

FORMER WHITEWEBBS PARK GOLF COURSE

ENFIELD, LONDON

Health Impact Assessment

MARCH 2024



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1 Introduction

- 1.1 This Health Impact Assessment (HIA) has been prepared by Quod on behalf of Tottenham Hotspur Football Co. Ltd (the 'Applicant') in support of a detailed planning application for the Tottenham Hotspur Women's Training Ground development (the 'Proposed Development') at Whitewebbs Golf Course in Enfield ('the Site').

Site and Surrounding Area

- 1.2 The Site currently comprises the former Whitewebbs Golf Course (Use Class F2) and two associated clubhouses (northern and southern).
- 1.3 The Site is within Whitewebbs ward (a new ward created in 2021), and within the administrative boundary of the LB Enfield ('LBE'). The LBE is the Local Planning Authority ('LPA').

Proposed Development

- 1.4 There will be two separate, but linked, planning application being submitted which be as follows:
- 1) Former golf course: full planning application for the formation of the women's training centre, restoration of historic parkland and all associated works; and
 - 2) Western Field: modifications to the extant Western Field planning consent to introduce an operational link which connects the proposed women's training centre with the existing men's training centre.
- 1.5 The description of the Application 1 is as follows:

“Change of use of former golf course (Use Class F2) to provide a football training centre (Sui Generis) and parkland (Use Class F2), comprising of football pitches and associated infrastructure; change of use, modification and extension of the existing Northern Clubhouse building to provide football training centre and associated uses (Sui Generis); restoration and enhancement of parkland landscape, including new footpaths; reinstatement of historic carriageway in Whitewebbs Wood; modifications of existing Southern Clubhouse to form a replacement café and public toilets, alongside a part change of use to include a flexible community space (Use Class F1/F2/Class E); demolition of existing grounds maintenance building and construction of replacement grounds maintenance building; construction of gatehouse; hard and soft landscaping works to include land reprofiling; new vehicular and pedestrian access, including formation of a link to land to the east, and modifications to existing vehicular and pedestrian access and parking; restoration of Whitewebbs Pond; and associated works.”

- 1.6 The description of Application 2 will be as follows:

“Non-material amendments to Conditions 1, 5, 8, and 16 of planning permission 17/01178/FUL to deliver a revised access route along the eastern and southern part of the site”.

Health and Planning

- 1.7 As highlighted within the Enfield Validation Checklist¹, all major developments that are of a scale referable to the Mayor of London (in this case, development on land allocated as Green belt which would involve the construction of a building with floorspace of more than 1,000 sqm²) are required to produce a Health Impact Assessment (HIA), as highlighted within Core Policy 7 ‘Health and Social Care Facilities and the Wider Determinants of Health’³
- 1.8 The Local Plan is under review, and a draft Regulation 19 Local Plan is expected to be consulted on in April/May 2024, and is expected to include policies aimed at improving the health and wellbeing of communities in Enfield.
- 1.9 The Proposed Development is set to provide a new football training centre specifically for use by its women’s and girl’s teams, with specific health benefits to those users of the Training Centre. The proposals will also deliver new publicly accessible parkland which will improved provide opportunities for formal and informal recreation amongst local communities.
- 1.10 As the proposals do not include any residential development, we do not expect the development to have an impact on demand for the existing social infrastructure facilities within close proximity to the site.
- 1.11 Health is influenced by a combination of biological and environmental factors. However, environmental factors can be influenced through design and management of buildings and spaces which may be able to impact on health outcomes. These are recognised as the ‘wider determinants of health’ and include:
- General socio-economic, cultural and environmental conditions;
 - Living and working conditions;
 - Social and community influences; and
 - Individual lifestyle factors.
- 1.12 Planning and development can play a key role within these wider determinants of health. The Marmot Review (2020)⁴ outlines that, although there has been some progress since 2010, evidence shows stalling of life expectancy and a widening of the gap in health inequalities. To help improve health outcomes and reduce inequalities, further action needs to be taken on the social and wider determinants of health.
- 1.13 This assessment outlines the areas where the Proposed Development may impact on health, identifying the areas where negative impacts require mitigation, and explaining how health related benefits will be maximised.

¹ London Borough of Enfield, 2021. LBE – Local Validation Checklist

² Statutory Instruments, Town and Country Planning, England, 2008. The Town and Country Planning (Mayor of London) Order 2008,

³ London Borough of Enfield, 2010. The Enfield Plan – Core Strategy (2010-2025) – Core Policy 7

⁴ Marmot, M., Allen, J., Boyce, T., Goldblatt, P., Morrison, J. (2020). Health Equity in England: The Marmot Review 10 Years On. Institute of Health Equality.

- 1.14 A summary of policy and relevant guidance which is of direct relevance to human health at the national, regional, and local level is set out in the following section of this report.
- 1.15 The approach to HIA draws upon international and national definitions, guidance and methodology. The following graphic summarises the relationship between health and the built environment including wider physical, social, economic and environmental factors.

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

An ever-growing body of research indicates that the environment in which we live is inextricably linked to our health, and whilst the causal links between the built environment and health are often complex, research consistently reports that most health outcomes are influenced by factors other than genetics and healthcare⁵.



Barton and Grant's health map⁶ (shown above) highlights the relationship between health and these wider physical, social, economic, and environment factors (the 'wider determinants of health'). The direct process of planning and development is highlighted within one sphere, the 'built environment', however development can have wider reaching effects on health with direct or indirect effects on wider spheres of life and society. For example, the design of neighbourhoods can influence physical activity levels, travel patterns, social connectivity, and mental and physical health outcomes.

⁵ Public Health England, 2017. Spatial Planning for Health: An evidence resource for planning and designing healthier places.

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

2 Planning Policy Framework

National Planning Policy

- 2.1 Chapter 8 ‘Promoting Healthy and Safe Communities’ of the **National Planning Policy Framework** (NPPF)⁷, sets out a planning framework relevant to human health. It emphasises that planning and development should “*aim to achieve healthy, inclusive and safe places*” (para. 92).
- 2.2 The Planning Practice Guidance (PPG)⁸ further highlights the role of health, setting out the importance for Local Planning Authorities (LPAs) to identify local health needs, to plan effectively for the future. This includes working closely with other public health organisations and providers to support health infrastructure and promote healthy communities.

Regional Planning Policy

- 2.3 The **London Plan** (2021)⁹ Policy GG3 ‘Creating a Healthy City’ emphasises the priority to reduce health inequalities and improve the overall health of Londoners, requiring that wider determinants of health are addressed through development in an integrated and co-ordinated manner. Specifically, the policy requires that potential impacts of development proposals on mental and physical health of communities are assessed to “*mitigate any potential negative impacts, maximise potential positive impacts, and help reduce health inequalities, for example through the use of Health Impact Assessments*”.
- 2.4 The **London Health Inequalities Strategy** (2018)¹⁰ seeks to address persistent and, in some cases, widening health inequalities in London. The Strategy highlights that addressing the wider determinants of health (“*the conditions in which people are born, grow, live, work and age*”) is the most important thing that can be done to tackle health inequalities, and that development has significant potential to achieve this.

Local Planning Policy

- 2.5 The **LBE’s Core Strategy**¹¹ highlights that LBE’s main health priorities are around reducing poverty and inequality, reducing obesity levels (especially amongst young people), promoting healthier lifestyles and addressing the fear of crime and supporting vulnerable groups.
- 2.6 LBE suggest that a lot of the poor health that is prevalent for many local residents exists as a result of deprivation and long-term worklessness, with half of benefit-dependent working age adults in LBE being on incapacity benefits.

⁷ Department for Levelling Up, Housing & Communities, September 2023. National Planning Policy Framework.

⁸ Department for Levelling Up, Housing & Communities and Ministry of Housing, Communities and Local Government (Live Document) Planning Practice Guidance [online] Available: <http://planningguidance.communities.gov.uk/>.

⁹ GLA, 2021. The London Plan – March 2021.

¹⁰ GLA, 2018. The London Health Inequalities Strategy.

¹¹ London Borough of Enfield, 2010. The Enfield Plan – Core Strategy (2010-2025)

- 2.7 Due to the increased emphasis on ‘personalised’ health that gives local residents a choice around what services they receive, better access to transport, leisure, health, education, accessible housing, and employment opportunities will be required.
- 2.8 LBE’s priority of improving health within the Borough is also reflected in the spatial vision for Enfield being based around creating a ‘Healthy, Prosperous and Sustainable Borough’, as well as Strategic Objective 5 ‘Education, Health and Wellbeing’ which is focused on ensuring there is capacity and a high quality of social infrastructure provision. The policies of relevance to this assessment are as follows:
- Core Policy 7 ‘Health and social care facilities and the wider determinants of health’ – encourages working with Enfield PCT and NHS London to deliver appropriate proposals for new health and social care facilities;
 - Core Policy 9 ‘Supporting community cohesion’ – promoting accessibility where all members of the community have access to good quality healthcare, housing, education and training, employment and open space as well as reducing crime and the fear of crime;
 - Core Policy 11 ‘Recreation, leisure, culture and arts’ – protecting existing assets and provision of recreation, leisure, culture and arts while encouraging the increased use of these facilities in the Borough;
 - Core Policy 25 ‘Pedestrians and cyclists’ – working to provide safe, convenient routes for pedestrians, cyclists and other non-motorised modes while improving existing routes and improving the quality of the public realm;
 - Core Policy 26 ‘Public transport’ – working with partners to secure a comprehensive, safe, accessible and welcoming and efficient public transport network;
 - Core Policy 32 ‘Pollution’ – working with partners to reduce air, water, noise and light pollution with new development expected to improve air quality through the reduction of pollutant emissions;
 - Core Policy 34 ‘Parks, playing fields and other open spaces’ – protecting and enhancing open space and seeking opportunities to improve the provision of good quality and accessible open space in the Borough; and
 - Core Policy 36 ‘Biodiversity’ – protecting, enhancing, restoring and adding to biodiversity within the borough, including parks, playing fields and other sports spaces, green corridors, waterways and habitats.
- 2.9 Core Policy 46 ‘Infrastructure contributions’ highlights that development will normally be required to make financial and in-kind contributions towards infrastructure and community facilities, through s.106, CIL and planning obligations. LBE will encourage obligations in the form of learning and skills facilities, health facilities and services, tackling climate change (including waste, energy, water, pollution and flooding prevention’, improvement to the built environment and community safety through good design, open space and recreation provision, green infrastructure and biodiversity.

2.10 It is important to note that LBE are currently in the process of drafting a new **Local Plan**¹², which is set to respond to new opportunities for development, in addition to addressing key challenges that the borough faces including a rapidly rising population and housing growth. The new Local Plan will provide a plan for growth in the period between 2018 to 2041 with some of the key messages of the new Local Plan including tackling inequalities in terms of health, life expectancy, and life changes in addition to ensuring easy access to health, education and training provisions.

2.11 The main policies of relevance to our assessment are as follows:

- SP SC1 'Improving health and wellbeing of Enfield's diverse communities' – ensuring development contributes to healthy lifestyles, reduces health inequalities, and creates healthier neighbourhoods by promoting healthy eating, improving air quality, improving new health facilities and facilitating walking and cycling;
- SP SC2 'Social and community infrastructure' – working with partners to ensure that community facilities and services are developed to meet the changing needs of Enfield's community by retaining existing community facilities and encouraging the provision of new community facilities;
- SP BG1 'Blue and green infrastructure network' – proposals are expected to contribute towards the creation of a more integrated, multifunctional, and accessible blue and green infrastructure network to address deficiencies in quality and quantity of spaces. This includes maximising opportunities to create increase publicly accessible open and outdoor sports space;
- SP BG2 'Protecting nature conservation sites' – proposals will be expected to protect, maintain, and enhance the biodiversity and geodiversity value of a borough's wildlife and geological sites. Development affecting the integrity of a Site of Importance for Nature Conservation (SINC) will only be supported where the mitigation hierarchy in line with the London Plan has been applied, it will protect, restore and enhance local geological features and the benefits of the development outweigh the adverse impacts on biodiversity;
- SP BG3 'Biodiversity net gain, rewilding and offsetting' – all development proposals to be considered in light of the mitigation hierarchy to protect the most valuable ecological features of the site and minimising harm to nature, as well as submitting an action plan to set out how biodiversity will be improved as a result of the development;
- SP BG4 'Green Belt and Metropolitan Open Land' – protecting Green Belt and MOL by supporting development which improves access to Green Belt areas for beneficial uses such as outdoor sport and recreation;
- DM BG6 'Protecting open space' – development on existing designated open space will be expected to promote the multifunctional and shared use of existing open space and avoid harm to the ecological, heritage and recreational value of the existing open space;
- SP CL4 'Promoting sporting excellence' – development and investment decisions that contribute to the objectives set out within the Health and Wellbeing Strategy, promote and celebrate the borough's growing reputation as a sporting and recreational hub of

¹² London Borough of Enfield (LBE), 2021. Enfield Local Plan – Main Issues and Preferred Approaches

national and international importance, seek opportunities to expand and improve the quality and condition of Enfield's sport and physical health facilities ;

- DM CL5 'Sport, open space and recreation' – proposals that involve the creation or enhancement of sports facilities, where need has been identified, will be supported. Developments that provide open space will be expected to be well-connected and visible, facilitate pedestrian and cycle movement, be co-located with other facilities and enhance the biodiversity of a site;
- SP T1 'Promoting sustainable transport' – development will be expected to safeguard existing land where necessary to accommodate active travel, deliver improvements to the transport network, offer a low level of parking provision and promote safety of the transport network;
- DM T2 'Making active travel the natural choice' – development will be expected to support the healthy streets approach, with priority given to measures that encourage a shift to active transport modes and increase cycling and walking routes. Proposals will also need to demonstrate improvements to walking routes to local services, meet the minimum standards in respect of short and long stay cycle spaces, promote road, cycling and pedestrian safety and create quieter neighbourhoods;
- SP ENV1 'Local Environment Protection' – developments should contribute to health and well-being of existing and future occupiers by mitigating adverse impacts of air quality, noise and vibration, light pollution, water pollution, land contamination and waste and hazardous installations.

