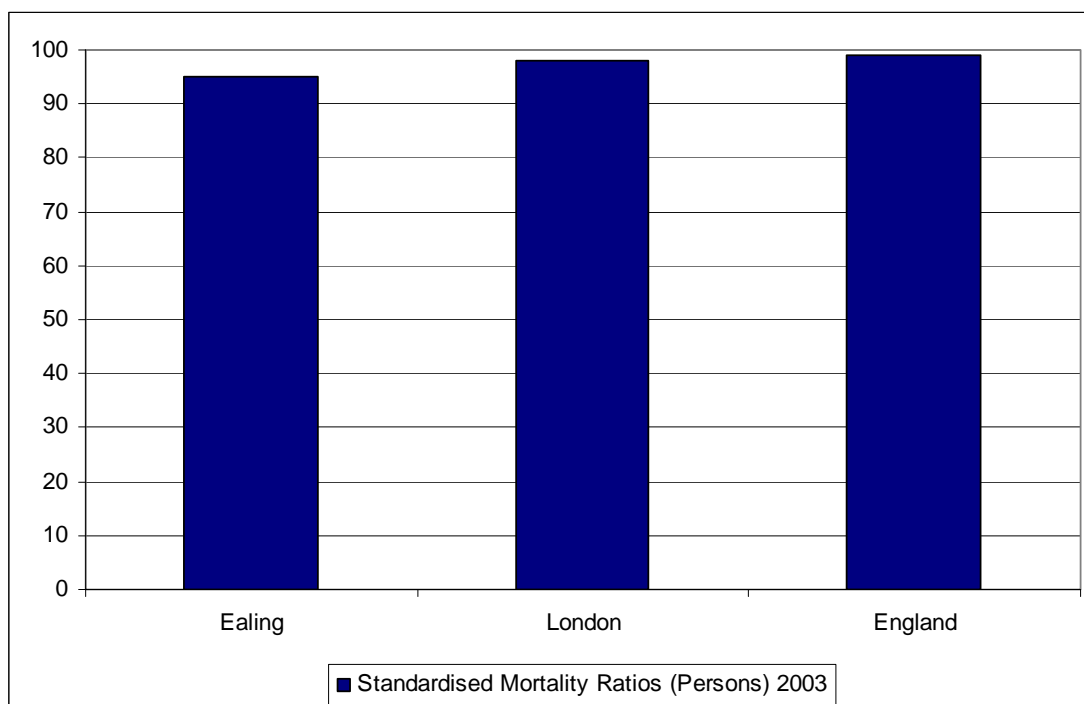


## Health Conditions

### *Mortality Ratios*

1.103 Ealing has a lower standardised mortality ratio than the London and national average. In Ealing 95% of deaths expected each year occur in comparison to 98% and 99% in London and England and Wales respectively. However, at the ward level, the Southall area shows the highest standardised mortality ratios in the borough.

**Figure 13: Standardised Mortality Ratios**

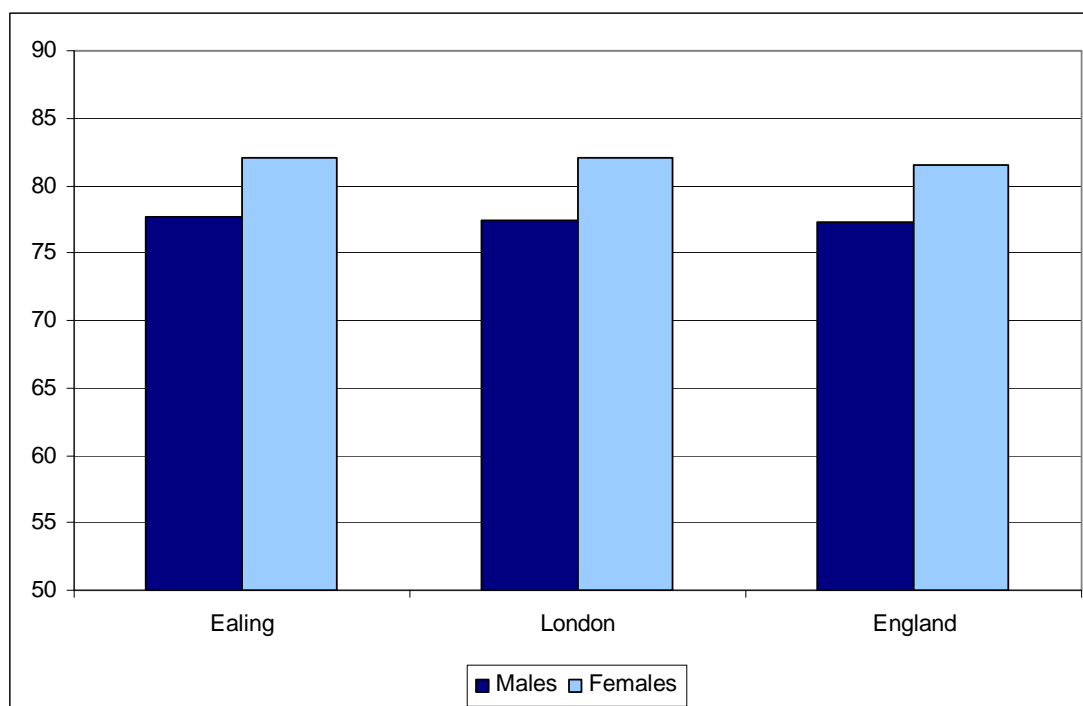


Source: The Information Centre, 2006, Neighbourhood Statistics

### *Life Expectancy*

1.104 Life expectancy at birth in Ealing is higher for both males and females than London and national levels. However, life expectancy in the Southall area is much lower, particularly for males, than the borough as a whole.

