

**Statement of Common Ground
between the London Borough of
Camden and the NHS Integrated
Care Board for North Central
London concerning the Camden
Local Plan Proposed Submission
Draft**

5 December 2025

1. Introduction

- 1.1 This document is a Statement of Common Ground between the London Borough of Camden and the North Central London Integrated Care Board (NCL ICB), and concerns planning policies included in the Camden Local Plan Proposed Submission Draft at the Regulation 19 stage.
- 1.2 It has been prepared to demonstrate that Camden's Local Plan Proposed Submission Draft is 'based on effective joint working on cross boundary strategic matters' throughout the plan preparation period in accordance with Paragraph 36 of the National Planning Framework (NPPF) and will inform further engagement to ensure effective implementation of Local Plan policies.
- 1.3 It focusses on the NCL ICB's response to consultation on the Camden Local Plan Proposed Submission Draft. It highlights matters where agreement has been reached between the Council and the NCL ICB, and areas where agreement has not yet been reached.
- 1.4 In the spirit of collaboration, the document has been prepared as a 'live' document, which can be updated as matters progress and agreement is reached on outstanding issues. It therefore includes details on mechanisms for monitoring, reviewing and updating the Statement of Common Ground.
- 1.5 The London Borough of Camden is reviewing its Local Plan to ensure that Camden continues to have robust, effective and up-to-date planning policies that respond to changing circumstances and the borough's unique characteristics. The Council published the Camden Local Plan Proposed Submission Draft for comment in May - June 2025. The draft Plan sets out the Council's vision for future development in Camden over the next 15 years and includes the planning policies and site allocations to help achieve this.
- 1.6 The NHS Healthy Urban Development Unit (NHS HUDU) provided a response to the Camden Local Plan Proposed Submission Draft on 24 June 2025 on behalf of the NCL ICB and NHS providers.

2. Strategic Geography

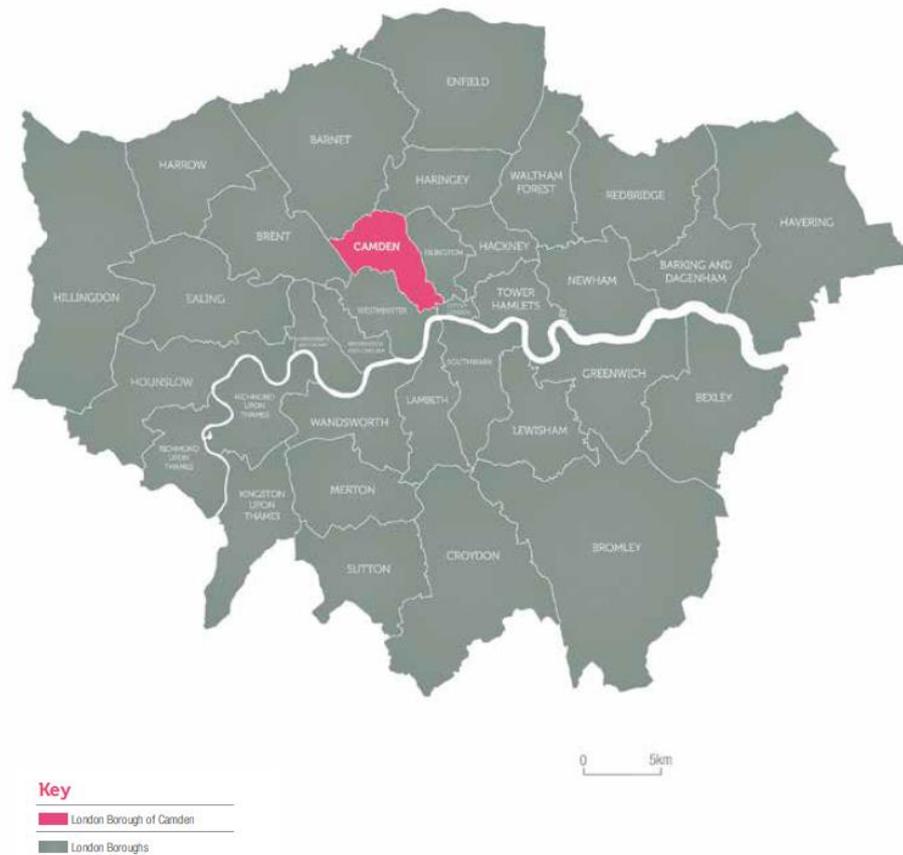
- 2.1 The parties to this SoCG are the London Borough of Camden and the NCL ICB.

London Borough of Camden

- 2.2 Camden is a diverse inner London Borough with a population of approximately 215,000. Camden has a relatively young population, typical of a metropolitan city with a university presence, with a large proportion of students and younger adults and relatively few children and older people, compared to the national average. The southern portion forms part of the Central Activities Zone (CAZ) and includes Bloomsbury and Holborn, which neighbour the West End and City of London. Further north the character

changes with many residential areas and neighbourhoods, including Camden Town, Hampstead, Highgate, Swiss Cottage, West Hampstead and Kentish Town, each with their own distinctive identity and characteristics. The character of the borough is also shaped by its topography and by significant parks and open spaces including Hampstead Heath and Primrose Hill.

- 2.3 London Borough of Camden is bordered by six other London boroughs: City of London, Westminster City Council, London Borough Brent, London Borough Barnet, London Borough Haringey and London Borough Islington.



NHS Integrated Care Board for North Central London

- 2.4 Integrated Care Boards (ICBs) are NHS organisations responsible for planning health services for their local population. There is one ICB in each Integrated Care System area. They manage the NHS budget and work with local providers of NHS services, such as hospitals and GP practices, to agree a joint five-year plan which says how the NHS will contribute to the Integrated Care Partnership's integrated care strategy.
- 2.5 The NHS Integrated Care Board for North Central London is a partnership of the NHS, councils and voluntary sector organisations, who work together to improve health and care in Camden, Barnet, Enfield, Haringey and Islington.

3. Key Strategic Matters

- 3.1 Many of the strategic matters and key issues to be addressed through compliance with the duty to co-operate are, in London, a matter for the London Plan and addressed through the preparation of the London Plan. The London Plan is part of the development plan for all planning authorities in London and Local Plans prepared by London boroughs are required to be in general conformity with it.
- 3.2 In London, planning and co-operation on strategic matters are generally covered by the London Plan, with more locally specific matters covered in Local Plan. The NHS ICBs for London are a key stakeholder in the preparation of the London Plan, in addition to the LB Camden and other London boroughs. Given this, it is considered that there are no strategic health matters to be addressed in the context of the Camden Local Plan Proposed Submission Draft that are relevant to the Duty to Co-operate.
- 3.3 Officers from the Camden's Planning Team attend regular Camden Local Estates Forum (LEF) meetings, arranged by the NCL ICB. This brings together a wide range of NHS partners and relevant Council services and provides an opportunity for discussion and co-ordination on strategic health, planning and estates matters. The Council also engaged with NHS partners as part of the preparation of the Infrastructure Delivery Plan and on the Health Impact Assessment of the draft Local Plan.
- 3.4 There are no strategic matters in relation to the Camden Local Plan Proposed Submission Draft upon which the NCL ICB have any concerns. Camden have engaged with the NCL ICB in an appropriate, proportionate and effective manner throughout the preparation of the Local Plan and the NCL ICB are satisfied that the Duty to Co-operate has been met. It is therefore appropriate for this SoCG to focus on areas of agreement and disagreement between Camden and the NCL ICB in respect of the matters raised by the NCL ICB in their response to the consultation on the Plan, which are non-strategic in nature.

Matters where the parties agree or disagree

- 4.1 The table below sets out the matters raised by NHS HUDU on behalf of the NCL ICB in their representation on the Camden Local Plan Proposed Submission Draft (Regulation 19), and the status of those representations.
- 4.2 The table seeks to provide clarification and clarity to the extent to which matters raised by NHS HUDU on behalf of the NCL ICB are resolved or remain unresolved. The table therefore represents the current agreed position in respect of the agreements and differences between London Borough of Camden and the NCL ICB.