2.12 The latest **Enfield Council Plan (2023)**¹³ sets out how LBE are investing in the borough to deliver positive outcomes for Enfield's communities, supporting residents to live happy, healthy and safe lives, and ensuring that children and young people are able to do well at all levels of learning. The key priorities set out as part of this Corporate Plan of direct relevance to the HIA are as follows:

- Clean and green spaces – enhancing biodiversity and protecting open spaces, keeping streets clean, enabling active and low carbon travel, facilitating the reuse of materials and reducing carbon emissions
- Strong, healthy and safe communities – improving feelings of safety, tackling crime and anti-social behaviour, protecting vulnerable adults, providing high quality and accessible social care services, supporting communities to access healthy food, improving sports and leisure opportunities and nurturing the arts and creative sector
- Thriving children and young people - safeguarding children and young people, improving educational outcomes for children, increasing local education, play and leisure opportunities, engaging young people in positive activities and involving children in decisions that affect their lives
- An economy that works for everyone – enabling local people to develop skills and access good quality work, supporting local businesses and encouraging inward investment and providing support for residents on low incomes

¹³ London Borough of Enfield (LBE), 2023. Investing in Enfield – Enfield Council Plan (2023 – 26)

2.13 **LB Enfield's Joint Health and Wellbeing Strategy (2024-2030)**¹⁴ sets out the various public health challenges that Enfield's workers and residents face, while focusing on the collective action that LBE are taking to prevent negative health outcomes. Wider determinants of health including housing, education, welfare, work, and poverty underpin the health of Enfield's residents while outlining a vision for improving the health and well-being of people that live, study or work. The key priorities for health improvements within the strategy are as follows:

- Supporting children to thrive in the early years and to be ready for their school or education setting – allowing parents to feel empowered to do the best for their babies, while working hard to implement trauma-informed practice into day-to-day work and providing the right to support children with additional needs such as speech, language and communication needs
- Improving nutrition, oral health and physical activity among children and young people – with NCMP data suggesting that there is a noticeable increase between Reception and Year 6 within Enfield, the council are committed to supporting and young people to access healthy food, maintain a healthy weight and be more physically active, while the council are committed to improving oral health through the use of dental health advocates and providing fluoride varnish services in early years settings to prevent tooth decay
- Supporting children and young people to maintain good emotional wellbeing and mental health – ensuring that mental health is talked about using a common language that everyone understands which is shown by the introduction of the THRIVE Framework which will be a new way of organising mental health support for children and young people, thinking about the needs of the child rather than focusing on diagnosis.
- Delivering early interventions and empowering young people and families to seek out preventative healthcare – focusing in increasing the uptake of childhood vaccinations, working to deliver a comprehensive range of sexual and reproductive health services for adolescents, delivering substance misuse support to young people and working to decrease smoking introducing smoke free zones
- Empowering residents to grow their 'Health Literacy' to make healthy choices – council committed to supporting the health and care workforce to empower our residents to identify and navigate information, advice and support services, including promoting registration with a GP, enhancing signposting and raising awareness from Community and Family hubs
- Supporting residents to manage their long-term conditions – developing Community Health Checks to provide easy opportunities for routine monitoring, while ensuring that targeted Health Checks identify and reduce the risk of various heart problems
- Building a healthy environment that protects and promotes good health and an active lifestyle – making roads safer and more pleasant environments for walking and cycling, while also encouraging active travel and improving air quality
- Creating connected communities that support good mental health, emotional wellbeing and resilience – Tackling the harmful impacts of social isolation through initiatives such

¹⁴ London Borough of Enfield (LBE), 2024. Enfield Joint Health and Wellbeing Strategy 2024 - 2030

as the 'Tea and Toast' sessions, while also supporting people in crisis, in line with the ongoing development of the Enfield Suicide Prevention Plan.

- Assisting every Enfield resident to have the social network they need to support their wellbeing – working to identify those at greatest risk of isolation (e.g. people living with severe frailty or unpaid carers) and helping to prevent loneliness, in addition to working with the voluntary and community sector to provide opportunities for volunteering, hobbies and social interaction
- Helping every Enfield resident prevent the risks of age-related ill-health – working to support people to maintain their independence by encouraging early access to vision and hearing care, helping people understand and access vaccinations to prevent infections and supporting people to maintain a healthy weight
- Enabling every Enfield resident to live and resilient and independent life into older age – empowering people to act on the risk factors for developing frailty by making positive health changes earlier in life and raising awareness on simple exercises older people can partake in to maintain strength and balance
- Ensure every Enfield resident receives world class care at the end of life that makes the last stages of life as valued as every other – breaking down barriers and empowering people to talk about dying and the end-of-life process, enabling people to prepare for this important stage of life

2.14 The **LBE Joint Strategic Needs Assessment (JSNA)** (2022)¹⁵ sets out the public health challenges and opportunities for individuals working, residing or visiting Enfield. The key focus areas identified within the JSNA are as follows:

- Life expectancy, healthy life expectancy and morality – sharp divide in life expectancy between the east and west of the borough, while there are also large gaps in life expectancy and healthy life expectancy for both men and women
- Physical activity – identified as the fourth leading risk factor for global mortality, with there being evidence suggesting that people that live a sedentary lifestyle have a 20% - 35% higher risk of developing coronary heart disease
- Active travel – simple way of incorporating physical activity into your daily routine while reducing carbon emissions, with the council working to facilitate cycling through the creation of new cycling routes and the promotion of cycling initiatives
- Air quality – air pollution is the single most deadly environmental factor that we are exposed to, with air pollution being linked to cancer, asthma, strokes and heart diseases, diabetes, obesity and dementia
- Noise – road traffic identified as the second most health damaging environmental factor, being directly linked to an increase in the risk of hypertension and ischaemic heart disease
- Housing – quality of housing significantly influences people's health, with inadequate housing contributing to various health disparities; ensuring that individuals have access to suitable housing can minimise their reliance of health and care services in the future

¹⁵ London Borough of Enfield (2022). Joint Strategic Needs Assessment – Interactive Tool (Accessed on 18th September 2023).

- Health assets – referring to any elements or resources that improve the capacity of individuals, groups, communities, populations, social systems or institutions to uphold health, including economic assets, education and wellbeing
- Community safety – helping residents be and feel safe where they live, work and take part in leisure activities and acknowledging the physical and mental impacts crime can have on victims. Data from the Metropolitan Police Service suggested that in 2017, Enfield was the London borough with the highest proportion of people saying that they were worried about crime in their area.
- Healthy weight – maintaining a healthy weight significantly reduces the chances of developing heart disease by preventing and managing underlying conditions such as high blood pressure and cholesterol levels. NHS Digital data from 2016 suggested that schools in the east of the borough had a higher prevalence of overweight pupils when compared to all other schools, while the proportion of Enfield’s residents in need of food banks continues to increase.
- Smoking – one of the UK’s largest causes of premature mortality and preventable diseases, in addition to being the cause of chronic pulmonary disease, 13 different types of cancer and cardiovascular disease, with the prevalence of smoking in Enfield recorded to be higher than regional and national proportions since 2019
- Sexual health – achieving a state of optimal sexual health requires being knowledgeable and considerate of oneself and others. Despite HIV diagnosed prevalence increasing in Enfield, both late diagnosis of HIV in Enfield and detection rates for chlamydia, while just over half of under 18 contraceptions in Enfield result in abortion which was the third lowest figure in London in 2021
- Substance misuse – use of drugs and alcohol can have profound effects on health, negatively impacting both physical and mental wellbeing. People who experience social and economic disadvantage in early life or adulthood are at greater risk of engaging in substance misuse, with Enfield being the 9th most deprived borough in London and 1 in 3 children in Enfield living in poverty.
- Oral health – referring to the condition of the mouth, teeth and surrounding structures encompassing physical and psychosocial elements such as self-assurance and the ability to engage in social and professional interactions. Within Enfield, only 34% of adults and 40% of children attended dental check ups in 2021, so the borough is focused on increasing check-up attendance, reducing inequalities that result in people from more deprived socio-economic backgrounds having higher levels of tooth decay and tackling sugar and unhealthy eating habits
- Maternity – prioritising maternal and infant health is essential to ensuring a smooth transition into motherhood. Within Enfield, the infant mortality rate has increased between 2019 and 2021, while just over 5% of women were recorded to have been smoking at the time of delivery which was higher than the proportion in London. Enfield are committed to ensuring that all pregnant women are supported adequately, by improving wider access to maternity services.
- Special education needs and disabilities – learning capacity can be impacted by SEND, with these challenges manifesting in difficulties socialising, behaving appropriately, in addition to problems with literacy.
- Children and young people – improving the wellbeing of children and young people is a key priority for Enfield, with Enfield having the highest rate of emergency admissions

across the North Central London ICB within 2019/20. Areas of opportunity include increased provision of chlamydia screening, the promotion of sexual health services and reducing A&E attendances.

- Vulnerable adults – those who lack the functional, mental or physical capacity to care for themselves are at significant risk of harm or exploitation, which include elderly people and individuals with mental health disorders. Enfield has seen a significant decrease in the number of adults with learning disabilities receiving GP health checks which is now a priority for the council
- Older people – people typically experience the onset of chronic conditions in old age, with 681 Enfield residents over the age of 60 dying with the underlying cause of COVID-19 between March 2020 and March 2021. Enfield are committed to reducing the number of elderly people with complex needs in later life, keeping people socially connected to reduce loneliness, improving population coverage for flu & pneumonia and improving health and social care solutions to experience care as a seamless pathway
- Violence against women and girls – increase in the number of reported incidences of domestic abuse in Enfield over the last four years so Enfield are committed to encouraging victims to report crimes they have experienced, pursuing perpetrators and strengthening approach to tackling violence against women
- Serious youth violence – Enfield were recorded to have the highest number of Serious Youth Violence victims out of all London boroughs in 2021, with youth criminal often being outside of mainstream school due to exclusion, subject to substance abuse or mental health problems, or living households with substance abuse or domestic violence issues
- End of life care – based around ensuring that people suffering with serious diseases and conditions are able to live well so that they can die with dignity, with Enfield focused on creating environments where people are able to die peacefully within their place of residence
- Health protection – protecting individuals, groups and populations from single cases of infectious diseases and non-infectious environmental hazards, with Enfield committed to increasing uptake in both childhood and adult immunisation and addressing the difference in coverage of vaccinations between the east and west of the borough.
- Cancer – Enfield are committed to addressing excess weight in children and adults which is the second biggest risk factors for cancer, as well as increasing the coverage and uptake for cancer screening, raising awareness on potential cancer symptoms and reducing inequalities in rate of two-week wait referrals for suspected cancers between the west and east of the borough
- Cardiovascular disease – the leading cause of death in Enfield, with council committed to reducing many of the risk factors for CVD such as obesity and smoking prevalence through weight management and smoking cessation programmes, in addition to modifying the built environment to make it easier for people to adopt healthy lifestyles
- Respiratory disease – third leading cause of death in England, and the third most common cause of premature mortality in Enfield. The council are committed to introducing interventions that are aimed at diminishing the impacts of risk factors for lung health, including smoking cessation sessions, immunisation against respiratory infections and improving housing condition to prevent asthma

- Mental health – the proportion of mental health service users in hospital within 2019/20 was recorded to be higher in Enfield when compared to regional and national levels, while there are potentially 20,000 people with a common mental health disorder who are not diagnosed. Enfield are committed to ensuring that psychosis symptoms are detected earlier through increased referral rates from low referring practices by providing education, training and support.

3 Methodology

Establishing baseline conditions

- 3.1 To identify local health priorities and vulnerable groups for consideration within this assessment, a health-focused baseline analysis is provided.
- 3.2 The baseline conditions have been informed by publicly available data including Office for Health Improvement and Disparities (OHID) Profiles¹⁶ and LBE evidence base documents. These data sources are also supplemented with information from the Office for National Statistics (ONS) (such as Census and Annual Population Survey data) and the NHS.
- 3.3 Baseline information has been collected at as small and focused geographic area as possible.