**Figure 14: Life Expectancy**

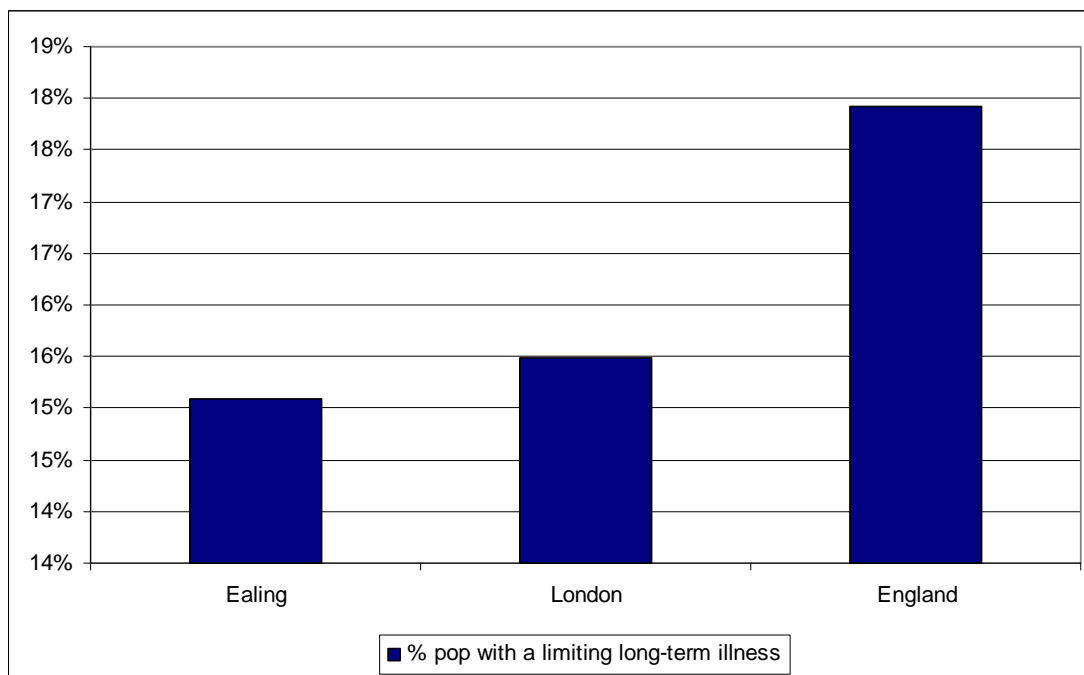


Source: Health Statistics Quarterly (No. 32, Winter 2006)

### *Limiting Long Term Illness*

1.105 The percentage of the population living with a limiting long term illness in Ealing is lower (15.1%) than both London (15.5%) and national (17.9%) levels. Again, however, the wards containing Southall have the highest rates of limiting long term illness in the borough.

**Figure 15: Limiting Long term Illness**

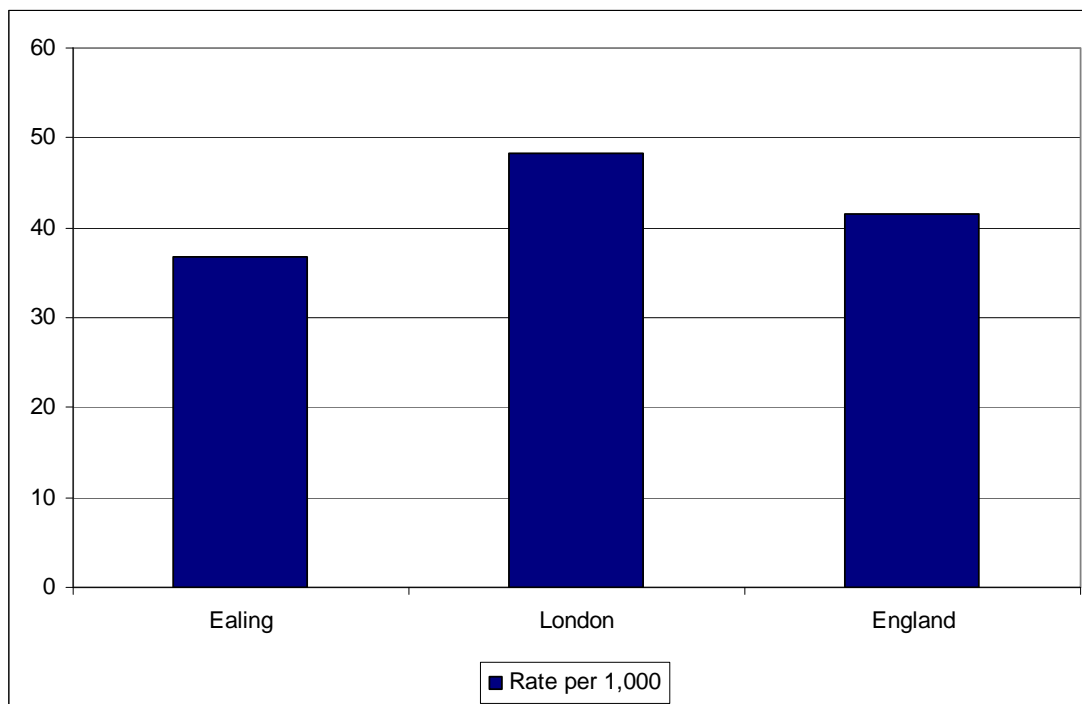


Source: 2001 Census

### Teenage Conceptions

- 1.106 Ealing displays lower rate of teenage conceptions (36.7 per 1,000) than both the wider London and national averages (48.3 per 1,000 and 41.5 per 1,000) respectively.

**Figure 16: Teenage Conceptions**



Source: 2005 Figures, The Department of Health, released February 2007

### Lifestyle Factors

- 1.107 Data from the Southall Local Commissioning Group in 2006<sup>6</sup> and a report by LBE and EPCT in 2005 on Health Indicators for Ealing<sup>7</sup> give more detailed data on health in the Southall area.
- 1.108 The main findings show that Southall has some of the highest admissions rates to hospital for coronary heart disease, asthma in children, diabetes and circulatory disease compared to other wards in the borough. Cancer admissions are lower in the Southall area. Mental health problems such as depression and psychosis are high in Southall. Notifications of tuberculosis are also high and Southall has the highest standardised mortality ratios in the borough.

### Deprivation

- 1.109 The most widely accepted measure of deprivation is the Government's Index of Multiple Deprivation (IMD) which is used to target a range of regeneration programmes locally and nationally. It is a compound measure based on a wide range of social and economic statistics. Deprivation is typically indicated as a relative measure, for example, those areas within the 10% most deprived in the country. The IMD had both an overall index and a series of sub categories, which are looked at in more detail below.

<sup>6</sup> Ealing PCT Local Commissioning Group, Public Health Dataset – Southall LCG, September 2006

<sup>7</sup> London Borough of Ealing, Evolving a Healthier Community for All: Health Indicators for Ealing, 2005

- 1.110 The domains have been mapped, and are included as an appendix 1 at the end of this document.

### *Index of Multiple Deprivation*

- 1.111 A map of the Government's Indices of Multiple Deprivation shows that a large proportion of the site falls within the top 20% most deprived in the country and that within close proximity to the site there are areas that fall within both the top 20% and 10% most deprived in the country.

### *Crime Domain*

- 1.112 This Domain measures the rate of recorded crime for four major crime themes – burglary, theft, criminal damage and violence – representing the occurrence of personal and material victimisation at a small area level. A proportion of the site and an area adjacent to the site fall within the top 10% most deprived areas in the country according to the crime domain. Other areas in close proximity to the site fall within the top 20% and 10% most deprived in the country according to the crime domain.

### *Education Domain*

- 1.113 The purpose of the Domain is to capture the extent of deprivation in education, skills and training in a local area. The indicators fall into two sub-domains: one relating to lack of attainment among children and young people and one relating to lack of qualifications in terms of skills. These two sub-domains are designed to reflect the 'flow' and 'stock' of educational disadvantage within an area respectively. That is, the children/young people sub-domain measures the deprivation in the attaining of qualifications, while the skills sub-domain measures the deprivation in the resident working age adult population. There are no areas within close proximity to the site that are within the top 10% most deprived in the country according to the education domain. There is one area in close proximity to the site that is within the top 20% most deprived, which is the other side of Minet Country Park, in Hillingdon.