Relevant section of the Camden Local Plan Proposed Submission Draft	NHS comment on the Camden Local Plan Proposed Submission Draft	Camden Response	Common Ground Agreed?
Whole Plan	<p>Thank you for the opportunity to comment on the Proposed Submission Draft Local Plan and for incorporating a number of the changes suggested in our March 2024 representation. We welcome the overall vision and objectives the Proposed Submission Draft sets out for the Borough. While this response has been prepared in consultation with NCL ICB and NHS providers, please note that individual providers intend to submit additional responses to address specific concerns.</p> <p>Where changes are proposed to the wording of policies in order to comply with the NPPF, the London Plan and support the vision set out in the draft plan, these have been highlighted in red italics for ease of reference.</p>	Support welcomed	Agreed
Policy DS1 Delivering healthy and sustainable development	<p>We welcome the strengthening of supporting text in paragraph 2.25 in line with our previous comments to include: <i>Where we live has a profound impact on our health and well-being, it is therefore important that new development prioritises improving the built, natural and social environment in Camden.</i></p>	Support welcomed.	Agreed
Policy SC1 Improving health and wellbeing	<p>We also note that supporting text has been added to Policy SC1 - Improving health and wellbeing (rather than policy DS1 or specific site allocations for residential schemes over fifty dwellings) stating ‘...we will also expect applicants to liaise with NHS partners early on in the design process to identify what mitigation is required in particular circumstances.’</p>	Support welcomed.	Agreed

<p>Policy S1 South Camden Policy C1 Central Camden Policy N1 North Camden</p>	<p>Within policies S1 (South Camden), C1 (Central Camden) and N1 (North Camden) the delivery of an Integrated Care Hub is identified as a key infrastructure priority. As the needs of the NHS will change over time, ongoing consultation with the ICB will be required to ensure that the delivery of an Integrated Care Hub is the most efficient way to deliver its priorities.</p>	<p>Comment noted.</p>	<p>Agreed</p>
<p>Site Allocation Policy C2 Regis Road and Holmes Road Depot</p>	<p>The site allocation does not make reference to the existing mental health facility owned by North London NHS Foundation Trust. We therefore suggest the following change to the policy wording: <i>7. seek to retain existing businesses and other users/ occupiers that wish to stay on the site, where possible, and in particular uses that support the functioning of the CAZ or local economy. The developer should work with existing businesses and other users/ occupiers to understand their requirements, ambitions and the potential for re-provision or relocation. A business retention / relocation strategy must be provided as part of the planning application for the site</i></p>	<p>The allocated uses include community uses, which would include a mental health facility. Part 15 of the allocation provides for contributions towards the provision of new community facilities and/or the improvement of existing facilities in accordance with Policy SC3 (Social and Community Infrastructure). The suggested additional text is therefore not considered necessary.</p>	<p>Matter outstanding</p>
<p>Site Allocation Policy N3 Queen Mary's House</p>	<p>HUDU understand the Royal Free London NHS Foundation Trust will provide detailed representations in relation to this policy. We wish to confirm our support for the inclusion of a higher indicative housing figure of 150 additional homes and the need for greater flexibility within the policy wording.</p>	<p>The housing capacity is based on design-based capacity assessment work, consistent with the approach taken on other sites. As noted in Local Plan paragraph 1.36, capacities are indicative. Paragraph 1.40 states that a larger number of homes than the indicative capacity may be supported where it is shown that the proposed quantity is appropriate to the local context taking account of relevant design and heritage policies and can be</p>	<p>Matter outstanding</p>

		accommodated without unacceptable harm to the amenity of occupiers and neighbours. No change is therefore considered necessary.	
Policy SC3 Social and community infrastructure	Policy SC3 should be amended in order to align with London Plan Policy S1 - Developing London's social infrastructure that states the loss of social infrastructure is acceptable if it supports a broader public service transformation plan requiring modern facilities to meet future needs.	Policy SC3 sets out our approach to the loss of social and community infrastructure. We consider there is sufficient flexibility in the policy to respond to the issue raised. The London Plan forms part of Camden's Development Plan and relevant London Plan policies are taken into account as necessary when planning applications in Camden are assessed.	Matter outstanding
Infrastructure Delivery Plan	We look forward to working with the Council to ensure the IDP reflects the latest forecast for health infrastructure and the needs of the wider community.	Comment noted.	Agreed in principle, further work required

5. Governance arrangements

- 5.1 This Statement has been prepared as a 'living' document, which will be reviewed and updated:
- whenever agreement is reached on any outstanding matters; or
 - at key stages in the plan-making process, as the Plan progresses through examination.

Signatures

Signed on behalf of the NCL ICB

A solid black rectangular box redacting the signature of Nicola Theron.

Nicola Theron
ICB Director of Estate

Signed on behalf of London Borough of Camden

A solid black rectangular box redacting the signature of Brian O'Donnell.

Brian O'Donnell
Strategic Lead - Planning Policy and Implementation

Appendix 1 – Consultation responses from the NCL ICB

Draft Site Allocations Local Plan (February 2020)

Thank you for the opportunity to comment on the draft Site Allocations Local Plan. This response is submitted on behalf of Camden Clinical Commissioning Group (CCG). Overall, the CCG supports the policies of the draft plan. However, we do have some specific comments.

The draft Site Allocations Local Plan sets out a range of detailed area and site-specific policies. These policies support the delivery of the Camden Local Plan 2017, in particular policies to provide new or improved health facilities (Policy C1 Health and Wellbeing) and seek planning contributions to meet infrastructure needs (Policy DM1 Delivery and Monitoring).

The draft plan does not allocate any sites within the Euston Area Plan area. The 2015 Euston Area Plan identified a potential for between 2,800 and 3,800 additional homes by 2031. However, the plan is under review, and the CCG would welcome the opportunity to discuss the impact of the revised plan.

The Camden Local Plan 2017 sets a target to deliver 16,800 additional homes by 2031. The draft Site Allocations plan allocates sites in six growth areas and on individual sites within the borough. The following table identifies the indicative housing capacity in the six growth areas.

Growth Areas	Additional homes (indicative capacity)
Bloomsbury Campus Area	Student housing
Camden Goods Yard Area	1200
Camley Street and St Pancras Way Area	1750
Holborn and Covent Garden Area	400
Kentish Town Area	2000
West Hampstead Interchange Area	1150
Total additional homes	6500

Community Investment Programme

The draft plan also identifies individual development sites, some of which have potential for a significant number of new homes. These includes sites with development under construction as

part of the Council's Community Investment Programme at Bacton Low Rise (265 homes, site IDS20j), and the Abbey Co-Op Housing Site (141 homes, Policy IDS20q). It also includes a significant number of potential new homes in the Gospel Oak regeneration area, including 893 additional homes on two sites (Policy IDS11 - Wendling Estate and St Stephens Close and Policy IDS13 – West Kentish Town Estate).

It would be helpful if there was some supporting text summarising the Council's Community Investment Programme, including plans for the Gospel Oak regeneration area.

The CCG notes that the Council will undertake further engagement on a Community Vision for Gospel Oak and Haverstock during 2020 (paragraph 10.110). The CCG welcomes the statement in Policy IDS11 clause f. to ensure that the Gospel Oak Health Centre, nursery and hostel are able to maintain continuity of service throughout the redevelopment period.

Policy KQ1 – Supporting growth in the Knowledge Quarter Innovation District

The CCG supports Policy KQ1 which recognises the importance of clusters of world class academic, cultural, research, scientific and media institutions and organisations, including life sciences. Clause g of the policy recognises that development in the area should also provide local benefits, which maximises social value and contributes to reducing inequalities and increasing life chances. This includes new social infrastructure.

Policy BC1 – Bloomsbury Campus Area

The CCG supports the development of student housing in the Bloomsbury Campus Area to serve the University of London (Policy BC1). It should be noted that a concentration of student accommodation will have an impact on healthcare services. The CCG has identified Bloomsbury as an area where investment is needed in primary care premises, but there are limited opportunities and rental levels are very high. GP practices in the area may need to be relocated as current leases expire.

Policy CGY1 – Camden Goods Yard Area

The draft plan identifies an indicative housing capacity of 1,200 homes in the area. The CCG supports clause i. of the policy which identifies the need for social infrastructure to support the new resident and working population and would welcome the opportunity to discuss the options for a potential healthcare facility in the area, particularly should an alternative proposal come forward on the Morrisons Supermarket site (Policy CGY2).

Policy CSP1 – Camley Street and St Pancras Way Area

The draft plan identifies an indicative capacity of 1,750 additional homes in the area. The area lies to the north west of the Kings Cross Central development site (Site IDS20y) and north of Somers Town. There is no reference to the need for social infrastructure in the area.

The area includes Policy CSP5 – St Pancras Hospital and the supporting text (paragraph 6.36) helpfully provides the context to the redevelopment plans as part of proposals to transform mental health services in Camden and Islington and create new purpose-built mental health and wellbeing hubs.