Assessment Approach

- 3.4 The HIA will assess the Proposed Development during its demolition and construction phase, and its completion phase, against wider determinants of health to establish potential health impacts. The wider determinants of health (as identified by HUDU¹⁷ and by Quod) of relevance to these proposals include:
 - Health and well-being benefits of increased female participation in sport;
 - Access to healthcare services and other social infrastructure;
 - Access to open space and nature;
 - Air quality, noise and neighbourhood amenity;
 - Accessibility and active travel;
 - Crime reduction and community safety;
 - Access to healthy food;
 - Access to work and training;
 - Social cohesion and inclusive design;
 - Minimising the use of resources; and
 - Climate change.
- 3.5 The assessment section of this HIA considers each wider determinant of health in turn. It goes on to identify the relevant health priority (or priorities) associated with that determinant and then details the related 'health pathway'. Health pathways are the mechanisms through which planning and development can affect health. These have been informed by an extensive literature review - the most significant being the Marmot Review into Health Inequalities¹⁸ and

¹⁶ OHID (2023) Public Health Profiles. Available at: <https://fingertips.phe.org.uk/profile/local-health/data#page/1/gid/1938133180/pat/402/ati/3/are/E02000280/iid/93744/age/28/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

¹⁷ National Health Service (NHS), London Healthy Urban Development Unit (HUDU), 2019. HUDU Planning for Health, Rapid Impact Assessment Tool. Refers to wider determinants of health as 'broader determinants'.

¹⁸ The Marmot Review, 2010. Fair Society, Healthy Lives. Strategic Review of Health Inequalities in England Post-2010.

Public Health England's Spatial Planning for Health evidence resource¹⁹. The assessment then sets out how the Proposed Development is responding to the wider determinant and will 'signpost' the reader to more specific application documents should further detail be required on a particular topic.

- 3.6 To assess the potential health impacts, Quod has used the approach set out within the HUDU Rapid HIA Tool to identify whether there will likely be negative (-), neutral (0), positive (+) or uncertain (?) impacts against the various wider determinants of health.
- 3.7 Each section of the HIA concludes with a summary of the key impacts of the Proposed Development, the overall health effect, any mitigation or recommendations identified, and any management measures that could be implemented via the RMA process to secure health benefits. The HIA sets out how the design of the Proposed Development, and any mitigation measures required, would address potential negative effects on health and promote beneficial health outcomes where relevant.
- 3.8 An HIA is a multidisciplinary process and, therefore, the assessment of the Proposed Development's potential health impacts has been informed through analysis of technical assessments and Environmental Statement (ES) chapters submitted to accompany the planning application as follows:
- Design and Access Statement (DAS);
 - Transport Assessment (and Travel Plan);
 - Circular Economy Statement;
 - Flood Risk Assessment and Drainage Strategy;
 - Planning Statement;
 - Statement of Community Involvement;
 - Ecological and Biodiversity Assessment (including Biodiversity Net Gain Assessment);
 - THFC Community Benefits Statement;
 - Energy and Sustainability Statement;
 - Lighting Impact Assessment;
 - Noise Assessment;
 - Air Quality Assessment;
 - BREEAM Assessment;
 - Ecological Impact Assessment;
 - Outline Ecology and Management Plan;
 - Parkland Management Plan;
 - Sustainability Assessment;
 - Waste Management Plan; and

¹⁹ Public Health England, 2017. Spatial Planning for Health: An evidence resource for planning and designing healthier places.

- Construction and Environmental Management Plan.

The HIA should be read in conjunction with these documents.

4 Baseline Profile

- 4.1 This section sets out the current demographic and health baseline conditions in the area surrounding the Site (where local data is available²⁰) and the Borough (LBE) as a whole. While this focuses on the Borough (LBE) primarily in order to reflect the local residents' experience of development in the vicinity, it is noted that the facilities will provide benefit for a far wider catchment of users, drawing in amateur and elite athletes from regional, national and even international sources. While this is not a statutory consideration of the HIA as it is determined by policy, a review of regional sports facilities has been included here to identify the gravity of the proposed development to provide health and inclusion benefits at a regional scale.
- 4.2 The baseline conditions have been informed by publicly available data including the 2011²¹ and 2021²² censuses, the Office for Health Improvement and Disparities (OHID)²³, and any relevant evidence base documents published by LBE.
- 4.3 As with any dataset, baseline data will change over time. The most recent published data sources have been used in this baseline; however, it should be noted that in some instances this data may be older than the true baseline (i.e., 2023). This is an unavoidable limitation that is not considered to adversely impact the validity of the assessment undertaken to identify the likely significant socio-economic effects. In addition to this, 2021 Census data has been heavily impacted by the Covid-19 pandemic so may not be reflective of the current UK population.
- 4.4 London-wide and national (England) averages have been used for comparison purposes. This baseline information, together with the health policy context, inform the health priorities for consideration within this HIA. The spatial study areas are displayed in Figure 4.1

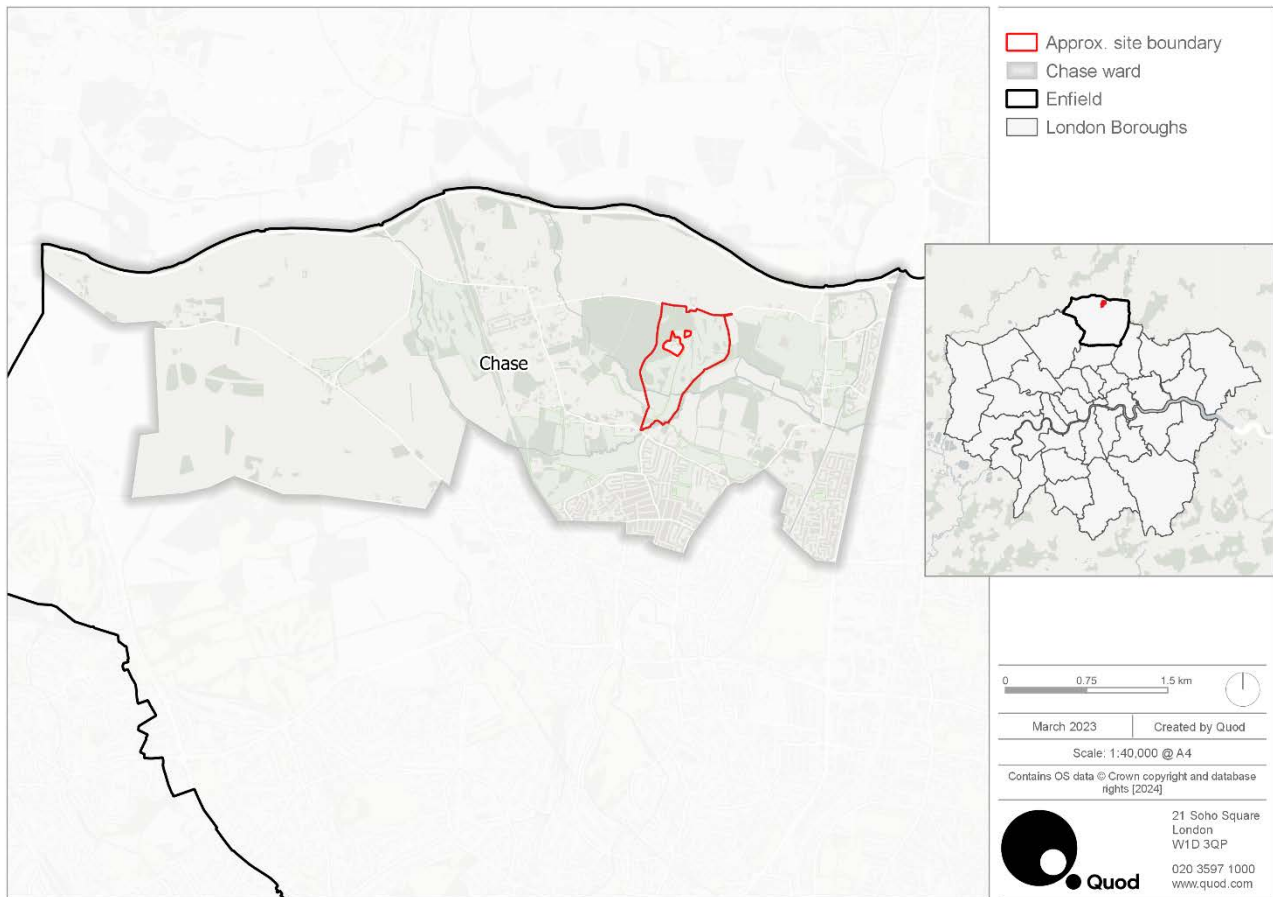
²⁰ Data collection is determined by the administrative (ward and output area) geography at which each relevant dataset is available. From 2021, the site is located within Whitewebbs ward, a new ward that encompasses the eastern half of the former Chase ward. Health-specific baseline data available from OHID is only available using historic ward boundaries. As such, where 2021 Census data is used in this baseline analysis, a best-fit of Output Areas has been used to align with the former Chase ward. For age by single year data from the 2021 Census is not available at the OA level, we have used a best-fit of Middle Super Output Areas (MSOAs) has been used to align with the Chase ward.

²¹ Office for National Statistics (2011). Census 2011

²² Office for National Statistics (2021). Census 2021

²³ OHID (2023) Public Health Profiles. Available at: <https://fingertips.phe.org.uk/>

Figure 4.1 - Site Context Map



Population and Demographic Profile

4.5 Table 4.1 sets out the population profile of the Local Area, LBE and London, focusing on demographic, housing, and economic indicators. For the purposes of this part of the baseline, data has been collated for the local area at the ward level (Chase ward).

Population and Age

4.6 The Local Area has a resident population of c.13,800 according to the 2021 Census. Between the 2011 and 2021 Census, the population of the Local Area has grown by 5.0%, which was lower than the population growth within LBE (5.6%), London (7.7%) and England (6.6%).

4.7 The proportion of working age residents in the Local Area (71%) is lower than across the LBE (72%), London (75%) and London (73%). Conversely, the Local Area had a higher proportion of 0-15 year olds at 23%, when compared to proportions at the local authority, regional and national levels (at 22%, 19% and 19% respectively).

Qualifications

4.8 According to the 2021 Census, 36% of the Local Area's residents that are over the age of 16 have Level 4 or more (equivalent) qualifications, which was equal to the proportion in LBE, marginally greater than the proportion within England (34%) but lower than the proportion in

London (47%). The proportion of individuals with no formal qualifications was higher in Enfield (22%) when compared to the Local Area (19%), London (16%) and England (18%).

Economic Activity

4.9 2021 Census data shows the working age resident population of the Local Area to have higher rates of economic activity than Enfield and England (60% compared to 58% and 59%, respectively), but a lower rate when compared to London at 64%. The unemployment rate of the Local Area was equal to the rate within London (6%) but slightly higher than the national rate (5%).

4.10 Claimant count data²⁴ from February 2024 reveals a claimant rate (as a proportion of all working age residents aged 16 to 64) of 5.7% for the Local Area. This is higher than rates in both London (5.2%) and England (3.9%) but lower than the rate in LBE (6.1%).

Table 4.1 - Demographic and Economic Baseline

Indicator	Local Area	LBE	London	England
Demographic Indicators (Census 2021)				
Total population, 2011	13,762	312,466	8,173,941	53,012,456
Total population, 2021	14,456	329,986	8,799,723	56,490,045
% growth	5.0%	5.6%	7.7%	6.6%
Age (Census 2021)				
0-15	23%	22%	19%	19%
16-74	71%	72%	75%	73%
75+	7%	6%	5%	9%
Economic Indicators (Census 2021)				
Population with further and higher level qualifications*	36%	36%	47%	34%
Population with no formal qualifications	19%	22%	16%	18%
Economic activity rate (%)	60%	58%	64%	59%
Unemployment (%)	6%	7%	6%	5%
Claimant Count (unemployment indicator)	5.7%	6.1%	5.2%	3.9%

*Equivalent to Level 4 qualifications or above: degree (BA, BSc), higher degree (MA, PhD, PGCE), NVQ level 4 to 5, HNC, HND, RSA Higher Diploma, BTEC Higher level, professional qualifications (for example, teaching, nursing, accountancy)

²⁴ ONS, 2024. Claimant Count

Health Baseline

- 4.11 Table 4.2 summarises the current health profile for residents of the Local Area and LBE, as well as the London-wide and national averages. The table has been split into three main baseline sections: health outcomes, risk factors, and wider determinants.
- 4.12 Most of the data in Table 4.2 is extracted from OHID²⁵, LBE Health Profile²⁶, OHID Local Health (2022) and OHID Health Outcomes Framework data (2022), supported by 2021 Census and Sports England²⁷ data.
- 4.13 Most datasets use indicators based on a standardised population number (generally per 100,000 population), or as a percentage of the whole population. Measurements have been specified throughout for clarity.
- 4.14 Data for some of the health indicators presented in Table 4.2 is not available at ward level or regional levels so there are some instances where information is not provided for the Local Area or London. The data presented in Table 4.3 is extracted from the 2021 Census which is available at ward level²⁸.