### *Employment Domain*

- 1.114 This Domain measures employment deprivation conceptualised as involuntary exclusion of the working age population from the world of work. An analysis of the IMD data for the employment domain reveals that whilst none of the site or adjacent areas experience concentrated employment deprivation, there are areas in close proximity to the site that are within the 20% and 10% most deprived in the country.

### *Health Domain*

- 1.115 This domain shows areas with higher rates of people who die prematurely or whose life has been impaired by poor health or who are disabled. Analysis of the IMD data for this area shows that whilst there are no areas within close proximity to the site that are within the top 10% most deprived according to the health domain, there are two areas in close proximity to the site that are within the top 20% most deprived in the country.

### *Income Domain*

- 1.116 The purpose of this Domain is to capture the proportions of the population experiencing income deprivation in an area. Data for the Income Deprivation domains shows severe

deprivation (top 20%) in the area immediately surrounding the site. Other areas in close proximity to the site that are within the top 10% most deprived in the country.

### *Living Environment Domain*

- 1.117 This Domain focuses on deprivation in the living environment. It comprises two sub-domains: the 'indoors' living environment which measures the quality of housing and the 'outdoors' living environment which contains two measures about air quality and road traffic accidents. From the map it can be seen that there are a number of areas in close proximity to the site that fall in the top 20% and 10% most deprived in the country according to the living environment domain.

### *Housing Domain*

- 1.118 This domain measures barriers to housing and key local services. Indicators used in this domain are divided into two categories; geographical barriers and wider barriers. Geographical barriers measure road distance to GPs, supermarkets or convenience stores, primary schools and post offices. Wider barriers include household overcrowding, barriers to social housing and affordability. The entire site is within an area that is one of the 10% most deprived in the country according to the housing domain. In addition, within close proximity to the site there are many areas that are in the top 10% and 20% most deprived.

## **Conclusion**

- 1.119 The baseline analysis shows that Ealing is performing well in comparison to wider regional and national levels. The borough as a whole is well educated and shows high levels of ethnic diversity. It has low levels of unemployment and economic inactivity in comparison to wider London averages. A large proportion of the population is employed in highly skilled and senior level occupations with a comparably lower amount of the population employed in manual and unskilled labour.
- 1.120 There is a smaller proportion of social housing in Ealing than London averages but the level of overcrowding is higher particularly in the private housing. There is a lower proportion of households with no central heating in Ealing than in London.
- 1.121 Health conditions in Ealing are above both the national and regional average with lower standardised mortality ratio, long term illness and teenage conception and high level of life expectancy at birth. However, the Southall area tends to suffer some of the worst health conditions in the borough particularly in relation to coronary disease, diabetes and mental health problems.
- 1.122 Although Ealing as a whole shows socio-economic conditions that are above average, there are parts of the borough that are severely deprived. The area around the site shows high levels of deprivation particular in the crime and barriers to housing sub-domains of the Index of Multiple Deprivation. Much of the site is within the 20% most deprived areas in the country.

## Impact Assessment

- 1.123 The impact assessment brings together three strands of impacts. These are assessed against the policy context and baseline where appropriate. The assessment builds a picture of how health is a cross-cutting theme which is impacted upon from a wide range of sources in different ways.
- 1.124 The three strands of the impact assessment are:
- Impacts derived from Environmental Impact Assessment (EIA) - EIAs are required for major development proposals and those which are likely to have significant environmental impacts. They cover the full range of likely environmental effects (both negative and positive) and aim to prevent, reduce and offset any adverse impacts. Each section is produced by a specialist in the field. The EIA for West Southall has been co-ordinated by RPS. Those effects which could have a direct impact on health have been identified as; noise and vibration, air quality, ground conditions, microclimate and transport and movement. Each has a detailed and extensive report submitted as part of the Environmental Statement, the purpose of this section is to summarise these as they relate to health.
  - Impacts on demand for primary healthcare services – this section describes the increased demand for primary care services and how the development caters for this increase.
  - The impacts on determinants of health – this section captures the impacts of the development proposals on the wider determinants of health such as lifestyle and quality of life.
- 1.125 Mitigation is described through the impacts section where appropriate and a summary of mitigation follows the impacts section.

### The Scheme

- 1.126 The West Southall development site is in the London Borough of Ealing close to the town centres of Southall and Hayes. The site is bounded by the Paddington to Bristol railway line and the Grand Union Canal and existing residential areas. The site is approximately 34 hectares previously occupied by the Southall Gas Works around 3ha of which will be retained for use by National Grid.
- 1.127 The surrounding area is largely urban containing residential, retail and employment uses. There is also Minet Country Park to the west in LB Hillingdon which provides extensive open space.
- 1.128 The vision for West Southall set out in the masterplan is to create a new high quality urban environment that would transform the area and complement the role and function of Southall. The proposals contain a mix of uses that will be residential led, with between 3,400 and 3,750 new homes, but also include retail, employment, leisure and community facilities including a health centre and a primary school.
- 1.129 The proposed scheme would be delivered over a 15 year period. The application is being submitted in outline. This means that it seeks approval for the key principles of what will be developed in the area but will leave the detailed design and appearance Parameter plans are used for the purpose of the application to allow flexibility for the detailed design. Please refer to the Development Specification document for details.

**Table 4: Proposed Floorspace**

Use	Quantum
Residential	3,400-3,750 units
Commercial	28,450 sqm
Supermarket	5,850 sqm
Comparison retail	14,200sqm
Sports Pavilion	390 sqm
Primary school	3,450 sqm capable of providing 420 place primary school and nursery
Health centre	2,550sqm

### Health Impacts Identified in EIA

1.130 The Environmental Impact Assessment includes a series of chapters which identify impacts which in turn have health implications. Within the EIA format however, the health implications are not drawn out separately. This section therefore sets out the health effects resulting from the technical assessments in the following disciplines:

- Noise and vibrations
- Air quality
- Ground conditions
- Microclimate
- Transport and movement

#### *Noise and Vibrations*

1.131 Noise and vibrations have tangible links to the health of a population, and in particular in places where people live or work in close proximity to the source of noise and vibrations. A development on a large scale such as this, with new road layouts, traffic movements and construction activities, could give rise to a range of positive and negative impacts.

1.132 The noise and vibration impacts arising from the development of this scheme could come from two main sources road traffic and construction. The assessment also discusses the noise effects of the environment on the development. These are addressed individually below.

#### **Road traffic**

1.133 The predicted change for all road links is assessed as less than 3dB which is negligible. The only exception is Pump Lane where there are no sensitive receptors and therefore the effect is also not considered significant.



- 1.134 Industrial units, service and delivery yards, external air handling units and the energy centre will be designed so that significant noise effects will not occur at noise sensitive receptors (NSRs) inside or outside the development.