The CCG welcomes the statement in paragraph 6.38 that the plans for St Pancras Hospital are not developed in isolation and are developed in a comprehensive and coordinated way. This includes connections across the rail corridor and canal to Kings Cross Central and Agar Grove Estate (Site CSP7a). The redevelopment of St Pancras Hospital is dependent on the relocation of services from the site and the creation of mental health and wellbeing hubs in Camden and Islington.

Policy HCG1 – Holborn and Covent Garden Area

The draft plan identifies a capacity of 400 additional homes in the area. It refers to Great Ormond Street Hospital for Children NHS Foundation Trust's masterplan is included (Site HCG5g), but no context or a summary of the masterplan is provided.

Policy KT1 – Kentish Town Area

The draft plan identifies a capacity of 2,000 additional homes in the area. The Council is preparing a Kentish Town Planning Framework to provide further detailed guidance. The majority of new homes are identified on two sites: Regis Road Growth Area (Policy KT2) and the Murphy Site (Policy KT3). Both have the potential for community use, but Policy KT1 does not identify the need to provide additional social infrastructure in the area. The policy should also acknowledge the linkages to Kentish Town West / Gospel Oak regeneration area. The CCG would welcome the opportunity to work with the Council to explore opportunities for new healthcare infrastructure in the area.

Policy WHI1 – West Hampstead Interchange Area

The draft plan identifies the capacity for 1,150 additional homes in the area. Policy WHI1 refers to the provision and/or improvement of appropriate community facilities or services to meet increased resident needs (clause c). The CCG welcome the reference in paragraph 9.6 to the need for a new health and well-being centre in the area to meet additional demand, but also to help transform services.

This could be located on the largest site, the O2 Centre site (Policy WHI2), and clause i) of the policy helpfully identifies possible provision of a new health and well-being hub. This is the CCG's preferred option and discussions are underway. Alternatively, provision could be made on the 156 West End Lane (Travis Perkins) site (WHI5b).

Individual Development Sites

The draft plan identifies individual development sites which lie outside the growth areas. These also include Community Investment Programme sites referred to above.

The draft plan (Policy IDS14) identifies the Royal Free Hospital as a site where 'complementary/supporting uses' are suitable to support the future growth and function of the hospital. This could additional primary healthcare capacity as part of the development of a health and research campus.

330 Grays Inn Road (Policy IDS15) and Eastman Dental Clinic (Site IDS20t) have become available for redevelopment following the relocation of the Royal National Throat Nose and Ear Hospital and the Eastman Dental Hospital to new premises in Huntley Street. It is not clear in the plan that these sites are connected as part of the University College London Hospitals plans.

Policy IDS20 - Other Development Sites

Figure 10.23 identifies 26 other development sites in Camden. Many of these sites have planning permission and other under construction.

Arthur Stanley House, 44-50 Tottenham Street (IDS20c) is listed as an 'Other Development Site' in Figure 10.23, with health and housing listed as proposed uses. Planning permission has been granted with includes a health facility (GP surgery) of 600 m² secured by s106 legal agreement. The facility is offered as shell and core space at an open market rent for D1 use, and as such is unlikely to be affordable. However, the CCG is looking to consolidate leasehold interests in the area and a site is required, and further discussions are needed with Westminster Council and Central London CCG.

The former Tottenham Mews Day Hospital (Policy IDS2) adjoins Arthur Stanley House and is a former mental health community facility which closed in 2011. It is listed as having potential for 12 additional homes and small-scale community or health use. It is unlikely that a health use would be appropriate for this site, given its size and location.

Infrastructure Study June 2019

The draft Site Allocations plan is supported by a Camden Infrastructure Study (June 2019). The CCG notes that the Council will produce an Infrastructure Delivery Plan which will provide more detail on infrastructure projects to support growth in the borough. This will include projects to mitigate the impact of individual sites and cumulative growth in an area. As such it should identify funding requirements, including the use of s106 developer contributions to mitigate site-specific impacts and the use of Community Infrastructure Levy to address cumulative impacts.

The draft plan (at page 4) helpfully acknowledges that CCGs across North Central London have undertaken locality planning exercises which have identified key priorities for estate investment, which, will inform Local Plan reviews and Infrastructure Delivery Plans.

The Infrastructure study is a baseline assessment of existing infrastructure and a high-level summary of future requirements. Although it is not a statement of policy, it makes some important policy observations, which should be reflected in the draft plan.

The study notes that in addition to new homes, there is need for additional student housing and other forms of specialist housing. It should be recognised that student accommodation, new forms of residential accommodation (co-living / build to rent) and specialist housing will all place additional pressure on healthcare services.

Section 7.6 of the study looks at healthcare which it defines as primary care services, social care, public health and ambulance services. The definition excludes hospital and community care services provided by NHS Trusts although the section refers to NHS Trust estate plans.

The section helpfully refers to NCL Estates Plan 2018, Camden Local Care Strategy and the Joint Health and Wellbeing Strategy Refresh (March 2019). However, the section will need to be kept under review as strategies and new models of care are implemented, notably primary care networks, out of hospital care and the move towards an NCL Integrated Care System.

The sub-section on 'current provision' focuses on primary care (GP) capacity and notes that significant population growth will place pressure on existing infrastructure, including the estate and also will limit opportunities to transform services. It would be helpful if the sub-section also referred to capacity and issues related to the hospital and community estate.

The sub-section on 'Infrastructure Planning Considerations' refers to both primary care and NHS Trust estate plans and investment and the availability of NHS capital funding. It should be mentioned that some plans are dependent on the availability of other sources of funding, including capital receipts and developer contributions. It should be noted that many of these plans are dependent on the relocation of services and the redevelopment or sale of existing NHS sites.

The final paragraph on page 71 refers to the potential to secure healthcare (Use Class D1) space as part of development proposals. It notes that affordability, in terms of high rental costs is key barrier to the take of facilities. The CCG welcomes the statement that "any new on-site health facilities provided by developers would normally need to be provided at affordable rates". A shell and core facility provided at an open market rent should not be considered as s106 planning obligation. The provision of new healthcare space should also fit with service strategy in terms of location, size and design. A financial contribution may be appropriate as an alternative to on-site provision.

Where new and improved healthcare premises are required, it would be useful, where possible to link the requirement to the corresponding area and site policy. Further discussions are needed, in some cases, to identify the feasibility of each site option and to identify alternatives.

It should be noted that to deliver new capacity, Community Infrastructure Levy funds will be required as there is a significant funding gap.

Requirement	Area / Site Policy
Re-provision of Belsize Priory Health Centre	Policy IDS20q Abbey Co-Op Housing Site
Re-provision of Gospel Oak Health Centre / Gospel Oak regeneration	Policy IDS11 - Wendling Estate and St Stephens Close and Policy IDS13 – West Kentish Town
Provision in Bloomsbury	Policy BC1 – Bloomsbury Campus Area and wider Policy KQ1 – Supporting growth in the Knowledge Quarter Innovation District
Additional capacity in Swiss Cottage	Policy IDS20v 100 Avenue Road. Other options needed.
Additional capacity in Kings Cross / Somers Town area	Policy IDS20y King’s Cross Central and alternative options
Additional capacity for Hampstead Group Practice	Policy IDS14 – Royal Free Hospital
Additional capacity in Chalk Farm	Policy CGY1 – Camden Goods Yard Area
Additional capacity in West Hampstead	Policy WHI2 - O2 Centre, WHI5b 156 West End Lane
Euston redevelopment	To be discussed as part of the review of the Euston Area Plan

There are sites not listed in the draft plan where the CCG have identified opportunities for the redevelopment and optimisation of existing sites, including Hunter Street Health Centre.

As part of its plans to transform mental health services in Camden and Islington, Camden and Islington NHS Foundation have identified opportunities for new health and wellbeing hubs at Camden West (O2 centre), Daleham Gardens Health Centre and 4 Greenland Road, Camden Town.

The Infrastructure Study also refers to The Tavistock and Portman NHS Foundation Trust’s relocation programme to be financed by receipts from the sale of Tavistock Centre Belsize Lane, Portman Clinic, Fitzjohns Avenue and Gloucester House.

The CCG would welcome the opportunity to work with the Council to produce a detail Infrastructure Delivery Plan, exploring health infrastructure requirements, site options and funding sources, including the use of Community Infrastructure Levy funds. This should be developed in conjunction with the CCG’s Estate Strategy, and the Estates Forum will continued be used to explore opportunities to make best use of the wider public sector estate and consider opportunities to collocate services in larger buildings.