Table 4.2: Health Profile Summary

Health Indicator		Local Area	LBE	London	England
Health Outcomes					
Life Expectancy at Birth (in years) (2016 – 2020)	Male	78.7	80.2	-	79.5
	Female	82.7	84.5	-	83.2
Under 75 mortality rate: cardiovascular disease (directly standardised rate per 100,000) (2021)		-	79.6	74.3	76.0
Under 75 mortality rate: cancer (directly standardised rate per 100,000) (2021)		-	104.3	110.2	121.5
Under 75 mortality rate: causes considered preventable (directly standardised rate per 100,000) (2021)		-	179.0	186.9	183.2
Suicide Rate (per 100,000 population aged 10+) (2019 – 2021)		-	5.3	7.2	10.4
Risk Factors					
Obese children (aged 10-11 years) (2021/22)		-	42.2%	40.5%	37.8%
Adults (aged 18+) classified as overweight or obese (2021/22)		-	59.7%	55.9%	63.8%

²⁵ Public Health England, 2022. Local Health. Available at: <https://fingertips.phe.org.uk/profile/local-health>

²⁶ Office for Health Improvement & Disparities, Local Authority Health Profiles

²⁷ Sports England, 2020. Active Lives Survey 2019/20

²⁸ See Footnote 25 for information on how ward level data has been collected for 2021 Census.

Health Indicator	Local Area	LBE	London	England
Smoking prevalence in adults (current smokers) (GP Patient Survey) (2020/21)	-	16.4%	15.0%	14.4%
Physically active adults (150+ mins moderate intensity activity per week) (2021/22)	-	62.7%	66.8%	67.3%
Fuel poverty (2020) 'low income, low energy efficiency methodology'	-	12.4%	11.5%	13.2%
Wider Health Risk Factors				
Violent Crime (violent offences per 1,000 population) (2021/2022)	-	28.2	27.0	34.9
Killed and seriously injured on roads (crude rate per billion vehicle miles)	-	97.5	194.0	95.6
Children in relative low-income families (living in households with incomes below 60% of the median in that year) (under 16s) (2021/22)	-	15.6%	12.4%	13.5%
Statutory homelessness - Eligible homeless people not in priority need (crude rate per 1,000) (2017/18)	-	0.7	1.0	0.8
The rate of complaints about noise (per 1,000) (2019/20)	-	14.7	40.1	12.0
Fraction of mortality attributable to particulate air pollution (deals from all causes in those aged 30+) (2020)	-	6.4%	6.5%	5.5%

Table 4.3: Self-Reported Health (2021 Census Summary)

Health Indicator	Local Area	LBE	London	England
Self-reported Health				
'Very good' and 'good'	83%	84%	85%	82%
'Fair'	12%	11%	10%	13%
'Bad' and 'Very bad'	5%	5%	4%	5%
Long Term Health Problem/Disability				
Disabled under the Equality Act: Day-to-day activities limited a little and limited a lot	16%	14%	13%	17%
Not disabled under the Equality Act: Has long term physical or mental health condition but day-to-day activities are not limited	5%	4%	5%	7%

Health Outcomes

- 4.15 The data set out within Table 4.2 suggests that life expectancy for men is lower across the Local Area compared to LBE and England. Life expectancy for women is also lower across the Local Area compared to LBE and England.
- 4.16 The 2021 Census asked residents to self-assess their health, and results suggest that Local Area residents have similar self-perceived health compared to other spatial areas with 83% indicating 'very good' or 'good' health, which was marginally lower than proportions in LBE (84%) and London (85%) but higher than the proportion in England (82%).
- 4.17 The proportion of individuals that are disabled under the Equality Act and reported a long-term health problem that limited their ability to carry out day-to-day activities is higher in the Local Area (16%) when compared to LBE (14%) and London (13%), but lower than the proportion in England (17%).
- 4.18 The proportion of individuals that are not disabled under the Equality Act but suffer from long-term physical or mental health conditions was also higher within the Local Area when compared to LBE and London, but lower than the proportion in England.
- 4.19 LBE has the lowest under 75 mortality rates for cancer and causes considered preventable when compared to rates in London and England. However, the under 75 mortality rate for cardiovascular disease is equal to 79.6 per 100,000 people which is higher than rates for London (74.3 per 100,000 people) and England (76.0 per 100,000 people).

Wider Health Risk Factors

- 4.20 The proportion of overweight children in LBE (42.2%) is higher than proportions for both London (40.5%) and England (37.8%).
- 4.21 The proportion of adults classified as overweight within LBE is 59.7%, which is higher than the rate within London but lower than the rate within England. Furthermore, LBE is recorded to have a lower proportion of physically active adults (62.7%) compared to London (66.8%) and England (67.3%).
- 4.22 The rate of violent crime within LBE (28.2 per 1,000 people) is in the 15 highest rates across London (when compared to all London boroughs). It is marginally higher than the average rate for London but lower than the rate for England.
- 4.23 The rate of complaints about noise per 1,000 people within the LBE (14.7 per 1,000 people) is the 15th lowest when compared to all other London boroughs and is lower than regional average but higher than the national average (40.1 per 1,000 people and 12.0 per 1,000 people, respectively).
- 4.24 The fraction of mortality attributable to particulate air pollution in individuals over 30 within LBE (6.4%) is lower than rates for London (6.5%) and England (5.5%).
- 4.25 The proportion of people either killed or seriously injured (KSI) on the roads in LBE was higher than the rate at the national level but lower than the rate at the regional level.

Mental Health

- 4.26 Mental health and physical health can often be closely linked, with poor physical health often being strongly linked to mental health problems (and vice-versa). Individuals that suffer from substance misuse, obesity, smoking, and cancer are increasingly likely to experience mental health problems²⁹.
- 4.27 Poor mental health is also associated with socio-economic disadvantage and poverty, with homeless individuals or individuals within institutional settings being more likely to experience mental health issues³⁰.
- 4.28 Suicide is a significant cause of death in young adults and is also an indicator of poor mental health. The suicide rate in LBE (5.3 per 100,000 people) is the 4th lowest when compared to all other London Boroughs and is also lower than rates within both London (7.2 per 100,000 people) and England (10.4 per 100,000 people).

Sports Facilities

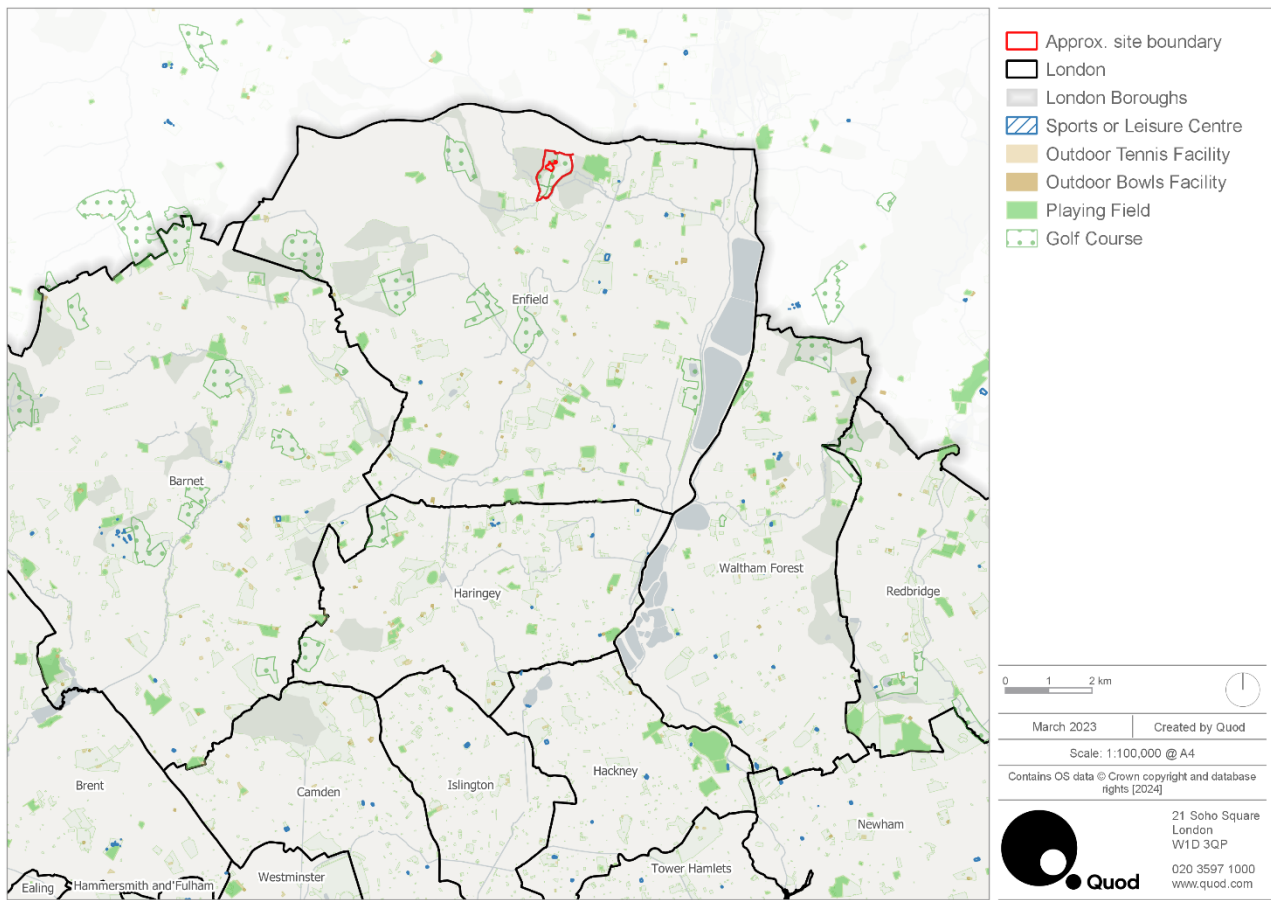
- 4.29 Figure 4.2 shows the sports facilities across Enfield and within the neighbouring local authorities, including sports and leisure centres, outdoor tennis and bowls facilities, playing fields and golf courses.
- 4.30 Along with Tottenham Hotspur Training Ground, which is located less than 200m to the east of the Site, the closest sports and leisure centres are Lea Valley Sports Centre, Albany Leisure Centre, Southbury Leisure Centre and David Lloyd Enfield. Playing fields in close proximity to the Site include Belmore Playing Fields which is located to the east of the site, and Enfield Playing Fields which is located to the south of the site.
- 4.31 As stated in Enfield Playing Pitch Strategy³¹, there are a total of 44 secured community use playing pitch sites in the borough, with 3 education sites also providing opportunities for community use. The strategy states that there is future playing pitch demand to 2037 for junior 11 v 11, 9 v 9, mini soccer 7 v 7 and 5 v 5 football as a result of sports development, and an increase in population. The strategy highlights the importance ensuring that youth players are do not play on adult size 11 vs 11 pitches, as this is not sufficient for future player development, which is something that the Proposed Development is set to address.

²⁹ Mental Health Foundation, 2022. Physical health and mental health <https://www.mentalhealth.org.uk/explore-mental-health/a-z-topics/physical-health-and-mental-health><https://www.mentalhealth.org.uk/explore-mental-health/a-z-topics/physical-health-and-mental-health> (Accessed 1st February 2024)

³⁰ WHO, & Calouste Gulbenkian Foundation. (2014). Social determinants of mental health. WHO Geneva. [who.int/social_determinants/sdh_definition/en/](https://www.who.int/social_determinants/sdh_definition/en/) (Accessed 1st February 2024)

³¹ London Borough of Enfield, 2023. Playing Pitch Strategy (April 2018 - March 2023)

Figure 4.2 - Sports Facilities within North London



Health Deprivation

4.32 The Government's Indices of Multiple Deprivation (IMD) (2019)³² measures deprivation by combining indicators including a range of social, economic and housing factors, to establish a single deprivation score for each small area (Lower-layer Super Output Area, LSOA³³) across England. All LSOAs are ranked relative to one another according to their level of deprivation.