#### **Construction**

- 1.135 The assessment identifies the most significant construction activities as site preparation and land remediation and earthworks.
- 1.136 At the site preparation stage, noise emissions could be significant within 10-100 metres of NSRs and in the build phase there will be significant impacts within 8-45 metres of NSRs. This could have a moderate adverse effect but would be lowered by a number of measures including use of noise barriers, selection of quieter plant or techniques, restriction of the working hours on site and reduction of piling duration per day and the use of non-impact techniques.
- 1.137 Effects due to construction road traffic have been assessed to be negligible as there would need to be a very high number of HGVs entering the site per day to cause a significant effect.
- 1.138 The vibration impacts during the construction phase are only significant if piling occurs within 2-10 metres of an NSR or dynamic compaction within 10-30 metres. The detailed phasing will ensure that these activities do not occur close to occupied parts of the site. It should also ensure that new dwellings are not occupied until noise screening insulation of the ongoing works has been achieved.

#### **Noise effects of the environment on the development**

- 1.139 National guidance sets out levels of assessing the noise effects upon the development ranging from NEC A to D. Areas in NEC level D should be refused planning permission, however none of the areas in the site fall into this category. For residential development areas that fall within B or C should have conditions imposed to ensure protection against noise. The area of the site within 150m and 300m of the southern site boundary falls within these categories, however an acoustic barrier will be erected in the south western part of the site to mitigate these effects.
- 1.140 Any residential development in this area will also be designed to achieve internal noise levels appropriate to the intended use of the room and non-residential noise sensitive development will achieve levels suitable for the use of the building.
- 1.141 The vibration levels for the buildings are not expected to exceed the thresholds of significance for any building use.

#### **Noise and Vibration Mitigation**

- 1.142 Mitigation measures are proposed to limit the noise and vibration effects. During the construction phase these include:
- Selection of appropriate plant and/or techniques
  - Use of noise barriers
  - Noise monitoring at NSRs to ensure that the construction noise limit is not exceeded
  - Phasing of development to ensure appropriate locations for activities with significant effects
  - Vibration monitoring at sensitive receptors
- 1.143 In the operational development:

- An acoustic barrier will be included as part of the design along the western part of the southern boundary to reduce noise effects from the railway
- Internal noise levels may be reduced by a selection of appropriate glazing and/or ventilation systems and design of the internal room layout
- External amenity areas will be designed to achieve appropriate ambient noise levels and screening will be provided by the layout of the buildings on the site

1.144 The effects after mitigation are considered to be not significant.

### *Air Quality*

1.145 Air quality is a key influence in the quality of the environment in which a population lives. Emissions from transport and construction processes are the main potential source of pollutants.

1.146 Standards of air quality and emissions are set down through European legislation and these regulations form the basis against which the impacts are assessed. The standards set down a safe level of gases and particles in the air and allow a certain number of exceedences per year.

### **Construction Phase**

1.147 The level of emissions will vary and effects are assessed within 100m of the construction activities. However, the most likely impact during the construction phase will be the deposition of dust. Various mitigation measures will be implemented to minimise these effects, these are outlined below.

### **Operational/Occupational Phase**

1.148 The assessment of operational air quality and dust particulates considered NO<sup>2</sup> (Nitrogen Dioxide) and PM<sub>10</sub> (Particles) emissions from road transport and energy generation. The impacts have been assessed in relation to existing and proposed residential receptors.

1.149 The assessment presents two scenarios, a “stand alone energy centre”, and a combined heat and power scheme provided by Blue-NG, covered by a separate planning application.

1.150 The increase in pollutant concentrations associated with the standalone energy centre does not lead to a breach of air quality objectives (AQS) for any pollutant. Consequently, this would be considered a low priority consideration and associated mitigation measures are outlined in the corresponding section below..

1.151 With the Blue-NG scheme, the increase in pollutant concentrations would lead to a breach of the air quality objectives at some isolated locations. Specific mitigation measures would be required to remove the overriding effects and these would need to be explored in detail with the Council. At all other locations, the increase in pollutant concentrations does not lead to a breach of the AQS objectives. Receptors are not introduced to pollutant concentrations in excess of the AQS objectives for any pollutant. Consequently, this would be considered a low priority consideration and mitigation measures are outlined below.

### **Air quality and dust mitigation**

1.152 The scheme proposals include a range of mitigation measures in order to minimise the impacts of the development upon air quality and dust. Following the London Best Practice Guide mitigation measure for the construction phase on a site of ‘high risk’ may include:

### **Site Planning**

- Erect solid barriers to site boundary;
- Plan site layout—machinery and dust causing activities should be located away from sensitive receptors;
- Put in place dust real-time monitors across site (these can be useful in some circumstances but should not replace visual inspection and proactive preventative control measures).
- All vehicles to switch off engines – no idling vehicles;
- All loads entering and leaving site to be covered;
- Use water as dust suppressant; and
- Use enclosed chutes and covered skips.

- 1.153 Continuous site monitoring of particulate matter during construction will provide valuable information for ensuring that the measures implemented are controlling the dust and emissions generated. The scale, nature and location of the monitoring would be agreed with LBE prior to the commencement of construction works.

### *Ground Conditions*

- 1.154 The West Southall development site has a mixed industrial heritage associated with its historic land use and as a result, issues relating to contamination and ground conditions have been identified as environmentally significant. However, the environmental risks associated with the Site have been studied over a number of years through several extensive investigations and assessments, and are well understood and have informed the development of scheme proposals.
- 1.155 A quantitative risk assessment (QRA) was carried out to establish, among other things, the risks posed to human health based on the uses proposed for the development.
- 1.156 As part of the scheme development process a programme for the remediation of contaminated soils is proposed. This will have a substantially beneficial impact on current site conditions. Implementing this programme will involve limited temporary disturbance of some existing contaminants however this will be mitigated through controlled works within the site.

### *Microclimate*

- 1.157 As a result of high density development, microclimate issues can arise, which may have an impact on health. These include impacts caused by changes to wind conditions, sunlight and daylight.

### **Solar Shading**

- 1.158 Tall buildings can cause a lack of sunlight in built up areas, and this can affect human health by amongst other things, affecting mood and leisure activities.
- 1.159 The solar shading assessment considered the effect on both existing properties adjacent to the development and within the development itself. Properties to the north of the site may suffer minor adverse solar conditions in the winter and properties to the east of the development would only have small reductions resulting in a negligible impact.

- 1.160 The effects within the site have been considered at various sensitive receptors in the development including residential properties, open space and other sensitive uses such as schools. Each stage of the development is assessed and the impacts are beneficial in terms of solar access on receptors that may have an influence on human health.

#### **Wind**

- 1.161 Tall buildings and structures can create tunnelling and down draught effects which may have an impact on safety and on people's propensity to take part in leisure activities in the area.
- 1.162 Wind conditions are considered in terms of the suitability of a particular area (e.g. thoroughfare, entrances etc) for its intended use (for example, standing, leisure walking etc). All areas of the site are considered broadly suitable for the intended use in terms of wind conditions. As the planning consent sought is in outline, the proposals do not contain details of locations of entrances to buildings, so correct locations of entrances will need to be considered at the detailed design stage.