Interim Sustainability Appraisal (February 2020)

The draft Site Allocations Plan is supported by an Interim Sustainability Appraisal (February 2020), which incorporates Strategic Environmental Assessment, Health Impact Assessment and Equality Impact Assessment. It is noted that sustainability appraisal does include a health and wellbeing objective and has a strong health and wellbeing focus throughout.

Nevertheless, the CCG suggests that the next version of the draft plan is supported by a separate health impact assessment. The draft plan sets out some borough wide issues where actions will need to be taken. Many have health and wellbeing impacts. These actions should be reflected in the site policies to ensure that Camden Local Plan Policy C1 Health and wellbeing is implemented. They include:

- Construction impacts and the use of Construction Management Plans, and tighter restrictions in designated Cumulative Impact Areas
- Action in response to climate change - creating more green space on residential streets, planting more trees and create more allotments and pilot a community energy heating system.
- Providing different types of housing which meets specific housing needs – need for additional self-contained supported homes for people with learning disabilities, a replacement ‘Crisis House’ facility for people with mental health issues, more affordable extra care units, a council commissioned nursing care home and additional pitches for gypsies and travellers.

Some site policies include positive statements which would help to improve health and wellbeing. However, this is not consistent, and consideration could be given to overall policy or statement which coordinates the following statements / actions:

- The need to promote the health and wellbeing of residents as well as workers (Policy CGY1 Camden Goods Yard Area)
- The provision of high-quality open space, urban greening and public realm and support for the Council’s Liveable Neighbourhoods programme (Policy HCG1 Holborn and Covent Garden Area)
- The Kentish Town area to be a ‘zero emission’ neighbourhood with the highest environmental standards, improved air quality, reduced vehicle movements and congestion, and design that supports healthy lifestyles (Policy KT1 – Kentish Town Area).
- References to maximising social value during the planning, construction and end user phases of development ensuring that development benefits local people and contributes to reducing inequalities and increasing life chances (Policy KQ1 Supporting growth in the Knowledge Quarter Innovation District and Policy IDS14 Royal Free Hospital). There is reference to social value frameworks that could be used to secure commitments. However,

there is no Camden Local Plan policy to secure these frameworks, unlike Islington's Local Plan (Policy SC4 Promoting Social Value) which requires major development proposals to undertake a Social Value self-assessment.



NHS London Healthy Urban Development Unit

Brian O'Donnell
Strategic Lead - Planning Policy and Implementation
London Borough of Camden
5 Pancras Sq
London N1C 4AG

17th January 2023

Dear Brian

Camden Local Plan Regulation 18 Consultation

Thank you for the opportunity to comment on the Council's Local Plan Regulation 18 documents.

This response has been prepared in consultation with the North Central London Integrated Care Board (formerly the Clinical Commissioning Group). We note that this is an early stage consultation seeking initial views and are keen to work closely with the Council throughout the Local Plan process.

We welcome the recognition of the challenge of improving health and wellbeing and of reducing health inequalities and the opportunities that the Local Plan brings for addressing these. We haven't commented on the vision and priorities but do observe the interconnectedness of the predefined priorities from which people are asked to select their 'top 3'. From a health and wellbeing perspective the local plan has a key opportunity to influence and improve the wider determinants of health which are essential in reducing health inequalities and improving overall quality of life for residents and communities.

At this stage it is crucial to ensure the major health issues facing the borough are identified to maximise the opportunities for the local plan to help address the wider determinants of health. The Camden Joint Strategic Needs Assessment and Health and Wellbeing Strategy are important evidence base documents together with the emerging strategies of the North Central London Integrated Care System and the Integrated Care Board and the Camden Borough Partnership.

From an NHS estates perspective the growing and ageing population creates additional challenges alongside those of many properties requiring work to accommodate new standards and ways of working with a key priority supporting local care transformation based on a population health and place-based approach to develop out of hospital estate plans. This requires innovative approaches to funding and delivery and making best use of the existing estate. We ask that all new

development is required to mitigate its impact on health and social infrastructure and to support the health and wellbeing of new residents and the wider community.

The NHS North Central London Estates Strategy identifies Belsize Priory, Kilburn/West Hampstead, Gospel Oak, Bloomsbury and King's Cross as high growth areas potentially requiring capital investment for health infrastructure. There is a shortage of healthcare accommodation in the West of the Borough, and the ICB is keen to work with the Council to explore all the possible opportunities to secure additional capacity to meet current and future need. This includes potential development sites identified through the Local Plan process and opportunities within existing NHS, Council and other partner sites. Affordability and sustainability of health sites and floorspace are vital and any potential new capacity will need to meet these requirements. Therefore, the expansion of capacity within existing health sites is often the preferred solution with developers' contributions secured to ensure this can happen in parallel with the new population arriving.

We look forward to continuing close collaboration with the Council and to providing further input as the plan evolves and the preparation and updates of the Infrastructure Delivery Plan.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Mary Manuel', with a stylized, cursive script.

Mary Manuel
Head of the NHS London Healthy Urban Development Unit



London Healthy Urban Development Unit

8th March 2024
faye.mcelwain@nhs.net

Thank you for the opportunity to review the Regulation 18 draft Camden Local Plan.

While this response has been prepared in consultation with the NELICB and NHS providers, they may submit an additional response detailing specific concerns in addition to supporting the content of this letter.

It is considered that the overall scope of the document is sufficient as the thread of health runs through the document and specific health issues are covered in individual policies.

Camden's six ambitions at paragraph 1.46 are fully supported. Especially criterion iv.

The key missions in paragraph 1.48 as set out in We Make Camden for the Local Plan are also supported and it is considered that the Local Plan adequately covers these.

The comments therefore provide both general comments and suggestions and propose specific changes to policy wordings and related text. We would welcome further discussion should this be considered helpful in the progression of the plan.

Policies

Comments set out in order of the Local Plan for ease of reference.

Strategic Policies

HUDU recognises the challenge the council faces in to meeting its housing need of 11,550 additional homes which equates to 770 homes per year.

The Local Plan proposes to deliver this target through committed schemes, site allocations and windfall development proposals.

HUDU welcomes this approach but asks that the Council makes provision for changing health priorities and demands over the plan period. The requirements of the NHS are likely to change over this time due to changes in National and local priorities, changes in circumstances (such as a pandemic, advances in treatments and evolving clinical strategies).

DS1: Delivering Healthy and Sustainable Development

Creating healthy and sustainable places

The aims of this policy to create healthy and sustainable places is generally supported. However, the following change is proposed to be changed to the supporting text to make it more robust and deliverable:

*2.19 Where we live has a profound impact on our health and well-being, it is therefore important that new development ~~helps to improve~~ **prioritises improving** the built, natural and social environment in Camden, to create places that promote good health and wellbeing, are safe, welcoming, accessible and inclusive, encourage social interaction and support healthy and active lifestyles to meet the needs of Camden's communities. Linked to this is the need to ensure that development responds to the climate and ecological emergency, to ensure we are creating sustainable places that achieve net zero carbon emissions, optimise resource efficiency and are designed to be climate resilient to safeguard our environment for future generations.*

Site Allocations

Affordability and sustainability of health sites and floorspace are vital and any potential new capacity will need to meet these requirements. Therefore, the expansion of capacity within existing health sites is often the preferred solution with developers' contributions secured to ensure this can happen in parallel with the new population arriving. However, sometimes the favoured approach is for new premises.

It is welcomed that an integrated care hub is proposed for the South Camden and Central Camden. These should be provided on a long leasehold or freehold basis and to ensure its affordability and sustainability should be made available to the NHS at a peppercorn/discounted rent. Capital and revenue funding are major constraints across the NHS and therefore it is essential that the facility is affordable and sustainable for the NHS and designed to a high standard.

Also as above, as the needs of the NHS may change over time and ongoing consultation with the ICB is required to ensure that the delivery of the integrated Care Hub is the most efficient way to meet its priorities. For residential schemes over fifty dwellings the following wording is suggested under 'Infrastructure Requirements'.

Applicants will be required to liaise with the NHS early in the design process to identify the mitigation required in particular circumstances.

Policy S1 – South Camden

It is noted that the King's Cross and Holborn areas are the main focus with site allocations at Camley Street and St Pancras Way. It is understood that further consultations will be undertaken on the Euston Area Plan and Holborn Vision and Urban Strategy which will help to further inform the plan.

The importance of other infrastructure such as the Bloomsbury Green Corridor and public open space to maintain and enhance good health and wellbeing is also supported.