4.33 These factors are divided among seven domains of deprivation, outlined as follows:

- Income deprivation;
- Employment deprivation;
- Education, skills, and training deprivation;
- Health deprivation and disability;
- Crime;

³² Ministry of Housing, Communities and Local Government (2019) The English Indices of Deprivation 2019: Statistical Release

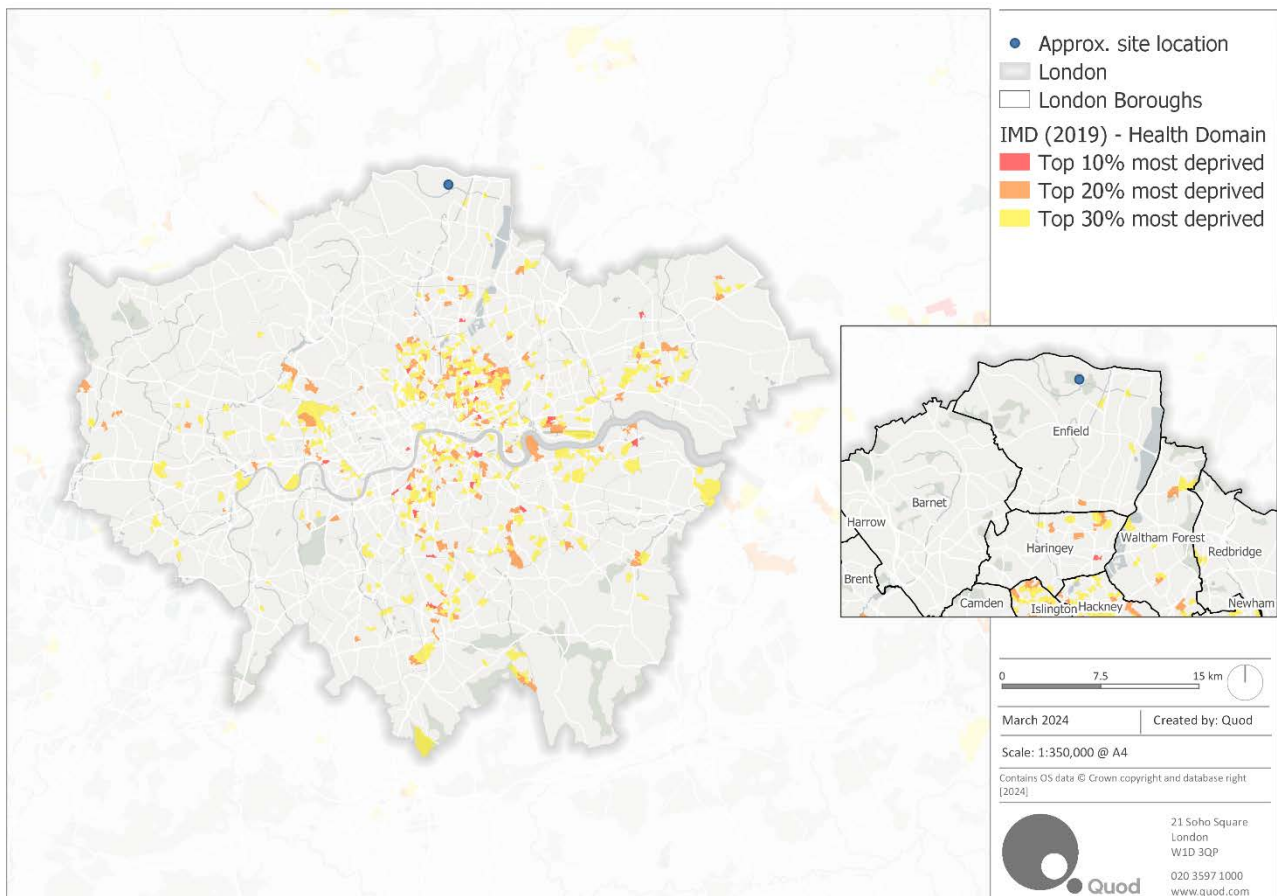
³³ LSOAs are statistical geographic areas based on population size. The minimum population for a LSOA is 1,000 residents, or 400 households.

- Barriers to housing services; and
- Living environment deprivation.

4.34 The health deprivation and disability domain measures *“the risk of premature death and the impairment of quality of life through poor physical or mental health”*. Measures of health include morbidity, disability, and premature mortality. Figure 4.3 shows the levels of deprivation directly related to health in London and the area immediately surrounding the Site; with areas in red within the top 10% most deprived in England, areas in orange within the top 20% most deprived in England and areas in yellow within the top 30% most deprived in England.

4.35 Figure 4.3 shows that the Site does not fall within an LSOA that is amongst the top 30% most deprived areas in England with regards to health deprivation and disability. Despite this, there are some pockets of health deprivation to the south-east of the Site that fall within the top 30% most deprived areas in England.

Figure 4.3 - Indices of Multiple Deprivation (Health Domain)



Health Priorities

4.36 Based on the Demographic and Health Profile set out above, and review of the local policy, the following have been identified as key health priorities for consideration within this assessment:

- Tackling poor air quality;
- Encouraging participation in physical activity;
- Tackling obesity in children and adults;
- Encouraging local residents to make healthy lifestyle choices;
- Promoting mental wellbeing;
- Improving access to the physical environment including social infrastructure and green space;
- Reducing crime and anti-social behaviour; and
- Working to prevent long-term health conditions.

4.37 Some of these health priorities overlap. For example, access to good air quality is heavily linked to healthy lifestyles.

4.38 These priorities relate to health determinations in a range of interconnected ways. Table 4.4 summarises the most relevant health determinants for each priority along with the vulnerable groups who may be disproportionately affected.

Table 4.4: Health priorities, their associated wider health determinants, and vulnerable groups

Health Priority	Relevant Wider Determinant of Health	Vulnerable Groups
Tackling poor air quality	Air quality, noise, and neighbourhood amenity	Young and old Pre-existing health conditions Long term health conditions
Encouraging participation in physical activity	Access to open space and nature Access to health and social care services and other social infrastructure Social cohesion and inclusive design	Young and old Overweight and obese Pre-existing health conditions
Tackling obesity in children and adults	Access to healthy food Accessibility and active travel Access to health and social care and other social infrastructure	Overweight and obese Pre-existing health conditions Young and old
Encouraging local residents to make healthy lifestyle choices	Access to health and social care services and other social infrastructure	Overweight and obese Long term health conditions Pre-existing health conditions

Health Priority	Relevant Wider Determinant of Health	Vulnerable Groups
Promoting mental wellbeing	Social cohesion and inclusive design Access to health and social care services and other social infrastructure	Physical and learning disabilities Long term health conditions Older people
Improving access to the physical environment including social infrastructure and green space	Housing design and affordability Access to health and social care and other social infrastructure Social cohesion and inclusive design Access to open space and nature Air quality, noise and neighbourhood amenity Climate change	Homeless Disabled Pre-existing health conditions Young and old Low-income
Reducing crime and anti-social behaviour	Crime reduction and community safety	Ethnic minorities Women Young and Old Disabled
Working to prevent long-term health conditions	Access to healthcare services and other social infrastructure Social cohesion and inclusive design	Long term health conditions

5 Women's participation in sport and football

- 5.1 According to the latest Active Lives Survey from Sport England³⁴, men are more likely to be active when compared to women, with 66% of the male population regarded as being active as opposed to 61% of the female population. A survey examining the attitudes of the British population confirmed that men are also more likely to feel able to be active than women (44% compared to 35%, respectively).
- 5.2 The pandemic had a significant impact on activity levels for all UK residents, but Sport England suggest that activity levels amongst women are taking longer to fully recover to pre-pandemic levels. While the proportion of men partaking in physical activity grew by 0.3% between November 2018/19 and November 2021/22, the proportion for women decreased by 0.7%.
- 5.3 Sports participation rates for women are lower than that of men as a result of various barriers to entry for women. These are categorised as 'practical', 'personal' and 'social & cultural'³⁵. Practical barriers to entry include:
- Lack of time and lack of childcare – leisure tends to be reactive to the needs of their families, with women often taking on the greater burden of care for children and elderly relatives;
 - Lack of money – on average, women tend to earn less than men and more likely to work in part-time roles compared to their male counterparts so may lack the funds to be able to invest in a club membership or equipment needed to partake in sport;
 - Personal safety – safety around streets, on public transport and around sports/community venues is a problem for women, with ethnic minorities sometimes being subject to racist behaviour;
 - Funding – women's sport does not attract as much funding as men's sport which results in poorer facilities, equipment and kit; and
 - Access to facilities – generally, sports facilities/clubs tend to prioritise male sport which results in women and girls having to make do with less convenient times.
- 5.4 Improvements to the provision of both indoor and outdoor facilities, in addition to some female-only facilities has started to address the issue of limited access. In addition to this, making clubs and sports facilities more 'family friendly', ensuring locations for sport are safe and appropriate and improving availability of information have also resulted in some of these barriers to entry being broken.
- 5.5 With regards to funding issues, most sporting facilities now offer flexibility in length of sign-up periods as well as offering different payment options which has made it easier for some women to partake in physical activity.

³⁴ Sport England, 2023. Active Lives Adult Survey

³⁵ Women's Sport and Fitness Foundation, 2007. Barriers to women and girls' participation in sport and physical activity

- 5.6 As mentioned above, there are also various ‘personal’ barriers that prevent women from partaking in sport. Body image is often seen as a key barrier for women, with research³⁶ suggesting that women are more self-conscious than men. Women who are overweight or disabled may be particularly affected by issues around body image, with some women being judged negatively as a result of an increasingly body-obsessed culture. Another barrier that is linked to body image is lack of self-confidence where negative feelings about how women’s bodies look, often leading to lack of confidence in physical abilities.
- 5.7 Some of these barriers have started to be broken down through an increase in the variety of activities offered, relaxed dress codes, ensuring that there is privacy and cleanliness in changing spaces, providing the option for single-sex activities, and offering different level classes to reduce feelings of embarrassment and intimidation.
- 5.8 Social and cultural barriers that have prevented women from partaking in sport are as follows:
- Male-dominated culture of sport – sport has been traditionally defined, promoted and constructed as a male activity which has demotivated various women from taking part in sport;
 - Attitudes and prejudices about sexuality – some women have been known to refrain from taking part in particular sports due to the fear of being perceived as unfeminine while homophobia and ‘homo-negativism’ can also stop women from participating and excelling in sport;
 - Attitudes and prejudices about disability – women with disabilities are also less likely to participate in sport when compared to women without disabilities due to physically inaccessible facilities, coaching staff that are unable to adapt coaching styles, unwelcoming attitudes by other sports participants and a lack of role models;
 - Attitudes and prejudices about ethnicity – assumptions about specific ethnic groups can limit opportunities for women to participate in sports, with rates of participation in sport among different ethnic minorities varying from considerably lower than the national average to somewhat higher; and
 - Sexual harassment and abuse – many women drop out of sports as a result of being subject to sexual harassment and abuse, while others may not speak up in fear of being accused of consenting or inventing their claims.
- 5.9 By ensuring that there is a gender balance in the numbers of elite athletes and having more female role models within sport, the social and cultural barriers limiting women from taking part in sport have started to be deconstructed. There has also been more of an onus for sporting organisations to ensure that they are inclusive and advertise openness to new members, as well as training staff and volunteers on best practice when dealing with diversity related issues.
- 5.10 The prevention of ill-health and the enhancement of well-being is a key health benefit arising from participation in sport, with there being strong evidence linking sedentary behaviour to overweight and obesity, cardiovascular disease, adverse metabolic profiles, diabetes, and cancer³⁷. Psychologically, sport and physical activity provides an opportunity for self-

³⁶ Theron WH, Nel EM, Lubbe AJ. Relationship between body-image and self-consciousness. *Percept Mot Skills*. 1991;73(3 Pt 1):979-983. doi:10.2466/pms.1991.73.3.979

³⁷ Caroline Riot, *Apestar Sports Medicine Journal*, 2015. Female Participation in Sport and Active Recreation

expression, improving self-esteem, and reducing depression, anxiety and emotional distress amongst women.

5.11 The Football Association (the governing body of football in England) has identified the promotion of women and girls' football as a key priority over the coming years. In its 2020 FA Strategy for Women's and Girl's Football³⁸, the FA sets out the following eight strategic objectives which it will seek to achieve by 2024:

- **EARLY PARTICIPATION:** For every primary school-aged girl to have equal access to football in school and in clubs;
- **DEVELOPMENT PARTICIPATION:** For every girl to have equal access to participate for fun, competition and excellence;
- **CLUB PLAYER PATHWAY:** Collaborating with clubs to develop an effective high-performance, inclusive player-centred pathway;
- **ELITE DOMESTIC LEAGUES AND COMPETITIONS:** Creating the best professional women's sports leagues and competitions in the world;
- **ENGLAND:** For England to win a major tournament;
- **FOOTBALL FOR ALL:** recruit and support a motivated, diverse range of local leaders organising football for their communities;
- **COACHING:** Supporting the development of exceptional coaches at every level of the game who are representative of our society; and
- **REFEREEING:** Ensuring that every female referee afforded high-quality bespoke learning and development opportunities from grassroots through to the elite game.

5.12 The Inspiring Positive Change Strategy Update³⁹ is centred around understanding an individual's motivation to be involved in football. Ultimately, the aim is to transform the game at the grassroots level by ensuring that girls have equal access to football in schools and clubs. The recent progress in the women's game has been underpinned by the rapid development in coaches and referees at all levels of the game.

5.13 During 2021 and 2022, it was found that around two-thirds of all schools offered equal access through girls' football within PE lessons while 46% of schools offered equal access through extra-curricular clubs. In addition to this, there has been a 17% increase female affiliated football players between October 2021 and October 2022 and a 40% increase in the number of affiliated women's team since the strategy was launched.

5.14 An independent report on reframing the opportunity in women's football⁴⁰ is based around striving to create a scenario where women's football is an accessible, safe and inclusive environment, ensuring that a diverse and inclusive fanbase in nurtured and elite games becomes the gold-standard for women's sport globally. By meeting these standards, women's

³⁸ The English Football Association (FA), 2020. Inspiring Positive Change – The FA Strategy for Women's and Girls' Football: 2020-2024

³⁹ The English Football Association (FA), 2021. Inspiring Positive Change Update 2022

⁴⁰ Department for Culture, Media & Sport, 2023. Raising the bar – reframing the opportunity in women's football

football will become a world leading sport that allows for others to follow suit and generates great economic and social value.