#### **Microclimate mitigation**

- 1.163 Solar shading is determined by the built form so opportunities for mitigation to improve solar gain after construction are limited. The parameters for the masterplan set out in the planning application are however designed to minimise solar shading.
- 1.164 In terms of wind, the effects were mainly categorised as negligible but extensive planting proposed within the open and communal spaces could result in improvement in the wind microclimate.

#### *Transport*

- 1.165 The health impacts of transport on the Scheme can be classified into three main areas; safety impacts (personal injury accidents – PIAs); environmental impacts such as noise, vibrations air quality and dust; and finally health determinants (access to public services, open space and sports facilities, public transport and permeability of the site).
- 1.166 The environmental impacts of transport are covered in the noise and vibrations and the air quality aspects of the impact assessment, discussed above. The health determinants aspects are discussed below. The remaining aspect, safety, is therefore assessed here.
- 1.167 The development will result in an increased flow of traffic throughout the site and in the surrounding area. The proposals include a network of footpaths and cycle ways in addition to increased capacity for vehicles and therefore although there is an increase in activity in the vicinity of the site, this is not expected to alter the pattern of accidents.
- 1.168 The net impact of proposed road improvements and additional infrastructure for pedestrians and cyclists is considered a long term moderate beneficial effect.

## Impact on Demand for Healthcare Services

- 1.169 This section examines the impact of the development upon the demand for and supply of primary healthcare facilities in the local area.
- 1.170 The new population which will move into West Southall will place additional demand upon primary healthcare services. The developer proposes a new healthcare facility to meet this new demand as well as having capacity to provide additional facilities for the wider population of Southall.
- 1.171 At the health workshop, it was noted that there was a need to respond to increased health demands in the area and policy changes which may require both temporary and long term solutions.

### *Baseline*

- 1.172 Map 1 (see Annex 1) shows health provision within 800m of the West Southall site. It demonstrates that health service provision is mainly clustered to east of the Site. There are ten health centres within 800m of the Site.
- 1.173 Ealing and Hillingdon Primary Care Trusts (PCTs) have indicated that there is a deficit in existing healthcare provision within the study area. This is evident from an analysis of list sizes. The target list size used by Ealing PCT is 1,900, compared to an average list size within the study area of approximately 2,100 patients per GP. Ealing PCT has said that a large percentage (45%) of GPs operate from terraced and semi-detached houses and therefore cannot expand or improve their existing facilities.
- 1.174 There is also a lack of dedicated Health Centres within the study area. The PCT states that there is an existing need for a health centre to serve Beaconsfield Road area, to the north of the Site, as they consider that the railway line acts as a divide between the north and south of Southall. There is also an existing Primary Care Access Centre (PCAC) on Woodlands Avenue, to the immediate north of the Site, which acts as a 'back-stop' for GP practices that are unable to provide 24 hour access to primary care.
- 1.175 A new health centre has opened on Southall Broadway that provides a modern health care facility on the high street, offering a range of community services including the diabetic retinal screening service and Saturday morning antenatal clinics.
- 1.176 The nearest hospital to the Site is Ealing Hospital, which is approximately 1.5 miles away. Ealing PCT have stated that all of the residents within the vicinity of the Site tend to use Ealing Hospital, as opposed to Hillingdon Hospital, which is located between Cowley and Hillingdon.

### *Additional Needs Arising from the Development Proposals*

- 1.177 An analysis of the population and age profile of the proposed development has been undertaken taking into account household size, type and tenure. The model was developed by Hunt Dobson Stringer and is based on data from the Wandsworth New Housing Survey 2004, National Housing Federation CORE lettings and sales data 2002-2007, and the 2001 Census.
- 1.178 The Development is expected to consist of between 3,400 and 3,750 units. As yet the tenure mix for the development has not been confirmed. We have therefore used the mid-range estimate from the socio-economic assessment in the EIA.

1.179 Table 5 sets out the projected population:

**Table 5 - Summary of Population Projection**

Age group	Population
Total children (0-16)	1,130
Pre-school (3-4 years)	170
Primary (5-11 years)	440
Secondary (12-16 years)	250
16-64 years	5,220
Over 65s	150
<b>Total population</b>	<b>6,500</b>

- 1.180 The results show a relatively low occupancy level, which is what would be expected for high-density developments. This typically attracts a significant proportion of small households.
- 1.181 Ealing PCT currently has a target of no more than 1,900 people per GP. Applying this ratio to the forecast population of the development suggests that around four GPs will be needed to serve the new population.
- 1.182 For other primary healthcare services, the low proportion of older adults, and the fact that the age profile of children is biased towards the youngest age groups, suggests that demand is likely to be more for health visitors than for district nurses. More generally, the high proportion of people of working age may mean that the overall demand for primary healthcare could be below the average for the borough, as these age groups tend to be in better health.
- 1.183 The additional services that could be needed include health visitors, district nurses, speech therapists, occupational therapists, physiotherapy and social services. It is difficult to predict accurately at this stage which additional services may be required to meet the needs of the development as this will depend on the population that reside in the development.
- 1.184 In addition to the new resident population, the development is also forecast to bring a significant new working population to the area. While for GPs people generally register near where they live, the working population may increase demand for other services such as pharmacies, dental practitioners and opticians. This working population will increase as further phases of development are delivered and, with the increased emphasis on choice promoted by the Government, has the potential to further increase local demand for services. This will need to be monitored over the lifetime of the development to assess any impacts on provision.

#### **Pharmacies, opticians and dentists**

- 1.185 The PCT has less involvement in establishing the facilities required for pharmaceutical services, optometry and dental services, but does have a regulatory responsibility with regard to the provision and operation of these services.

- 1.186 Pharmacists are now undertaking health screening services, counselling and health advisory services. This aspect of their work will continue to expand. The location of the health centre within the development allows the opportunity to have a pharmaceutical outlet based alongside, or in close proximity to, the centre.
- 1.187 Experience elsewhere suggests that it can be difficult to sustain pharmacies that are based within a primary care centre and dedicated to dispensing prescriptions. A pharmacy that is adjacent or close to the primary care centre is therefore likely to be more viable, as pharmacy services can then be combined with a broader retail offer. Such premises are provided on a commercial basis.
- 1.188 For large shopping centres which serve a wider than local population, there are exemptions from the PCT's controls over the establishment of pharmacy outlets<sup>8</sup>.
- 1.189 For dentistry, the key issue is often not premises, but securing dentists willing to undertake NHS work. This is a problem in many parts of London and a solution is likely to be dependent on changes at a national level. Since April 2006, PCTs have had responsibility for commissioning primary dental services to reflect local needs and priorities. This includes agreeing and monitoring local contracts with dentists or corporate bodies for the delivery of primary dental services.
- 1.190 Opticians are commercially run and therefore specific provision is not planned for this within the development.