Housing Allocations

Allocation S4 (CSP2) – 120-136 Camley Street & Allocation S5 (SSP3) – 104-114 Camley Street and Cedar Way Industrial Estate

It is welcomed that the public realm, green spaces and cyclist and pedestrian routes are to be improved as part of the development of the sites which will have a positive influence on health and wellbeing.

Allocation S6 (CSP4) – Parcelforce and ATS Tyre Site

It is noted that the extant permission on the site would provide a six storey (plus two storey basement) health care facility.

The S106 contained a cascade clause to ensure the trust were given right of first refusal to occupy once the development is complete.

It is requested that if any subsequent planning application or modification to the current application is submitted that the NHS is consulted as the needs may have changed.

Allocation S7 (CSP5) – St Pancras Hospital

Following the granting of planning permission for the re-location of the Moorfields eye hospital and associated knowledge based activities, a mixed use of the site is supported.

Allocation S9 (CSP7b) Bangor and Eagle Wharf

Increased capacity of fifty dwellings would have an impact on health provision and this should be noted in the allocation with the requirement to liaise with the NHS to discuss appropriate mitigation.

Allocation S11 (IDS2) – Former Tottenham Mews Day Hospital

The site was used in the past by the NHS as a mental health resource centre. A historic application provided a mental health resource centre on the site. However, in March 2018 the provision of mental health services had now shifted from acute to community support, and agreed to vary the s106 planning obligations to provide support for other mental health services rather than a replacement Resource Centre and it is therefore agreed that the loss of the mental health floorspace is acceptable.

It is noted that there is an extant permission for the construction of a building 6 storeys tall and with one basement storey to provide 23 affordable homes and 364sqm of affordable office space. It is requested that if any subsequent planning application or modification to the current application is submitted that a similarly worded agreement is secured.

Allocation S12 (IDS15) – Former Royal National Throat Nose and Ear Hospital

It is noted that there is an extant permission on the former medical site for a 192 room hotel, office space, affordable workspace and 72 residential flats.

The UCL Ear Institute (332 Gray's Inn Road) adjoining the site raised a series of concerns in particular regarding noise vibration issues during construction.

Due to the sensitive nature of the UCL Ear Institute, in order to mitigate the impact critical thresholds have therefore been set out the section 106 to ensure that the construction process does not breach these and prejudice its continued operation. The S106 states that if the development cannot be built without breaching the critical thresholds, then the occupiers would need to be decanted and such a strategy would need to be prepared by relevant parties and submitted to the Council for approval prior to any works commencing.

Should a subsequent planning application be submitted a similar agreement is entered into to protect the functioning of the Ear Institute would be required. This necessity should be highlighted in the site allocation.

Allocation C2 (KT2) – Regis Road and Holmes Road depot

Given the indicative scale of the proposed development (1000 homes) the masterplan approach as suggested in the allocation is welcomed. It is noted that the site is supported as a site for mixed used development in the Kentish Town Neighbourhood plan and the plan also sets out in Policy SP2a the impact on healthcare. Clause vi) is supported.

It is supported that at h) there is provision for particular housing needs, particular older people. However, it is suggested that this wording is stronger to secure more certainty for this provision.

make **significant** provision for particular housing needs identified in Policy H6C ~~where appropriate, and consider inclusion of~~ **include** affordable housing for older people, or other people with care or support requirements, as part or all of the overall affordable housing contribution;

Allocation C3 (KT3) – Murphy Site

As allocation C2, it is noted that the site is supported as a site for mixed used development in the Kentish Town Neighbourhood plan likely to be delivered in the later part of the plan period. The plan also sets out in Policy SP2a the impact on healthcare which as started before requires a financial contribution or direct provision.

Allocation C7 (CGY2) – Morrisons Supermarket

It is noted that there is planning permission for comprehensive redevelopment of the Camden Goods Yard for 644 new dwellings. Should any subsequent application be submitted the healthcare provision should be reviewed.

Allocation C9 (CGY4) – 100 Chalk Farm Road

It is noted that the allocation is earmarked for student accommodation and that there is a current application pending on the site for such a use. This use has specific health requirements, such as an increase in the use of mental and sexual healthcare. Therefore any proposal should comply with policy H9.

Allocation C10 (CGY5) – Juniper Crescent

The site is potentially earmarked for affordable housing for older or vulnerable people. It is suggested that this is listed as a requirement under 'Design Principles' to ensure deliverability of this specific use.

Allocation C12 (CGY7) – Gilbeys Yard

It is welcomed that the provision for particular housing needs identified by H6C is listed in the 'Development and Design Principles' section. It is suggested that a specific proportion of the total units to be provided should be listed to ensure deliverability.

Allocation C13 (IDS13) – West Kentish Town Estate

It is welcomed that the site allocation recognises the need to improve and regenerate the area in accordance with the Gospel Oak and Haverstock Community Vision. The document suggests that appropriate health and care infrastructure should be provided and lists a new health centre as an infrastructure requirement.

Allocation C14 (IDS11) – Wendling Estate and St Stephens Close

It is welcomed that the 'Infrastructure Requirements' suggest that health and community facilities may be needed. Therefore the developers should be required to engage with the NHS early in the process and undertake a feasibility study as necessary to investigate whether the existing and proposed healthcare capacity in this area is able to support the demand anticipated from the development or whether local expansions and/ or detailed or new provision is required.

Allocation C16 (IDS6) – Camden Town over station development

It is supported that the site allocation suggests that any new housing should be subject to appropriate noise mitigation due to the location above the station and in relation to Buck Street Market and the Electric Ballroom

Allocation C17 (IDS20e) – UCL Camden Campus: 109 Camden Road

Student accommodation has specific health requirements and should comply with policy H9.

Policy W1 – West Camden

It is noted that most development here will be at West End Lane in West Hampstead and the Finchley Road.

There is a shortage of healthcare accommodation in the West of the Borough, and the ICB is keen to work with the Council to explore all the possible opportunities to secure additional capacity to meet current and future need.

Allocation W2 (WH12) – o2 Centre, car park, showrooms and 14 Blackburn Road

It is noted that a health centre is secured as part of the O2 planning permission which recognises that of 569 homes will impact on health provision. It is noted that a cash in-lieu payment is agreed as part of the permission should the health centre not be deliverable. It is the current position of the NHS that the health centre is required and should any modifications to the scheme or subsequent schemes be submitted this remains to be the priority for the NHS but a S106 agreement with the same flexibility should be sought.

Policy N1 - North Camden

It is noted that development within north Camden is more limited due to its historic character and abundance of attractive open spaces which will be preserved. Despite this it is noted that criteria iii of part F of the policy states that an integrated care hub will be delivered in the North of the Borough. Internal alterations to the Roy Shaw centre are a current priority project for the NHS. However, this may require further funding and/or increased provision in existing premises.

Allocation N3 (IDS20k) – Queen Mary's House

It is noted that the previous use on the site provided accommodation as a residential institution and key worker accommodation. It is understood that the Royal Free will provide a more detailed response on this site.

Housing Policies

Policy H1 – Maximising Housing Supply

The priority for permanent self-contained housing is generally supported.

Policy H4: Maximising the Supply of Affordable Housing

HUDU welcomes the policy on affordable housing. In particular the suggestion that intermediate housing may be prioritised for key workers, such as NHS staff is supported. However, at present the policy does not include measurable targets or monitoring techniques and therefore there is the threat that this aim will be watered down or not delivered effectively.

It is also suggested that strategic sites should be required to contain a proportion of key worker homes and specific sites should be earmarked for key workers and the Council should work closely with the NHS to ensure that such housing is provided within suitable and convenient locations for staff.

Policy H5 – Protecting and improving affordable housing

It is welcomed that the policy aims to improve the existing stock of affordable housing and that the policy text makes specific reference to the needs of health service workers for self contained accommodation and aims to ensure that existing occupiers of a redeveloped site will be rehoused. However, it is considered that the policy text could be altered to ensure that the existing key workers are given first refusal on the new accommodation to allow them to reside in the same area.

Policy H6: Housing Choice and Mix

It is welcomed that the policy aims to minimise social polarisation which can lead to segregated communities which exacerbates health inequalities.

However, we consider that there should be more emphasis on creating mixed used developments and integrating different housing types. It is welcomed that dwellings for a variety housing needs are promoted.

Policy H7: Large and Small Homes

The aim to ensure a range of homes of different sizes in order to create mixed, inclusive and sustainable communities is commended as such communities contribute positively to health and wellbeing. However, the policy should be strengthened to ensure deliverability.