5.15 Strategic recommendations set out within the report are outlined below:

- Ensuring that the new entity tasked with running elite women's football should not settle for anything less than world-leading standards for all participants;
- Fixing the talent pathway to create a generation of world-beating lionesses;
- Creating an environment where both the Women's Super League and the Women's Championship can attract, develop and sustain the best playing talent in the world (including mandating elite training facilities for elite players);
- Addressing the lack of diversity across the women's game;
- Carving out a new dedicated broadcast slot for women's football;
- Government must deliver on recent commitments around equal access to sport for girls;
- Streamlining funding in grassroots facilities to increase investment to accommodate meaningful access for women and girls;
- Ensuring that the FA, the Premier League and the Football Foundation work to make sure that women and girls are benefiting from funding flowing into facilities; and
- The FA should leverage the handover of administration of the top two tiers of women's football to focus on grassroots clubs and the Women's National League.

5.16 As mentioned above, the report mentions the need for elite training facilities to be provided for elite female players, with both clubs and players highlighting the poor standard of facilities on offer (e.g. poor training facilities and poor pitch quality). It is suggested that the FA should strengthen training facility standards to give more detailed parameters of what is expected as an appropriate training environment.

6 Health Impact Assessment

- 6.1 The following section considers each of the relevant wider determinants of health (as identified by HUDU) in two parts:
- First, by considering the health pathways that can influence these determinants (in so far as they are relevant to planning and development); and
 - Second, by setting out how the Proposed Development could contribute to improvements in those wider determinants of health.
- 6.2 A qualitative assessment of the Proposed Development's impact on health is then made, in line with the HUDU HIA Guidance. Recommendations are identified (where appropriate) to minimise any identified negative effects and maximise opportunities for the Proposed Development to contribute to improvements in local health.

Access to Open Space and Nature

Potential Health Pathways


- 6.3 Numerous studies point to the direct benefits of green space to both physical and mental health. Green space has been associated with a decrease in health complaints, improved mental health, reduced stress levels, and the perception of better general health. The provision of open space also has indirect benefits by encouraging social interaction and providing space for physical activities and improving air quality.
- 6.4 Accessible amenity space has been linked with environments that are more walkable, with aesthetics and street connectivity influencing patterns of use. Physical activity, which is more likely to be undertaken if open space or improved linkages are provided, plays a key role in the prevention of specific diseases/health issues that include cardio-vascular disease, depression, and obesity.
- 6.5 As set out within Planning Policy Framework, access to open space and nature is closely linked to the health priority of 'healthy lifestyles' due to its multiple functions in providing space for recreation, tranquillity and relaxation, which can have a large impact on people's ability to adopt healthier habits, including exercise.

Health Impact Assessment

- 6.6 This section responds to the following questions outlined in HUDU's HIA Guidance that are relevant to this application:
- Does the proposal retain and enhance existing open and natural spaces?
 - In areas of deficiency, does the proposal provide new open or natural space, or improve access to existing spaces?
 - Does the proposal provide a range of play spaces for children and young people?
 - Does the proposal provide links between open and natural spaces and the public realm?

- Are the open and natural spaces welcoming and safe and accessible for all?
- Does the proposal set out how new open space will be managed and maintained?

Table 7.1: Access to Open Space and Nature - Health Impact Assessment

Access to Open Space and Nature		Details/Evidence
Relevant	Yes	<p>As highlighted within the Design & Access Statement, the project proposals include ten grass pitches and related floodlighting (seven full sized and two half sized), an artificial pitch, a Sports Academy for grassroots and community coaching, a change of use to the existing Northern Clubhouse to provide a 3,000 sqm football training centre (constituting office space, medical facilities, changing rooms, classrooms and washing facilities), a renovated Southern Clubhouse with a café and community space, a new Grounds Maintenance building, a new security lodge, a link between the development and the THFC Men's Training Centre and restoration/enhancement of historic parkland landscape, including new cyclist and pedestrian routes</p> 
Potential Health Impact	+	
		<p>As part of the development proposals, areas of historical parkland on the Southern part of the former golf course would be restored with wildflower meadows and new tree planting layout informed by historical mapping, followed by the creation of a network of public access routes across the park.</p> <p>Existing woodland will also be enhanced through new woodland planning, including diverse native woodland shrub, in addition to wildflowers and bulbs. The In total, of the</p>

Access to Open Space and Nature	Details/Evidence
	<p>98 hectares that originally formed the Whitewebbs site, circa. 80 hectares (approximately 80%) would remain fully publicly accessible under the Club's proposals.</p> <p>The open space that is set to be provided as part of the Proposed Development does not include the provision of any designated play spaces for children or young people.</p> <p>The proposal will also provide links between open spaces and the public realm through landscape and public access improvements to existing paths, and the creation of an improved route from Whitewebbs Road/Whitewebbs Lane to Whitewebbs House (Toby Carvery) along an existing historical drive. The woods would be retained and managed by Enfield which will enhance the biodiversity and amenity value that the woods have to offer, with funds provided by the Club for a dedicated Woodland Management Plan.</p> <p>The restoration of Whitewebbs Park will provide a new, improved and inclusive recreation space for Enfield's local residents, including a restored pond that will create an area of reflection surrounded by nature, upgraded routes for pedestrians and cyclists and new/repaired benches to allow visitors to rest when necessary. In order to make Whitewebbs Park as safe and as welcoming as possible, safety considerations have been made which will include the northern informal car park (formerly known as a site for anti-social behaviour) being managed and emergency help points and defibrillators being installed at two locations within the park.</p> <p>The proposals also include a Grounds Maintenance storage area which will be exclusively for the management and care of the restored historic parkland and woodland. It is expected that the publicly open space and restored woodland will be managed and maintained as part of the same contract as the management of the THFC Women's training facility. Given the scale of the open space and its close relationship to the training facility, it is unlikely to be subject to a separate management contract.</p> <p>In addition to this, a link has also been proposed between the Development and the THFC Men's Training Centre to the East, converting an existing lay-by to a route for pedestrians, equestrians and Grounds Maintenance Vehicles. The open and natural spaces that are set to be provided as part of the development will also be safe and accessible, with public access to the southern café, visitor centre and car park for Whitewebbs Park set to be shut at night to ensure the security of the site. The existing Southern Café is currently open to the public via vehicle foot which can be a security risk. As a result of this, the proposals include a new gate that will control traffic and provide a sense of security.</p>

Access to Open Space and Nature		Details/Evidence
		<p>Proposed improved café & visitor centre parking</p> <p>Existing trees</p> <p>Proposed Southern Café & Visitor Centre gate</p> <p>Path with surface upgraded</p> <p>Proposed hoggin road</p>
Recommendation/ Mitigation	None required	

Access to Healthcare Services and Other Social Infrastructure

Potential Health Pathways

- 6.7 Improving access to the physical environment, including social infrastructure and green space has been identified as a local health priority.
- 6.8 Public services and community infrastructure are important in supporting strong, sustainable and cohesive communities. Good access to public services including health services, education and community facilities has a positive effect on human health, without which people can be at risk of isolation and lack of support required to maintain a healthy lifestyle. Under-provision can also lead to longer travel times, increasing transport requirements and potentially increasing local pollution.
- 6.9 There is a range of facilities serving the local community including schools and GP surgeries. Carlton House Surgery (which is a GP practice operated by Medicus Health Partners) is the closest GP surgery to the red line boundary while Chase Farm Hospital is located just over 1km to the south-west of the Site.

Health Impact Assessment

- 6.10 This section responds to the following questions outlined in HUDU's HIA Guidance that are relevant to this application:
- Does the proposal retain or re-provide existing social infrastructure?
 - Does the proposal assess the impact on health and social care services and have local NHS organisations been contacted regarding existing and planned healthcare capacity?

- Does the proposal include the provision, or replacement of a healthcare facility and does the facility meet NHS requirements?
- Does the proposal assess the capacity, location and accessibility of other social infrastructure, e.g. primary, secondary and post 19 education needs and community facilities?
- Does the proposal explore opportunities for shared community use and co-location of services?

Table 7.2: Access to Health and Social Care Services and other Social Infrastructure - Health Impact Assessment

Access to Health and Social Care Services and other Social Infrastructure		Details/Evidence
Relevant	Yes	<p>The existing site does not currently accommodate any social infrastructure.</p> <p>As the proposal is not set to provide any residential units, it is unlikely that the development will have a significant impact on health and social care services. According to the Design & Access Statement, 63 sqm of community floorspace in the form of a community classroom is set to be provided on the 1st floor of the development. The upgraded Southern Clubhouse will also include a dedicated community space in the form of a multifunctional room, which will be available for use to local groups and residents.</p>
Potential Health Impact	+	<p>THFC are also committed to providing community access to the facilities at the training centre in addition to working closely with local schools in Enfield to help increase young girl's participation in sport, resulting in thriving children and young people, and a strong and healthy local community.</p> <p>The proposal explores opportunities for shared community use of the training facility, aligned with the ambitions of Enfield Council to:</p> <ul style="list-style-type: none"> • Create strong, safe, and healthy communities; • Improve leisure and sport opportunities to enable more active lifestyles; • Engage young people and children in positive activities; and • Improve physical activity among children and young people. <p>Subject to ongoing oversight & input from Enfield Council's Parks, Leisure, and Culture team, it is anticipated that the following provisional types of community activities would be delivered by the Club and its charitable Foundation within the site:</p> <p>Girls' Football Programmes:</p> <ul style="list-style-type: none"> • Global Football Development (GFD) Premier Days – providing girls aged 8-15 with unique access to the new Women's and Girls' Training Centre, offering girls a unique insight into coaching methods and techniques. • GFD Development Centres – played development programmes aimed at young girls which will operate in 6-week blocks.

Access to Health and Social Care Services and other Social Infrastructure	Details/Evidence
	<ul style="list-style-type: none"> • Wildcats – offering opportunities for girls aged between 5 and 11 to participate in football, meet new friends and grow in confidence, occurring up to two time a week during term time • Next Generation Girls – programme ran by THFC which target 12-17 year old girls (the traditional age range that girls ‘drop-out’ of football), operating a ‘turn up and play model’ with the opportunity to play in tournaments, attend Spurs Women matches and gain qualifications; 15 participants will receive 2 hours of coaching every week for 40 weeks <p>Education Delivery Programmes:</p> <ul style="list-style-type: none"> • GFD College Programmes – college partnerships to have access to the training facility to deliver training sessions for players aged 16 – 19 • GFD Coach Academy Open Days – running bespoke coach education events for key partners, local clubs and schools • Primary Stars – using the appeal of Tottenham Hotspur to inspire children aged between 5 and 11 to be active and develop important life skills • Women’s Health Education Programme and annual roadshow event – this programme will be offered to 150 mixed gender participants from different local sports clubs and schools and will educate grassroot clubs and schools about women’s health to ensure girls are properly supported to stay active as they approach their teenage years in an 8 hour session <p>Crime Diversion and Engagement Programmes:</p> <ul style="list-style-type: none"> • Premier League (PL) Kicks – providing positive activities through participation in football, workshops on important social topics, tournaments, qualifications and volunteering. • Hosting school/regional grassroots football tournaments – tournaments set to be hosted all day during term time, linked to key campaigns around reducing youth violence and driving increased participation in sport, with two half days every month set to be allocated to a school/alternative group for tournaments at the Training Centre. <p>Promoting Health Lifestyles Programmes:</p> <ul style="list-style-type: none"> • Women’s walking football – offering opportunities for 100 female participants (targeted at inactive females) to partake in 4 hours of coaching per year, providing a safe and fun environment for participants to play football and socialize, improving both physical and mental wellbeing. <p>THFC have committed to developing a comprehensive plan to promote community access to new facilities at Whitewebbs, with the following community improvements/programmes being envisioned:</p>

Access to Health and Social Care Services and other Social Infrastructure		Details/Evidence
		<ul style="list-style-type: none"> - Player Development Centres – Club will have capacity to run 6 term time programmes lasting 6 weeks each, hosting 720 participants, based on player development - Holiday Player Development Centres – Club will have capacity to run 7 week-long programmes during the school holidays, hosting 420 participants, based on player development - Expansion of the Club's Women's and Girls' coaching programme – provides opportunity for school leavers aged from 16-18 to study for educational qualifications and other sports and fitness courses, alongside a full-time football programme led by FA and UEFA-qualified coaches - Better sporting and educational facilities for local clubs and schools – giving schools and local organisations more opportunities to make use of high-quality facilities <p>It is important to note that the Proposed Development has the ability to address wider social inequalities and can have a significant footprint for elite athletes and clubs. It can act as a centre of gravity for North London in the region, as well as nationally and internationally in providing elite-level sports training facilities for athletes from Enfield but also a much wider area and improve both tangible access and perceptions of progression through to the professional level for women and girls.</p>
Recommendation/ Mitigation		None required

Air Quality, Noise and Neighbourhood Amenity

Potential Health Pathways

- 6.11 Air quality has a key influence on the quality of the environment in which a population lives, with implications for long-term health. Dust and emissions from transport and construction processes are the main potential source of pollutants. Poor air quality is associated with negative health outcomes, such as chronic lung disease, heart conditions and asthma, particularly among children.
- 6.12 Planning and development influence land use and, therefore, may influence the quantity and types of emissions produced – either reducing or increasing them. Mitigation measures, including the design of open spaces to act as green lungs for a community and the use of technology to reduce and capture emissions may be used where appropriate.
- 6.13 **The Air Quality Assessment** identifies that the Proposed Development lies within a borough wide Air Quality Management Area (AQMA) which exceeds the annual mean nitrogen dioxide (NO₂) objective. Receptors have been identified to represent a range of exposure, including worst-case locations, with particular attention being paid to assessing impacts close to

junctions where traffic may become congested. These receptors are considered in the assessment of effects arising from dust during demolition and construction as detailed below.