#### **Policy Drivers**

- 1.191 In terms of detailed guidance (on space standards) there are no nationally set space standards for GP surgeries. It is widely acknowledged that the more traditional model of GP surgery – in particular the conversion of a house – is no longer acceptable provision and that modern facilities where patients can access a broad range of primary care and community services is the preferred objective.
- 1.192 The policy review in this report suggests that LBE agree with this and there is a strong preference in the PCT for larger facilities that can accommodate a range of services and maintain flexibility. In the workshop the PCT agreed that provision of a larger facility than would be necessary to mitigate the impacts of the development would be welcomed. This could provide a range of additional services including support services, social services and also potentially specialist services. However, it was also agreed that due to the length of the development period this would need to remain flexible to respond to changes in the population profile and service delivery over this time.

#### **Summary**

- 1.193 The Development at West Southall would generate direct demand for around four additional GP's and perhaps some additional primary care staff.
- 1.194 The PCT has broader aspirations to provide a large health centre, serving a wider population than that of the new development, in a location accessible by public transport and close to other social facilities to act as a hub for primary care services in the area.

#### ***Proposed Provision***

- 1.195 The development proposals include the provision of a number of community facilities to serve the new and existing population.

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<sup>8</sup> DoH, Control of Entry Regulations, 2005



- 1.196 There are plans for a two form entry primary school which would accommodate 420 children between 5 and 11 years old along with nursery facilities for 3 and 4 year olds.
- 1.197 There is provision for a new health facility of around 2,500sqm which could accommodate up to 8 GPs and ancillary functions. This is in line with Ealing policy which identifies three types of facility with the mid sized being 'health centres' that cater for 7,000-20,000 patients. This would offer a facility not only for the residents of the development but also for the wider population.
- 1.198 The PCT agreed that at this stage it could not identify what additional services may be required in the health centre as policy drivers and demand are likely to change over the development period. This would be reviewed throughout the development process.
- 1.199 At the workshop, the PCT noted the desire to site the health facility in an accessible location and welcomed the proposals to have this located near to other facilities such as the school and retail area. They also stated the need for sufficient parking spaces for the health facility as many people may not be able to get there by public transport.
- 1.200 The developers have also considered the issue of phasing. The scheme will be developed over a 15 year period and therefore appropriate triggers will need to be agreed with the PCT particularly as a large proportion of the health facilities in the scheme are geared to meet demand in the wider area. It will therefore be important to ensure that they are delivered in line with the PCT's strategic planning timetables and that large (and expensive) premises are delivered in line with rather than in advance of need.

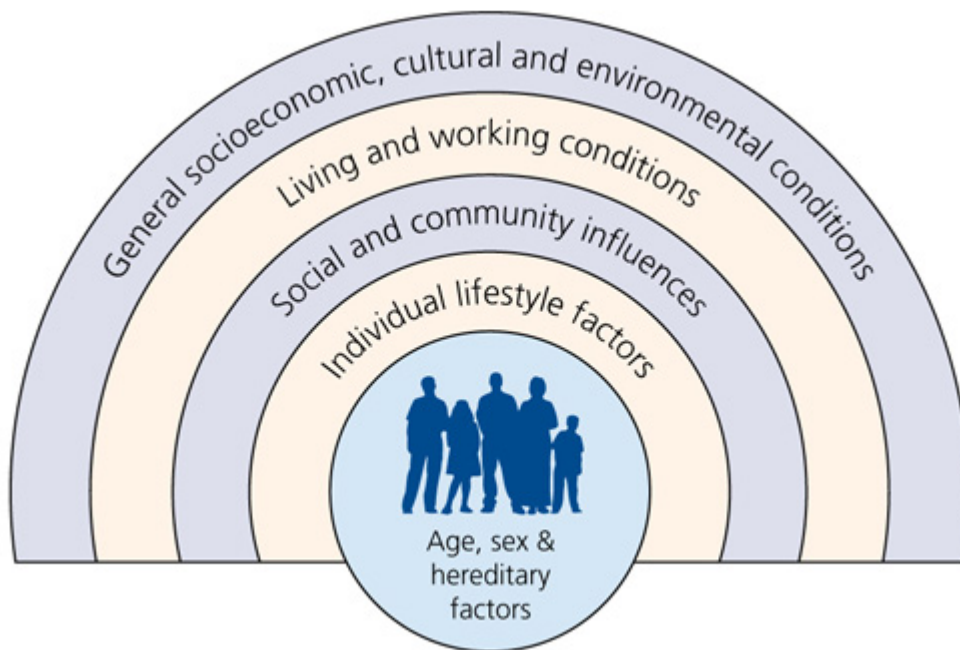
### *Conclusion*

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



## Impact on Determinants of Health

- 1.203 The wider determinants of health include almost all influencing factors affecting the health of a population. However, they do not include the healthcare system. Instead, they are the biological and environmental factors which give rise to positive and negative health outcomes. The London Health Commission uses the diagram below to illustrate how these factors are interconnected.



- 1.204 The diagram shows concentric semi circles which set out the factors influencing health. All of these factors can be changed by human activity, except for the biological factors at the centre of the diagram. These are hereditary factors unique to each individual and so cannot be changed. They are included in the diagram, however, as they affect the way a person interacts with the outer circles. These factors are similar to those set out in HIA guidance documents such as the Merseyside Guidelines which identifies six key influences on health:

- Biological factors
- Personal/family circumstances and lifestyle
- Social environment
- Physical environment
- Public services
- Public policy

- 1.205 Physical development such as that at West Southall has an effect on many of these factors with the exception of biological factors and public policy. This HIA aims to identify the impact of the development on these wider determinants of health and therefore ultimately the indirect impact of the development on the health of existing and future residents. However, the influences on health described above are quite general and in order to make the assessment more meaningful we have linked these wider determinants to policy aims and objectives.

- 1.206 As the policy review above highlighted, the NHS now has a focus on not only treating health but on preventing people suffering ill health in the first instance. The 'Tackling health inequalities - a programme for action' report is the Government's action plan to address the differences in the environmental factors affecting people's health. It states that the greatest effect on health inequalities could be achieved by tackling the following areas:
- Improvements in early years support for children and families
  - Improved social housing and reduced fuel poverty amongst vulnerable populations
  - Improved educational attainment and skills development among disadvantaged populations
  - Improved access to public services in disadvantaged communities in urban and rural areas
  - Reduced unemployment
- 1.207 The impact assessment describes how the regeneration of West Southall meets these key target areas and therefore how it impacts on the wider determinants of health.