A stronger wording is suggested below.

*E. Where development would involve conversion of a large home (3 bedrooms or more) to create additional self-contained homes, the council ~~will expect~~ **require** the converted property to include at least one 3-bedroom home.*

Policy H8: Housing for older people, homeless people and other people with care or support requirements

HUDU strongly supports the aims of this policy in particular its commitment to encourage adaptations to allow people with support requirements to live independently and remain in their own home where possible. It is also highly commended that the policy recognises the

varied and in depth needs of a number of sub-groups and details their individual requirements for instance autism and dementia.

We would welcome discussions to how this can be achieved effectively. At present the policy does not include measurable targets or monitoring techniques and therefore there is the threat that it's aims will be watered down or not delivered effectively and words such as 'encourage' or 'support' are not considered to be strong enough to guarantee that the policy is taken seriously enough by developers.

Homes for older people

It is noted that Camden has a larger than average proportion of younger people. However, the needs of an ageing population should not be disregarded. It is welcomed that the policy suggests that one new extra care facility with 40-45 homes and 20 new nursing care places is required over the plan period. To enable deliverability it is advised that potential sites are identified at an early stage.

Mental Health

The proposed support for new and replacement mental health facilities and facilities for people with learning disabilities and autism is also welcomed and the aspiration for developments to be accessible and self-contained. Sites should be clearly identified to accommodate the new development which would ensure deliverability.

Young People

The proposed support for young people up to 25 is also welcomed, particularly as Camden has a young population. The proposed detailed needs assessment is considered necessary to fully understand the Council's position and its findings should be taken forward.

Affordable Housing

It is supported that large development sites could accommodate Council Commissioned housing support through its affordable housing provision and is also supported that there is protection of existing provision and the potential to adapt premises to better serve the needs of the people of Camden.

Policy H9 – Purpose-built student accommodation.

It is welcomed that there is a specific policy for purpose built student accommodation.

In particular the provision for affordable student housing is supported as this will enable students from less well-off backgrounds to have the same opportunities as others. In addition the provision for the amenity standards to comply with relevant standards for HMOs is supported as this will ensure that students will have sufficient space and living standards. Consideration should be given to including noise standards within the policy to ensure that students are afforded sufficient privacy in their individual rooms. We suggest that the potential for including a private space with higher level of sound insulation is provided to allow students to feel safe talking about sensitive issues to friends and families, to their doctor or therapist.

In paragraph 7.222 it is suggested that student accommodation should meet the minimum building regulations standards which treats the accommodation as hotels. HUDU strongly considers that in most instances the student accommodation should surpass this requirement. Although student accommodation is temporary, residents will occupy their

rooms for many weeks at a time and will need extra space for working and for their possessions. In addition the 5% requirement for rooms to be wheel chair accessible should be exceeded as the choice for students to occupy another hall of residents if there is not space available is much more limited than with visitor accommodation.

To meet the health needs of the new residents of the new student accommodation, and to limit potential adverse impacts on existing residents, the majority of developments need to provide financial contributions via the relevant S106 agreement for the expansion of health infrastructure serving the locality. The assumptions of the HUDU planning contributions model can be adapted to reflect the age group of the new residents. It is also noted that students are likely to have different health needs than the general local community and some may remain registered at their 'home' GP surgery. Although a younger population an increase in students to an area is likely to impact on the demand for mental, acute and sexual health services in particular. While students may be confident in accessing digital services there may be issues of privacy living in non self contained accommodation which could obstruct this as well as personal preferences and the need for face to face services.

As for other major development student housing should mitigate its impact on health and other infrastructure.

The GLA recently consulted on a Guidance document for Purpose Built Student Accommodation which is likely to have progressed or be adopted by the time of the Local Plan publication. The Council should take into account this guidance when finalising the policy.

Policy SC4: - Food Growing

HUDU supports this policy to support and promote community and food growing. It is considered that the wording of the policy at point ii could be strengthened to ensure delivery as suggested below.

~~Seek to secure~~ **Secure** the provision of suitable space for on-site food growing by residents as part of all major housing and mixed use developments (incorporating housing). ~~As a guide we~~ **We** will seek the provision of **a minimum of** approximately 0.9sqm per person. Where provision cannot be made on-site, a financial contribution will be sought to deliver off-site community food growing projects;

Where delivered off-site, this should be in inclusive and accessible sites to be used by all of the community.

Policy IE7 Hot Food Takeaways

HUDU commends the inclusion of a policy to restrict the location of Hot Food Takeaways close to schools. A distance of 400m from the main entrance is deemed to be appropriate to avoid children making unhealthy choices in their lunch hour. However, as there is likely to be hot food takeaways on their way home from school part B of the policy is also considered necessary to prevent children, and adults, from making unhealthy food choices.

In order to ensure compliance, regular updates and information should be available to developers to ensure there is not an over concentration above the 2022 baseline. In addition further guidance should be given as to what consists of 'healthier menu options' and how this can be demonstrated within a Health Impact Assessment. For example having one 'healthier' option on a menu would not likely lead to healthier choices whereas the type of food and cooking methods used are more likely to have a positive impact on health.

Policy IE8 Gambling Uses

HUDU welcomes the policy to limit the overconcentration of gambling uses as overuse of such uses can lead to addictions which can have a detrimental impact on mental health and financial well-being.

Policy IE9 - Delivery-led food businesses

HUDU welcomes the policy to limit 'dark kitchens' where they will have a negative impact on neighbouring amenity due to their location. However, it is considered that further research into the impact the availability of takeaway food could have on obesity is undertaken. The concentration of dark rooms may increase the availability of unhealthy food choices and could have significant health consequences. It is suggested that the Council considers a similar limit on these uses as it has placed on Hot Food Takeaways (e.g. not over the 2022 baseline). Also a Health Impact Assessment and how the proposals demonstrate they comply with the 'healthier menu' options could be an option.

Policy SC1: Improving health and wellbeing

The inclusion of policy SC1 to improve the health and wellbeing of Camden's residents is strongly supported. The following wording is suggested to make the policy more robust:

A. The Council will continue to work closely with its partners to improve the physical and mental health and wellbeing of all people who live, work in, study in and visit Camden, and reduce health inequalities.

B. To support healthier communities and reduce health inequalities in Camden the Council will require development to:

- i. Be designed to ~~promote~~ support good health and wellbeing, minimise adverse impacts on health and wellbeing and significantly reduce health inequalities;*
- ii. Provide a healthy living and working environment;*
- iii. Support healthy and active lifestyles;*
- iv. Be safe and accessible for all;*
- v. Promote social and economic inclusion;*
- vi. Support the provision of new or improved health facilities, through developer contributions in line with the North Central London's Integrated Care System and NHS England's requirements; NHS requirements and*
- vii. Be designed and constructed to meet the WELL Building Standard.*

C. Health Impact Assessments must be undertaken for major applications and developments that the Council considers would have the potential to give rise to significant adverse health impacts.

D. Health Impact Assessments should be undertaken at an early stage and the results should be used to refine the design of a development, to maximise the positive impacts, and minimise and mitigate adverse impacts, on the health and wellbeing of both the existing and future population.

Health Impact Assessment

The requirement for Health Impact Assessments for major developments is strongly supported. However, we suggest this policy is refined to reflect the potential adverse impacts of different development and the opportunities to maximise their contribution to health and well being.

We suggest that the Council sets out the scale and criteria for requiring different types for HIAs, for example Rapid and Full HIAs for specific uses/localities within the policy text. Also reference should be made the role of monitoring the health outcomes of the HIAs and securing through condition or S106 agreements.

We would welcome the opportunity to work with the Council on developing these and referencing the HUDU HIA tools.

Health Facilities

HUDU welcomes that the ICB would be consulted on any proposals for new or replacement public health care buildings in Camden plus the recognition that contributions will be required to support existing or providing new facilities form development. Major housing developments for fifty or more units are considered to impact on health provision and we would request that the HUDU model is applied to such developments and HUDU consulted as a matter of course on such applications.

Policy SC2: Social and Community Infrastructure

Meeting the need for community infrastructure

It is welcomed that the policy seeks contributions when there would be additional demand as a result of a development and the time frame in which they can be delivered.

It is understood that it is the aim to update the Infrastructure Delivery Plan. HUDU would welcome early consultation and involvement of the production of this document.