- 6.14 Noise and vibration also have links to the health of a population, particularly in places where people live or work in close proximity to sources of noise and vibrations. Very high noise levels can have direct impacts on health (hearing loss or tinnitus) but there “should be no risk” of these levels of noise from environmental factors⁴¹. Lower levels (nuisance or annoyance levels) have indirect effects including through stress-related illness and disturbances in sleep. These nuisance levels did not affect people equally. Nuisance and annoyance can have higher or lower relative importance assigned by those affected by them. Such importance varies within and across populations; and this importance or variability can be uncertain⁴². As such it is challenging to predict with any certainty the degree to which nuisance and annoyance from noise will affect people at an individual level. Where noise is a potential factor in a health impact assessment it is appropriate to consider effects at a population level separately to those at an individual level.
- 6.15 The **Sports Pitch Noise Assessment** describes the potential impact of noise expected to arise from the Proposed Development. The nearest noise sensitive receptors of relevance to this assessment are at 2 Whitewebbs Road, The Lodge and The Limes.
- 6.16 The **Construction Management Plan** highlights the potential noise and air quality impacts that are expected to arise within the construction and demolition phase of development, and how these impacts will be managed and mitigated against.

Health Impact Assessment

- 6.17 This section responds to the following questions outlined in HUDU’s HIA Guidance that are relevant to this application:
- Does the proposal minimise construction impacts such as dust, noise, vibration, and odours?
 - Does the proposal minimise air pollution caused by traffic and energy facilities?
 - Does the proposal minimise noise pollution caused by traffic and commercial uses?

Table 7.3: Air Quality, Noise and Neighbourhood Amenity

Air Quality, Noise and Neighbourhood Amenity		Details/Evidence
Relevant	Yes	

⁴¹ Noise exposure level beyond 80 dB during 40 years of working a 40-hour work week can give rise to permanent hearing impairment. Given that environmental exposure to noise is much lower than these levels and that noise-related hearing impairments are not reversible, the GDG considered that there should be no risk of hearing impairment due to environmental noise and considered any increased risk of hearing impairment relevant. WHO, 2018, Environmental Noise Guidelines for the European Region p. 23

⁴² WHO, 2018, Environmental Noise Guidelines for the European Region p. 24

Air Quality, Noise and Neighbourhood Amenity		Details/Evidence
Potential Health Impact	Air (0) Noise (0)	<p>The assessment of neighbourhood amenity focuses on the potential amenity effects arising from changes to air quality and noise. These are considered below.</p> <p>As highlighted within Outline Construction Logistics Plan, to mitigate against noise, vibration and dust during the demolition and construction works, 'Best Practicable Means' will be employed to all activities, with noise levels from construction during the 10-hour working day being monitored against an indicative 75 dB LAeq10 hour action level and in line with the recommended levels in BS 5228-1.</p> <p><u>Air Quality</u></p> <p>According to the Construction Management Plan, the demolition and construction phases for the Proposed Development are likely resulting in various dust/air quality impacts which include in windblown dust from ground surfaces and exhaust emission from lorries and plant delivering and removing materials. In order to mitigate against these impacts, all open backed vehicles will be covered while demolition activities will be watered down, and vehicle engines will be switched off when parked.</p> <p>The construction and demolition phases will also lead to increased vibration levels from vehicles, plant, piling and general construction works. Mitigation to combat these vibration impacts include phased deliveries to minimise numbers of vehicles attending the site at any one time, implementing vehicle routing to optimise routes and achieve significant cost savings, ensuring the construction plant is well maintained and operated to reduce air emissions, making it a requirement for all diesel plant and machinery to run on ultra-low sulphur diesel and discouraging parking on roads immediately surrounding the site. An extensive list of mitigation in relation to air quality and dust is provided in 'Recommendation/Mitigation' section below.</p> <p>The Air Quality Assessment (AQA) reviews the potential air quality impacts during construction and operational phases (including effects arising from traffic); the suitability of the Site for the proposals; assessment of Air Quality Neutral (ensuring that developments do not contribute to air pollution beyond permitted benchmarks) and identifies any required mitigation measures.</p> <p><u>Demolition and Construction</u></p> <p>When assessing construction traffic levels, it is anticipated that typical traffic volumes generated during the construction phase will be lower than operational traffic generation, and lower than the relevant screening criteria of 25 AADT for heavy vehicles and 100 AADT for light vehicles in line with EPUK/IAQM guidance⁴³. As a</p>

⁴³ Guidance published by Environmental Protection UK (EPUK) and the Institute of Air Quality Management (IAQM) to help ensure that air quality is properly accounted for in the development control process.

Air Quality, Noise and Neighbourhood Amenity	Details/Evidence
	<p>result, it is concluded that traffic emissions within the construction phase will have an insignificant effect on local air quality.</p> <p>On-site exhaust emissions, also known as non-road mobile machinery (NRMM) are also assessed as part of the AQA. This includes machinery such as such as industrial equipment or vehicles that are not intended for transporting goods or passengers on roads. The AQA concludes the NRMM supporting the demolition and construction would also have an insignificant effect on local air quality.</p> <p>All dust impacts have been evaluated by the technical assessors to be temporary and short-term. When assessing the dust emission impacts, all construction and demolition activities are predicted to have a negligible or low risk to human health and ecology, while Earthworks and Construction are predicted to have a medium risk on dust soiling. (Table 11 of submitted AQA).</p> <p>Although no significant effects are identified during the demolition and construction phases, the AQA suggests that measures to mitigate dust emissions will be required during the construction phase of the development to minimise impacts on nearby sensitive receptors. The GLA's SPG on The Control of Dust and Emissions During Construction and Demolition (GLA, 2014b) describes measures that should be employed. These measures are set out extensively in Appendix A8 of the AQA and include site management, preparing and maintaining the site, operating vehicle/machinery and sustainable travel and waste management.</p> <p>Mitigation measures specific to demolition, earthworks, construction and trackout are also recommended such as avoiding explosive blasting, re-vegetating earthworks to stabilise surfaces, avoiding scabbling (roughening of concrete surfaces) and using water-assisted dust sweepers remove material tracked out of the site.</p> <p><u>Operation</u></p> <p>When assessing the Proposed Development's predicted impacts on Annual Mean Nitrogen Dioxide Concentrations ($\mu\text{g}/\text{m}^3$) and Annual Mean PM10 and PM2.5 Concentrations, in addition to assessing PM2.5 Concentrations against GLA targets, all impacts are assessed to be Negligible.</p> <p>The operational air quality effects without mitigation are predicted to be 'insignificant', which takes account of the facts that pollutant concentrations at worst-case locations within the proposed development are unlikely to exceed the hourly mean NO2 and 24-hour PM10 objectives, pollutant concentrations at all of the selected worst-case existing receptors along the local road network will be lower than the air quality objectives and annual mean PM2.5 concentrations at some existing receptors may exceed the GLA target with or without the proposed development, but this is a common occurrence and the proposed development's contribution to PM2.5 concentrations is negligible.</p>

Air Quality, Noise and Neighbourhood Amenity	Details/Evidence
	<p>As a result of heat and hot water being provided to the Proposed Development via Air Source Heat Pumps (ASHPs) and Solar Photovoltaic Panels, the Proposed Development will have no direct building emissions, making it better than 'Air Quality Neutral' in building emission terms. However, as a result of there set to be 144,540 car trips per year, the Proposed Development can not be deemed to be 'Air Quality Neutral'.</p> <p>Standard good design and best practice that has been incorporated into the Proposed Development include setting back the training centre at least 20m away from Whitewebbs Lane, using an internal road and electric vehicle to transport staff and players from the existing Tottenham Hotspur Training Centre, providing electric vehicle (EV) charging points and short-stay cycle parking, and incorporating an all-electric strategy to avoid the need for on-site combustion.</p> <p><u>Noise</u></p> <p>As highlighted within the Construction Management Plan, mitigation measures against noise generated within the demolition and construction phases of development will include noise reduction screens being placed in front of exposed works, noisy plant to be situated as far from noise sensitive buildings as possible, hand operated equipment to be silenced, machines in intermittent use to shut down in the intervening periods and material to only be loaded within designated areas. An extensive list of mitigation in relation to noise and vibration is provided in 'Recommendation/Mitigation' section below.</p> <p>The Sports Pitch Noise Assessment provides a summary of the Training and Match Pitches Survey undertaken in October 2023.</p> <p>The Sports Pitch Noise Assessment does not include an assessment of noise effects arising from demolition and construction activities nor assess the likely noise effects arising from traffic.</p> <p>Within the Sports Pitch Noise Assessment, full sized pitch emissions have been based on the assumption that they can be used for competitive and training matches, resulting in a worst case scenario noise level of 62 dB $L_{Aeq,1h}$ at 10 m from the sideline halfway marking, while smaller pitch emissions have been based on the assumption that they are only used for training sessions, resulting in a worst case scenario noise level of 58 dB $L_{Aeq,1h}$ at 10 m from the sideline halfway marking.</p> <p>When examining the predicted individual pitch operation noise levels against the agreed noise criteria of 50 dB $L_{Aeq,1h}$ and the noise level not exceeding the existing baseline by more than 3 db, only a single exceedance for Pitch AC2 was observed at the Limes between 10 am and 5pm, while exceedances for Pitches AC1.1 and AC2 were observed at the Limes between 5pm and 10pm.</p>

Air Quality, Noise and Neighbourhood Amenity	Details/Evidence
	<p>When examining the worse case scenario for concurrent pitch use (6 of 11 pitches operating), the noise criteria is exceeded between both 10am to 5pm and 5pm to 10pm for The Limes. Despite the criteria being exceeded, the worse-case absolute cumulative level is only a marginal exceedance of 3 dB above the criteria.</p> <p>It is important to note that pitch use will vary day-to-day, so when averaged over an entire daytime or evening, the average noise levels are likely to be lower than the worst-case values presented above.</p>
<p>Recommendation/ Mitigation</p>	<p>The Construction Management Plan sets out the detailed information on the mitigation set to be provided within the construction and demolition phases of the Proposed Development. The broad types of mitigation can be summarised as follows:</p> <p><u>Dust</u></p> <ul style="list-style-type: none"> • Monarflex sheeting placed to screen the demolition from neighbouring properties; • A soft strip material will be carried out prior to structural demolition; • Damping down during demolition and crushing activities; • Damping down stockpiles and haul roads particularly during dry weather; • Working areas will be swept regularly to prevent the build-up of materials and dust; • Regular planned cleaning of haul roads; • Sheeting of lorries leaving the site; • Use of wheel wash; • Wet cutting; • Early provision of hard standings and metalled roadways; • Neighbourhood liaison; • Monitoring performance and responding to results; and • Training of site personnel in best practice methods. <p><u>Air Quality and Vehicle Emissions</u></p> <ul style="list-style-type: none"> • Avoiding large stockpiles of materials; • Storing materials away from the site boundary; • project; • Wheel wash facilities for vehicles leaving the site when site excavation and exposed ground is present; • Pre-fabricating and pre-cutting off-site materials to minimise dust from cutting and grinding materials; • Ensuring that deliveries are co-ordinated and booked via a 'delivery management process' to minimise waiting; • Switching engines off when not in use; • Maintaining plant to ensure that it is running efficiently; • Ensuring that diesel plant and machinery on-site will run on ultra-low sulphur diesel; and • Discouraging parking on surrounding roads.