*Improvements in early years support for children and families*

- 1.208 The Government has produced a range of policy in relation to the delivery of services to children and education provision, ranging from pre-school to adult learning. It has also invested significant capital and revenue funding in specific service developments.
- 1.209 The Childcare Act 2006 extends the duties of public agencies, requiring local authorities, the NHS and Jobcentre Plus to work together to improve the outcomes of all children up to 5 and reduce inequalities between them, by ensuring early childhood services are integrated to maximise access and benefits to families – linked to the expansion of Sure Start Children's Centres. Local authorities will also be required to assess the local childcare market and to secure sufficient childcare for working parents. Local authorities will not be expected to provide childcare directly but will be expected to work with local private, voluntary and independent sector providers to meet local need.
- 1.210 As part of the regeneration of the area, the West Southall development will provide a primary school with nursery facilities. This could potentially take the form of a Children's Centre with links to wider Children's services. There is also the potential for additional private sector nursery provision to be located within the West Southall development.

*Improved social housing and reduced fuel poverty amongst vulnerable populations*

- 1.211 Poor housing is strongly linked to poor health<sup>9</sup> and every city should have a range of housing type, tenure, size and price<sup>10</sup> and West Southall will bring this essential mix of accommodation into one planned settlement.
- 1.212 The precise housing mix for the development has not yet been finally determined but will seek to maximise the level of affordable housing in the context of available grant and scheme viability. The provision of affordable housing brings additional benefits over and above those associated with an increased supply of private housing as it benefits a lower income group. High quality affordable housing will enable people on lower incomes, who are particularly vulnerable to health inequalities, to move into decent housing.

<sup>9</sup> MRC Social and Public Health Sciences Unit, 2002, *Housing improvement and health gain*

<sup>10</sup> Barton and Tsourou (2000) *Healthy Urban Planning*. Spon Press.

- 1.213 Amongst those who find it difficult to make the first step into the housing market are key service providers in both health and education, and the provision of affordable housing can help remove a barrier to the local supply of key workers.
- 1.214 The integration of the social rented units amongst private units in the new development could also yield health benefits. The presence of home owners helps to alleviate the stigma associated with residence in a deprived estate<sup>11</sup>.
- 1.215 In terms of fuel poverty, there are two factors which compound the problem for those in social housing; their comparatively limited ability to afford fuel combined with less efficient and lower quality accommodation which costs more to heat. The West Southall development will contain highly fuel efficient homes, featuring insulation and modern glazing to retain as much heat as possible.
- 1.216 There was a perception at the health workshop that residential densities could be an issue and that this should be monitored. There was also a desire to see affordable housing that caters for the needs of people with learning difficulties or physical disabilities. Although this is not looked at in detail, it was agreed that new homes built to modern standards generally cater for the needs of these groups better.

*Improved educational attainment and skills development among disadvantaged populations*

- 1.217 The link between education and improved health outcomes can be divided into three main strands;
- Work and economic conditions – the ability of individuals to acquire the skills required to enable them to find good quality employment with decent pay and conditions. Improved economic conditions bring benefits such as improved leisure opportunities, healthier food intake, good quality housing and access to health care services.
  - Social-psychological resources – including the ability to retain control over individuals' lives and their health, increased levels of 'social support' (interaction with others).
  - Health lifestyle – the well educated are less likely to smoke, are more likely to exercise, to get health check-ups, and to drink moderately, all of which, except check-ups, are associated with good health.
- 1.218 We conclude that high educational attainment improves health directly, and it improves health indirectly through work and economic conditions, social-psychological resources, and health lifestyle<sup>12</sup>.
- 1.219 The provision of a new school on site is key to ensuring health inequalities arising from a lack of educational attainment are minimised for residents of the scheme and surrounding area.
- 1.220 The new primary school will all be built with modern facilities and to the highest standards. It will provide 420 school places which will accommodate a large proportion, if not all of the children in the development that require a new place. The school will ensure a mix of pupils from all social groups in the area which enables interaction which can indirectly influence the economic prospects of these children.
- 1.221 In line with the Government's extended schools agenda, it is likely that school facilities such as a library or sports hall may also be open to the community outside school hours. This will provide benefits to residents of the wider area and not just those who attend the school. This

<sup>11</sup> Atkinson, R. and Kintrea, K. Owner-occupation, social mix and neighbourhood impacts. Policy and Politics, 28 (1) pp.93-108, 2000.

<sup>12</sup> The Links Between Education and Health, Catherine E. Ross, Chia-ling Wu, American Sociological Review, Vol. 60, No. 5 (Oct., 1995), pp. 719-745

may include adult learning facilities or ICT equipment which are important for improving education in the wider community.

*Improved access to public services in disadvantaged communities in urban and rural areas*

- 1.222 The development proposals include a range of community facilities, bringing a series of positive health impacts with them.
- 1.223 In addition, increased levels of social interaction will be encouraged through the co-location of community facilities where possible. A new sports pavilion will provide flexible meeting space both for residents within the development and for neighbouring areas. Leisure is essential to people's physical and psychological health<sup>13</sup> and the redevelopment will bring increased opportunities for leisure activities.
- 1.224 The streetscape and public realm within which the new housing and community facilities will be located will be a high quality and well-designed environment. In a more attractive environment, people are more likely to walk or exercise for recreation<sup>14</sup> bringing health benefits through increased physical activity. Safer streets (through increased animation) also brings increased interaction between people, helping to achieve a sense of community<sup>15</sup>. In addition, the aesthetics of an area have been linked to stress or the ability to recover from stressors<sup>16</sup>. The proposed square at the end of the high street will be ideal for this providing a cinema, café bars, restaurants, retail and office space it will be a hub for people to pass through and meet.
- 1.225 New parks and areas of open space will be created across the development site in which enhance local facilities and encourage people to participate in activities. Plans include local parks containing Local Equipped Areas of Play (LEAPs) and Neighbourhood Equipped Areas of Play (NEAPs) which will be located within 400m of residential properties. They also include a central park containing outdoor sports and recreation facilities.
- 1.226 The provision of a new primary school and health centre will also help to improve access to public services particularly given the potential barriers that exist in the area surrounding the site such as the railway line and canal. The benefits of the school and health centre have been described in detail earlier in this report.
- 1.227 The impact of transport on health determinants can vary from negative air and noise outcomes (discussed above), to the positive impacts of improved streetscape, reduced accident rates (also discussed above), improved access to health facilities and social linkages across the community.
- 1.228 The development will feature improved road access to the site through new access routes as well as improvements to existing routes and junctions. There will also be two new pedestrian bridges across the canal which will improve access to the Minet Country Park a strategic open space with sports facilities, and provide quicker routes through the site into the surrounding area. Within the site, vehicle speeds will be controlled around the main retail centre by the concentration of retail activity, frequency of crossings and shared surface of the civic square.
- 1.229 There will also be bus services running through the site and there will also be a number of dedicated routes for cyclists and pedestrians. The road network aims to give pedestrians and cyclists priority over cars and 'home zones' will be implemented in residential areas. This

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<sup>13</sup> London Health Commission (2002) Culture & health: making the link.

<sup>14</sup> Cave et al (2004), Healthy Sustainable Communities: What works?

<sup>15</sup> Cave & Molyneux (2004) Healthy Sustainable Communities: A Spatial Planning Checklist.