Shared use and Co-location of facilities

It is supported that there is an ambition to co-locate community facilities to help sustain and improve access to them. In addition community facilities could be delivered as part of a mixed used development. For instance a new integrated hub could sit alongside retail units and could accommodate residential flats above. Such arrangements allows for community facilities such as healthcare be delivered in a sustainable cost effective manner.

Policy D2: Tall Buildings

It is welcomed that the policy makes reference to health and well-being in the supporting text at paragraph 12.21 in particular the design in relation to potential suicide risks. However, it is deemed that this should form part of the policy text to make it stronger and more deliverable in practice or clear reference to policy A2 should be made which makes reference to potential suicide risks.

Policy D6: Basements

The disruption caused by the construction of basements can be detrimental to the health of the occupiers of neighbouring properties. It is welcomed that the policy aims to minimise this disruption by limiting the size of basements in part C of the policy.

C. The siting, location, scale and design of basements must have minimal impact on, and be subordinate to, the host building and property. Basement development should:

- i. not comprise of more than one storey;*
- ii. not be built under an existing basement;*
- iii. not exceed the footprint of the host building in area, except for works to create*

- a lightwell or access to the basement;*
- iv. be set back from neighbouring property boundaries;*
- v. avoid the loss of garden space or trees of townscape or amenity value, i.e. from construction work or due to the creation of a new access or lightwell.*

In addition Construction Management plans are to be provided. However it is considered that for household applications timescales and working hours are difficult to enforce and therefore HUDU would support the use of planning conditions and/or s106 agreements to secure adherence to such plans.

Policy A1: Protecting Amenity

The policy to protect amenity and health and well being of existing occupiers is supported. Key advice is contained within the Camden Planning Guidance on Amenity (January 2021). However, the policy nor supporting text specify that this guidance should be followed, rather refers to it as a reference document. We suggest that there is at least an expectation that this, or any subsequent document is followed.

Policy A2: Safety and Security

The policy is broadly supported. However, it is suggested that the Council make reference to 'Secured By Design' and considers using this recognised accreditation to measure a developments. Early consultation with Police Liaison Officers should also be encouraged.

It is welcomed that suicide prevention is listed in the policy. The following wording is suggested to ensure that a full review of all potential risks is undertaken.

- vii. **identify and** mitigate potential suicide risks associated with the built environment, particularly in relation to tall buildings and structures, and transport infrastructure.

Policy A3: Air Quality

It is welcomed that the Council is striving to improve air quality by ensuring all development to be at least air quality neutral and that development for sensitive uses such as residential are to be resisted in areas of poor air quality. However, no measurable targets or minimum thresholds are contained as to what would constitute air quality of a poor condition to warrant resisting such development which may make this part of the policy difficult to apply. We suggest the Council considers how this concern could be addressed.

Policy A4: Noise and Vibration

The policy text makes reference to the London Plan Agent of Change Principle and states that existing new developments should be allowed to continue to grow without unreasonable restrictions. Due to the close knit mixed used nature of central areas of Camden, it is considered that allowing noise generating activities to expand without restraint could cause significant noise and vibration issues for existing sensitive uses and planned uses. HUDU suggests identifying areas where further controls on expanding uses is implemented to avoid a worsening of existing and future amenity of residential occupiers.

Chapter 14: Safe, Healthy and Sustainable Transport

T1: Safe, Healthy and Sustainable Transport & T2: Prioritising Walking, Wheeling, and Cycling

HUDU welcomes the aims of Chapter 14 and its aims to promote car free developments and to prioritise more active travel (walking, wheeling and cycling) and its reference to Major's Healthy Streets Approach to encourage more exercise and to improve air quality which will have a positive impact on health and wellbeing.

T5: Parking and Car Free Development

New developments should provide adequate parking for emergency vehicles and for visiting health and care providers. With the focus on delivering services within the community and an increase in health provision at home, where possible where there are car free or restricted parking provision, dedicated parking for emergency and visiting health care workers should be incorporated within the scheme's design. This should be added as an additional clause to the policy.

Policy DM1: Delivery and Monitoring

It is welcomed that the policy identifies that the use of CIL and planning contributions are to be used to support health and sustainable development and to secure the necessary infrastructure to meet the needs generated by the development. It is considered that health infrastructure should be contained with the list on paragraph 15.20

15.20 The measures sought through a planning obligation will vary depending on the nature and scale of a development scheme, its location and impacts. The main matters that the Council considers are likely to be addressed through such agreements are:

- on-site provision of:
- infrastructure to mitigate the direct impacts of development, such as **health facilities**, landscaping, servicing and direct access (these may also be addressed through S278 agreements), particularly for major developments (where not CIL funded);
- affordable housing; and
- open space and its maintenance (particularly in larger schemes) • tackling climate change and environmental impacts;
- training, skills and regeneration;
- phasing of development; and
- other obligations necessary to making a development acceptable

Also where amendments to existing consents are proposed, HUDU considers that all developments should be subject to a review of the existing agreements and viability. Due to the timescales of major developments and the changed economic climate, a health contribution may not have been necessary at the time of granting the original application and therefore not secured. However, as healthcare provision may have changed significantly since the time of granting permission, it is considered that the Council should take account of new requests for contributions and open up discussions with applicants regarding the impact of their development on infrastructure.

Appendix 1

In liaison with health providers HUDU have made suggested changes to the Infrastructure schedule in terms of healthcare services (attached) and would welcomed further discussions as the plan progresses.

Conclusion

As outlined earlier we welcome the overall vision and objectives the Council sets out for the borough and all its communities. We hope these comments are helpful to the Council reviewing the Regulation 18 Draft Local Plan.

We look forward, together with NCL ICB and NHS providers, to continuing to work with the Council as the plan progresses to adoption.

Yours sincerely,

F McElwain

Faye McElwain MRTPI
HUDU (Healthy Urban Development Unit) Planning Officer

Item	Infrastructure item/ programme description	Project/ programme description	Location	Delivery Lead	Delivery period	Comments
8	Integrated health and care hubs	Integrated Neighbourhood Teams (INT): co-location of multi-agency teams These integrated teams are being developed which co-locate frontline staff including GP staff and wider primary care professionals.	Borough Wide	NHS/North Central London Care System	From 2024	A greater emphasis is being placed on joined-up health and care provision. All Camden practices are members of one of eight 'Primary Care Networks' (PCNs). Practices within each PCN are working together to deliver nationally mandated 'additional services' such as social prescribing, medical reviews, early cancer diagnosis, cardiovascular disease prevention and diagnosis, anticipatory care and personalised care. These additional services are provided by existing GP staff as well as new staff such as pharmacists, physician associates and physiotherapists. There are challenges accommodating these additional activities and staff across the estate due to the size and layout of individual surgeries, which the hub model will seek to address. It is expected the East INT will be in place in 2024 with others following.
9	North Camden Primary Health Care Hub	A new GP hub facility An integration hub co-locating a GP practice, a neighbourhood hub, palliative care, 111 extended access. Also Royal Free are looking at long term conditions team, endoscopy and virtual ward teams providing Primary Care at scale and incorporating Hampstead Group	North of the Borough	NHS	Mid-Plan Period From 2025/26	The scheme is a priority project for NCL ICB. The scheme proposes a significant GP presence alongside the North Camden Integrated Neighbourhood Team Hub and others subject to Business case. Currently earmarked for the Roy Shaw Centre in Cressy Road, and will operate alongside the other hubs in the first wave of delivery. Integrated working at scale is already being delivered at Roy Shaw and palliative care are also already delivering services from Roy Shaw and co-located part of their team. There will be a hybrid model involving physical and virtual MDTs and this has already started as well.

		Practice				
12	Royal Free Hospital Masterplan	This includes an endoscopy suite rebuild and hybrid theatre expansion	Royal Free Hospital Site	NHS	Plan Period	<p>Masterplanning for the solution at the Royal Free Hospital site.</p> <p>If the masterplan was completed it would need services to relocate to facilitate a disposal or development of the Lawn Road site.</p>
10	New Gospel Oak Health Centre	Provision of a modern health hub facility (replacing existing provision at Wendling estate, Lismore Circus	Gospel Oak	NHS (CNWL/	Linked to the delivery of the Wendling CIP scheme	The re-provision as part of the council regeneration scheme is being explored as part of the community provision.
11	Parliament Hill Surgery	Potential need for additional clinical rooms capacity linked to future housing growth at Kentish Town/ Gospel Oak	Kentish Town	NHS	By mid-plan period Early plan period	The locality is forecast to experience considerable housing growth placing pressure on existing practices.
12 moved higher in table to correspond with 9						
13	Euston: Crowndale Ampthill and Regent's Park practices	Additional capacity to respond to population growth, linked to proposals for Euston station / HS2 Alternative health care accommodation for services displaced by the St Pancras site redevelopment.	Euston Area	NHS	Mid to late plan period	<p>Primary care capacity is required to cater for the significant population growth in this area, in addition to providing a Central Camden INT Hub.</p> <p>In order to facilitate the development of the St Pancras hospital site existing services will need to be relocated.</p>
14	Kentish Town Health	Internal refurbishment and	Kentish Town	NHS	2024/2025	This is a priority project for NCL ICB and Camden Borough Partnership.

	Centre / NW5 Hub Integrated	alterations to increase utilisation and house Integrated Neighbourhood Teams				<p>This would create an integrated health and care hub for the East of the Borough with various teams interested in occupying the building.</p> <p>Ongoing engagement with all building and system partners is very important to keep the integrated aspirations at the forefront. Some compromises and room sharing will be necessary to provide everyone with their space requirements.</p>
15	Greenland Road, Camden Town	Provision of a new C&I community mental health hub	Camden Town	NHS (C&I Trust)	Mid Plan Period	The hub forms part of the community mental health provision across the Camden Borough linked to the other hub sites such as at the Whittington Hospital site in Highgate.
16	St Pancras Hospital redevelopment	Redevelopment of entire site which will necessitate the Relocation of all incumbent services including intermediate beds from South Wing	St Pancras Hospital Site	CNWL	By 2026	Facilitating the SPH redevelopment programme which is a priority nationally as well as locally.
21	St Pancras Hospital Redevelopment	Provision of a new Community mental health centre and relocation of Royal Free renal services, diabetes services and ophthalmology from North Wing	St Pancras Hospital Site	NHS	Linked to the delivery of later phases of development at St Pancras Hospital	Facilitating the SPH redevelopment programme which is a priority nationally as well as locally.
17	Tavistock Centre, Belsize Lane	Relocation to a new facility	Location tbc	Tavistock and Portman NHS Trust	Mid to late Plan period	Masterplanning in progress.
18	Solent Road	Refurbishment and	West	NHS	Mid Plan	To be in place before main housing phases of 02 Centre

	Health Centre, West Hampstead	Further extension (or possible disposal contingent of O2 development)	Hampstead		period	are occupied.
19	New 'West' health hub (C&I community hub plus primary care)	This would provide a new Integrated Neighbourhood Team Hub for the West of the Borough and help meet the needs arising from population growth in the area.	West Hampstead/ Finchley Road	NHS	Mid Plan Period	Provision is being made through the Section 106 agreement for the O2 Centre and car park site.
20	Brondesbury Medical Centre, Kilburn	Potential need for additional clinical capacity linked to population growth	Kilburn	NHS	2025	Provision in the West is essentially as the area is categorised by deprivation, lack of current capacity and considerable future population growth from housing developments.
21 moved higher in table to correspond with 16.						
22	Museum Street GP practice	Museum Street GP practice	South of the Borough	NHS	Early to mid plan period	Improvements needed in the south to modernise healthcare facilities.
23	Hunter Street Health Centre / Integrated Neighbourhood Team hub	Greater utilisation of premises, relocation of GP practice/provision of primary care at scale and optimisation of community services	Hunter Street	NHS S106 (in association with Mount Pleasant scheme)	Mid Plan Period March 2025 Completion	The scheme is a priority project for NCL ICB. Internal Refurbishment to accommodate a second GP practice with single reception as phase one of the South Camden Integrated Neighbourhood Team Hub.
24	Gray's Inn Road Medical Centre	Additional clinical capacity has been identified as a priority to service the patient list	Gray's Inn Road area	NHS	To be confirmed Mid Plan Period	Increased capacity required to support practice list growth.

25	Ridgmount surgery	Additional clinical capacity has been identified as a priority to service the patient list	Ridgmount Street	NHS	To be confirmed Mid Plan Period	Increased capacity required to support practice list growth.
??	Peckwater Centre	Being explored for a number of options to improve utilisation and community healthcare delivery. These include as options the St Pancras North Wing decant of RF's renal services and CNWL diabetes services, as well as clinical rooms for the east integrated neighbourhood teams alongside a long term conditions hub.	Kentish Town	NHS and Council	Early to mid plan period.	Options being explored by the Camden Borough Partnership informed by Local health need alongside the requirements of the St Pancras Hospital programme.
??	Adelaide Medical Centre	Proposed development of the site including GP practice building. Potential space for working at scale.	Central Camden	NHS	Plan period	Significant population growth due to Morrissons development as well as Adelaide site. Significant issues with shortage of primary care estate.
??	Fortune Green Practice	Proposed development of the site including GP practice building. Potential space for	North Camden	NHS	Plan period	Significant issues with shortage of primary care estate.

		working at scale.				
??	Bruswick Medical Centre	Proposed development of the site including GP practice building. Potential space for working at scale.	South Camden	NHS	Plan Period	Significant issues with shortage of primary care estate.
??	Dailham Gardens Medical	Proposed development of the site including GP practice building. Potential space for working at scale.	West Camden	NHS	Plan Period	Significant issues with shortage of primary care estate.

London Healthy Urban Development Unit

Rebecca Burden
Development Plans Manager
London Borough of Camden
5 Pancras Square
WC1H 9JE

24 June 2025

Dear Rebecca,

LB of Camden – Proposed Submission Local Plan Regulation 19 Consultation

Thank you for the opportunity to comment on the Proposed Submission Draft Local Plan and for incorporating a number of the changes suggested in our March 2024 representation. We welcome the overall vision and objectives the Proposed Submission Draft sets out for the Borough.

While this response has been prepared in consultation with NCL ICB and NHS providers, please note that individual providers intend to submit additional responses to address specific concerns.

Where changes are proposed to the wording of policies in order to comply with the NPPF, the London Plan and support the vision set out in the draft plan, these have been highlighted in red italics for ease of reference.

Policy DS1 - Delivering healthy and sustainable development

We welcome the strengthening of supporting text in paragraph 2.25 in line with our previous comments to include: *Where we live has a profound impact on our health and well-being, it is therefore important that new development **prioritises improving** the built, natural and social environment in Camden.*

We also note that supporting text has been added to Policy SC1 - Improving health and wellbeing (rather than policy DS1 or specific site allocations for residential schemes over fifty dwellings) stating '*...we will also expect applicants to liaise with NHS partners early on in the design process to identify what mitigation is required in particular circumstances.*'

Chapters 03, 04, 05 and 06: Site Allocations

S1 – South Camden, C1 – Central Camden and N1 – North Camden

Within policies S1 (South Camden), C1 (Central Camden) and N1 (North Camden) the delivery of an Integrated Care Hub is identified as a key infrastructure priority. As the needs of the NHS will change over time, ongoing consultation with the ICB will be required to ensure that the delivery of an Integrated Care Hub is the most efficient way to deliver its priorities.

C2 - Regis Road and Holmes Road depot

London Healthy Urban Development Unit

The site allocation does not make reference to the existing mental health facility owned by North London NHS Foundation Trust. We therefore suggest the following change to the policy wording:

*7. seek to retain existing businesses and **other users/ occupiers** that wish to stay on the site, where possible, and in particular uses that support the functioning of the CAZ or local economy. The developer should work with existing businesses and **other users/ occupiers** to understand their requirements, ambitions and the potential for re-provision or relocation. A business retention / relocation strategy must be provided as part of the planning application for the site;*

N3 – Queen Mary’s House.

HUDU understand the Royal Free London NHS Foundation Trust will provide detailed representations in relation to this policy. We wish to confirm our support for the inclusion of a higher indicative housing figure of 150 additional homes and the need for greater flexibility within the policy wording.

Chapter 10 – Supporting Camden’s Communities

Policy SC3 should be amended in order to align with London Plan Policy S1 - Developing London’s social infrastructure that states the loss of social infrastructure is acceptable if it supports a broader public service transformation plan requiring modern facilities to meet future needs.

Infrastructure Delivery Plan

We look forward to working with the Council to ensure the IDP reflects the latest forecast for health infrastructure and the needs of the wider community.

Conclusion

As outlined above, we welcome the overall vision and objectives the Proposed Submission Draft sets out for the Borough and all its communities, and we hope these comments are helpful.

We look forward, together with NCL ICB and NHS providers, to continuing to work with the Council as the plan progresses to adoption.

Yours sincerely,

M Summers

Mhairi Summers

Planning Officer

NHS London Healthy Urban Development Unit (HUDU).