<sup>16</sup> Cave et al (2004) Healthy Sustainable Communities: What works?

reduces community severance, increases social interaction as a result of low traffic levels and contributes to improved air quality.

- 1.230 The development would open up a currently under used site and the design will encourage integration between the new development and existing areas. The introduction of new roads, public transport and cycle and pedestrian routes will open up access to and through the site for local residents improving its value to local people.
- 1.231 The health workshop noted that improvements in public transport were welcomed and supported.

### *Reduced Unemployment*

- 1.232 The development at West Southall will bring with it a range of employment opportunities.
- 1.233 The health benefits of employment are dependent upon the quality of the job, control, autonomy, prestige and pay<sup>17</sup>. Evidence is not conclusive and in places studies identify conflicting impacts arising from different aspects of employment. However, in general, employment brings health benefits over unemployment. Returning to paid work from a period of unemployment increases well being, particularly where it is into a permanent work contract.
- 1.234 Unemployment is associated with a wide range of adverse health impacts including anxiety, depression and an increase in self-reported illness, together with an increased rate of heart disease<sup>18</sup>. Long term unemployment can increase the likeliness of these problems affecting people as well as an increase in psychosocial problems and an increase in domestic violence<sup>19</sup>. It can also be the case that those who develop poor health are more likely to remain unemployed in the long term.
- 1.235 In addition, the level of job control has an influence over the health benefits associated with employment. People working in jobs in which they have control over their work have lower rates of absenteeism<sup>20</sup>. Furthermore, a lower risk of heart disease is associated with increased control as a result of improved psychological health as workers benefit from more say in decision and more variety in their work<sup>21</sup>.
- 1.236 The opportunities in this development will stretch across the skills spectrum and include retail and ancillary services jobs such as security and cleaning opportunities, through to highly skilled professional occupations. The development will attract some large scale, national chain retailers and ancillary service organisations and these tend to offer employees good working conditions, control over their job and the opportunity for progression in the long term. They also offer flexible working arrangements and part time opportunities, which can bring people in disadvantaged groups such as women, the young and the disabled into the workforce.
- 1.237 Such a range will ensure that the health benefits of the employment opportunities will benefit a wide range of people, including entry level jobs accessible to those with lower level qualifications who tend to suffer most through health inequalities resulting from

<sup>17</sup> Cave & Molyneux (2004) Healthy Sustainable Communities: A Spatial Planning Checklist.

<sup>18</sup> Wilkinson, R. G. and Marmot, M. The solid facts: social determinants of health. World Health Organisation, pp.1-32. 1998.

<sup>19</sup> Ratner, P. A. The incidence of wife abuse and mental health status in Edmonton, Alberta. Canadian Journal of Public Health, 84 pp.246-249, 1983

<sup>20</sup> Vahtera, J., Kivimäki, M. et al. Effect of change in the psychosocial work environment on sickness absence: a seven

year follow up of initially healthy employees. Journal of Epidemiology and Community Health, 54 pp.484-493, 2000.

<sup>21</sup> Bosma, H., Marmot, M. et al. Low job control and risk of coronary heart disease in Whitehall II (prospective cohort) study. British Medical Journal, 314 pp.558-565, 1997.

unemployment. The developers will work closely with LBE to ensure that local people have the skills and opportunity to access jobs in the development.

- 1.238 The workshop suggested that the integration of the development into the surrounding areas and communities will be important for the long term sustainability of the area. Further, it was felt that as the detailed design emerges, it is important to ensure that the scheme should be designed in such a way as to promote healthier lifestyles.

## Conclusions

- 1.239 The Policy section reviews a range of national and local policies. It concludes that the major policy themes are the need to reduce health inequalities and introduce reform in the health service in order to promote good health and well being, not just the treatment of illness. The method of service delivery is also changing to become more community focused, with traditional hospital services being delivered locally in a community setting, with Polyclinics emerging as a potential vehicle for this. This is being taken forward at the local level by Ealing Primary Care Trust.
- 1.240 The baseline analysis shows that social and economic conditions and the health of Ealing residents compare well to the London and national averages. There are however, pockets of deprivation in the borough which do not reflect these average figures. The Southall area in particular suffers from high levels of deprivation and poor health indicators. The population of Southall is also changing so it is unclear what the needs of the future population will be.
- 1.241 The impact assessment found that, subject to mitigation, the five major impacts identified in the Environmental Impact Assessment of relevance to health - noise and vibration, air quality, transport, land conditions, and microclimate – will have no net negative impact on health and in particular, remediation of the land and improvements for pedestrian and cycle movement be beneficial.
- 1.242 In relation to health provision the scheme contains sufficient floorspace for health provision to mitigate the impacts of the development. The proposals include a health facility of up to 2,550 sqm which would provide GP services as well as additional functions and cater for the increased population as well as those in the wider area. It is important to keep the design of the health centre flexible to allow for changes in policy aims or service delivery over the timeframe of the development.
- 1.243 The overall impact on primary healthcare services in the West Southall area is therefore assessed as positive with new provision exceeding the level of demand created in the new development.
- 1.244 The third area of impact assessment looked at the impacts on wider determinants of health and was arranged around the five priority action areas identified in the Government's 'Tackling Health Inequalities – a programme for action'.
- **Improving early years support for children and families** - the development will provide a full range of facilities for young children and families including nursery places and potential to incorporate a children's centre as part of the new primary school.
  - **Improving social housing and reducing fuel poverty amongst vulnerable populations** - the development will aim to maximise the proportion of affordable housing in the context of a financially viable scheme and provide new modern homes and highly energy efficient housing across the site.
  - **Improving educational attainment and skills development among disadvantaged populations** - the development will provide a new primary school with extended services for the local community.
  - **Improving access to public services in disadvantaged communities in urban and rural areas** - the development will improve health, education, sports and recreation facilities and improved access across the site and links between Southall and surrounding areas including the Minet Country Park.
  - **Reducing unemployment** - the development will house approximately 1,300 jobs with the majority in retail demanding a full range of skills, from entry level to high skill jobs.



The developers will work with LB Ealing to ensure that local people can access these jobs.

- 1.245 Overall, there is a net benefit in the determinants of health as a result of this development. New public services, jobs, education and care facilities, high quality housing including affordable units, and an improved environment all contribute positively to the health of the population at West Southall. The next step is to work with LBE and the PCT to identify actions which can help ensure that these benefits are maximised particularly for those residents most at risk from poor health.
- 1.246 The outcomes of the health workshop have been fed into the assessment. Overall, it was also suggested that development partners would need to continue to work closely with key health stakeholders, in particular looking at how primary healthcare services will be arranged and delivered, how healthy lifestyles can be encouraged on site, and how a sense of community can be achieved across the scheme. This will be progressed through the detailed design phase.



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Beyond Green

Capita Lovejoy

Cyril Sweett

Hakes Associates

Hunt Dobson Stringer

Make

Marks Barfield Architects

PPS Group

RPS

Savell Bird & Axon

Savills

White Young Green