Air Quality, Noise and Neighbourhood Amenity	Details/Evidence
	<p><u>Noise</u></p> <ul style="list-style-type: none"> • Avoiding large stockpiles of materials; • Storing materials away from the site boundary; • Sheeting vehicles entering and leaving the site; • Barriers to reduce noise reaching noise sensitive buildings where practicable; • Ensuring that all hand operated tools and equipment shall be silenced; • Ensuring that any noise emitting equipment on-site that is required to run continuously will be housed in a suitable acoustic enclosure; • Machines in intermittent use to be shut down in intervening periods between works; • Ensuring that the use of percussive tools is limited as far as reasonably possible; • Covering perimeter scaffolds with monaflex sheeting where possible; • The hoarding erected around site will also help reduce noise transmission; • Adjacent to the adjoining properties, the timings of demolition works will be, within reason, sequenced around the users of adjoining properties; • Material will only be loaded into vehicles within designated areas; • Excavators will be fitted with hydraulic pulverisers and shears whenever possible in preference to hydraulic hammers; • All plant and machinery will be fitted with silencers and where hydraulic hammers are used they will be fitted with bafflers as per BS5228-1:2009; • Sound reduced compressors will be used and/or fitted within acoustics enclosures where necessary; • The positioning of compressors will also be taken into consideration to reduce noise transfer to neighbouring properties; • Pneumatic tools will be fitted with silencers or mufflers to BS5228-1:2009; • Electrically powered tools will be used as opposed to petrol / diesel powered, wherever possible. • Care taken when erecting or striking scaffolds to avoid impact noise from banging steel; and • No loud audio equipment will be allowed on-Site. Additional noise barrier methods to the main noise barrier screen will be employed where appropriate and where their use will result in a noticeable benefit to the neighbouring receptors. <p>Please see Section 9 of the Air Quality Assessment for detailed information of the mitigation set to be provided as part of the Proposed Development. The broad types of mitigation can be summarised as follows:</p> <ul style="list-style-type: none"> • Sheeting vehicles entering and leaving the site; • Maintaining and operating the construction plant to minimise emissions to air; • Dust suppression water points to be kept serviceable throughout construction • Site Management • Preparing and Maintaining the Site

Air Quality, Noise and Neighbourhood Amenity	Details/Evidence
	<ul style="list-style-type: none"> • Operating Vehicle/Machinery and Sustainable Travel • Operations • Waste Management • Measures Specific to Demolition • Measures Specific to Earthworks • Measures Specific to Construction • Measures Specific to Trackout

Accessibility and Active Travel

Potential Health Pathways

- 6.18 Traffic or transport impacts may have positive or negative effects on health. Planning and development may result in effects that improve or reduce access to services, including health services, and to employment. It may provide or remove access to public transport, walking and cycling routes that support active lifestyles.
- 6.19 Increased traffic from large vehicles associated with demolition and construction may also pose indirect health effects through fear and intimidation to pedestrians and cyclists. Fear would impact on health by increasing stress, while intimidation may dissuade individuals from walking or cycling and thus making healthy lifestyle choices.
- 6.20 Accidents and road safety directly impact health, where traffic volumes could potentially have a detrimental effect on highway safety through increased opportunities for conflict.
- 6.21 A full transport baseline is set out in the **Transport Assessment (TA)** submitted alongside the Planning Application. The Site has a public transport accessibility level (PTAL) of 0, which demonstrates a ‘very poor’ accessibility level to public transport.
- 6.22 Accessibility and active travel is identified in Section 3 as a relevant health pathway with respect to the health priorities of air quality and healthy lifestyles. This is because a ‘modal shift’ with less reliance on cars, encouraging and promoting sustainable transport including cycling, walking and other forms of active travel are considered to tackle multiple health considerations – including pollution, obesity, congestion and road accidents.

Health Impact Assessment

- 6.23 This section responds to the following questions outlined in HUDU’s HIA Guidance that are relevant to this application:
- Does the proposal address the ten Healthy Street indicators?

- Does the proposal prioritise and encourage walking (for example through the use of shared spaces)?
- Does the proposal prioritise and encourage cycling, for example by providing secure cycle parking, showers and cycle lanes?
- Does the proposal connect public realm and internal routes to local and strategic cycle and walking networks?
- Does the proposal include traffic management and calming measures to help reduce and minimise road injuries?
- Is the proposal well connected to public transport, local services and facilities?
- Does the proposal seek to reduce car use by reducing car parking provision, supported by the controlled parking zones, car clubs and travel plans measures?
- Does the proposal allow people with mobility problems or a disability to access buildings and places?

Table 7.4: Accessibility and Active Travel - Health Impact Assessment

Accessibility and Active Travel		Details/Evidence
Relevant	Yes	
Potential Health Impact	+	<p>The design of the Proposed Development has taken the Healthy Streets Indicators into account through the provision of improved access to the site via walking and cycling in order to support active travel.</p> <p>The proposals will prioritise and encourage walking, with the design of the training facility set to improve and extend the footpath network available to the public across the site. Cycling will also be encouraged through the provision of 30 long-stay and 10 short-stay cycle parking spaces as part of the Women’s training facility and the Northern Clubhouse, in addition to changing rooms and washing facilities.</p> <p>There will also be 4-long stay and 12 short-stay cycle parking spaces provided as part of the Park and Southern Clubhouse development and 4-long stay cycle spaces and 1-short stay cycle space for the Turf Academy.</p> <p>The Site is not very accessible via public transport, with Site having a PTAL rating of 0. The nearest bus stops to the Site are located on Clay Hill to the south of the site, which is served by the 456 route which runs between Crews Hill and Edmonton. Stops along the A10 to the east of the Site are served by the 217 and 317 which run from Waltham Cross to Turnpike Lane and Waltham Cross to Enfield Town, respectively.</p> <p>The nearest railway station to the Site is Crews Hill, which is either a 30-minute walk or a 10-minute cycle to the west of the Site, offering services to both London Kings Cross and Stevenage four times an hour. In addition, Turkey Street Overground Station is a 45-minute walk to the east of the Site, which offers services to Cheshunt and London Liverpool Street.</p> <p>For more information, please refer to the Transport Assessment.</p>

Accessibility and Active Travel	Details/Evidence
	<p>The Framework Travel Plan (FTP) sets out various measures to increase sustainable transport, in addition to reducing their impact of travel on the environment. The FTP sets out objectives and targets that are focused around encouraging walking and cycling through the Proposed Development.</p> <p>These measures include:</p> <ul style="list-style-type: none"> - Designing cycle parking with ease of use in mind that is located in secure and convenient locations to encourage uptake in cycling - Providing both short-term and long-term cycle spaces - Incorporating changing facilities, showers and lockers for all employees, targeted at individuals partaking in active travel - Upgrading footways and bridleways within the public park - Encouraging car sharing among employees and visitors - Considering local recruitment strategies and initiatives for non-specialist staff to relate closer to work - Providing employee information packs on sustainable transport options including walking and cycling maps (including journey times), public transport maps, routes and timetables, information on health benefits associated with active travel, details on car sharing and details on car clubs - Notice boards on walking and cycling routes/timetables - Encouraging cycling by raising awareness of cycle parking facilities and cycle routes - Taking advantage of the cycle to work scheme to aid employees in buying cycles and accessories - Negotiating discounts with local cycle shops for staff purchase and maintenance
Recommendation/ Mitigation	The Framework Travel Plan has been prepared to set out measures and initiatives that promote sustainable modes of transport.

Crime Reduction and Community Safety

Potential Health Pathways

- 6.24 Crime-related injury is a significant public health problem. In addition, perception and fear of crime reduces social solidarity and can have a negative psychological impact. This can lead to mental health issues and subsequent physical illness associated with a lack of access to services and facilities, a lack of social interaction, and a sedentary lifestyle.
- 6.25 Construction sites can present particular opportunities for crime such as vandalism, theft of building materials, and increase fear of crime due to poor lighting and lack of animation out of work-hours.
- 6.26 Planning and development cannot control individual behaviour but can create environments where crime is less likely to happen through design, in particular around animation, passive surveillance and streetscape.
- 6.27 According to 'UK Crime Stats' data from June 2023, antisocial behaviour (ASB) is the most prominent crime within Chase ward, accounting for 39% of all crimes committed within ward

area, which was greater than the proportion at the local authority level (26%). Violent crime was the second leading type of crime committed in Chase ward within June 2023, and was also the leading crime committed within Enfield over the same time period.

Health Impact Assessment

6.28 This section responds to the following questions outlined in HUDU's HIA Guidance that are relevant to this application:

- Does the proposal incorporate elements to help design out crime?
- Does the proposal incorporate design techniques to help people feel secure and avoid creating 'gated communities'?
- Does the proposal include attractive, multi-use public spaces and buildings?
- Has engagement and consultation been carried out with the local community and voluntary sector?

Table 7.5: Crime Reduction and Community Safety - Health Impact Assessment

Crime Reduction & Community Safety		Details/Evidence
Relevant	Yes	<p>The proposals are committed to creating an attractive, distinctive and inclusive environment, with one of the key objectives of the project being to create strong, healthy and safe communities. In order to facilitate the safe operational use of the training centre, a drop off area has been incorporated which will give children ample space to approach the main space safely. This area will also be stewarded on a daily basis to ensure that sufficient safeguarding measures are in place.</p> <p>The development will also include a security lodge that will allow traffic in and out of the facility in a controlled fashion. The operational link between the Site and the existing Men's training facility will be concealed by a hedge row which will also contribute to increased safety of the road as buggies pass through.</p> <p>In addition to the new training facility, the proposals also include a new woodland area that will link to habitats within Whitewebbs Wood and Dickenson's Meadow, as well as some restored parkland with extensive new tree planting and wildflower rich grassland creation, serving as attractive, multi-use public spaces.</p> <p>For more information, please refer to the Design & Access Statement.</p>
Potential Health Impact	+	
Recommendation/ Mitigation		None required

Access to Healthy Food

Potential Health Pathways

- 6.29 Tackling obesity and related lifestyle choices (of which healthy food is one) has been identified as a local health priority.
- 6.30 The Marmot Review (2020) identifies “widespread concern at food insecurity and poor nutritional intake and impacts on health and wellbeing; likely contributing to inequalities in cancer, diabetes and coronary heart disease⁴⁴”. While physical access to healthy food options is important, the Marmot Review identifies that the most significant reason for food insecurity or poor diet is income related.
- 6.31 A diet including ample fresh fruit and vegetables is highly beneficial to personal health, providing essential vitamins that protect the human body from infection, boost the immune system and reduce the risks associated with a high-fat, high-sugar diet; for example, obesity and heart disease linked to high cholesterol. However, it is noted that inequalities do in fact exist with regard to access to healthy food.
- 6.32 There is a Sainsbury’s Superstore, an Iceland and a TFC located approximately 2 miles from the Site which will provide all daily grocery needs, in addition to a Lidl that is less than 2 miles to the east of the Site. There is also a Sainsbury’s Local store located within a 15-minute walk from the south side of the red line boundary, that is able to cater for the vast majority of daily grocery needs.

Health Impact Assessment

- 6.33 This section responds to the following questions outlined in HUDU’s HIA Guidance that are relevant to this application:
- Does the proposal facilitate the supply of local food, for example allotments, community farms and farmers’ markets?
 - Is there a range of retail uses, including food stores and smaller affordable shops for social enterprises?
 - Does the proposal avoid contributing towards an over-concentration of hot food takeaways in the local area?

Table 7.6: Access to Healthy Food – Health Impact Assessment

Access to Healthy Food		Details/Evidence
Relevant	Yes	<p>The Proposed Development will provide some ground floor Class E commercial floorspace which will accommodate retail in the form of a café. As outlined above, the Site currently has good access to a range of supermarkets and independent stores enabling access to fresh, affordable products.</p> <p>Given the type of development proposed, it would not be appropriate to propose allotments.</p>
Potential Health Impact	–	

⁴⁴ Ibid. page 85

Access to Healthy Food		Details/Evidence
		For further information, please refer to the Design & Access Statement .
Recommendation/ Mitigation		None required.

Access to Work and Training

Potential Health Pathways

- 6.34 Access to employment can be a significant contributing factor to increased health. Being in work can make it easier to pursue a healthy lifestyle, with income being one of the most significant influences on health and the prevalence of disease in public health research.
- 6.35 Unemployment is often related to an increased risk of poor physical and mental health, and premature death. There are three core ways in which unemployment affects levels of morbidity and mortality:
- Financial problems due to unemployment can result in lower living standards, which may in turn reduce social integration and lower self-esteem;
 - Unemployment can trigger distress, anxiety and depression; and
 - Unemployment can affect health behaviours via increased smoking and alcohol consumption, and reduced levels of physical exercise.

Health Impact Assessment

- 6.36 The Proposed Development will generate employment opportunities during both the construction and end use phases which is anticipated to have a positive impact on health in terms of access to employment.
- 6.37 This section responds to the following questions outlined in HUDU's HIA Guidance that are relevant to this application:
- Does the proposal provide access to local employment and training opportunities, including temporary construction and permanent 'end-use' jobs?
 - Does the proposal provide childcare facilities?
 - Does the proposal include managed and affordable workspace for local businesses?
 - Does the proposal include opportunities for work for local people via local procurement arrangements?

Table 7.7: Access to Work and Training – Health Impact Assessment

Access to Work and Training		Details/Evidence
Relevant	Yes	The Proposed Development will create jobs during construction and operation:

Access to Work and Training		Details/Evidence
Potential Health Impact	+	<p>As outlined within the Economic Benefits Statement, the Proposed Development will generate an average of 212 FTE construction jobs over the 27-month demolition and construction period. The number of jobs on-site will fluctuate over the build programme as various trades move on and off the site. These jobs will support existing or create new opportunities within the construction industry which will be beneficial.</p> <p>The Operational Statement notes that there are currently 23 members of staff supporting the THFC women's first team, and 31 members of staff supporting the academy, with 5 of these staff members being shared between the first team and the academy (equating to 49 members of staff). The football training facility is expected to double the number of football related staff to 98 employees.</p> <p>Further employment that is set to be generated as part of the Proposed Development is as follows:</p> <ul style="list-style-type: none"> - Grounds maintenance staff: 1 per pitch required (i.e. 10 new staff) - Grounds maintenance staff: 1 per pitch required (i.e. 10 new staff) - Landscape (Club) maintenance: 5 new staff. - Parkland maintenance: 3 new staff. - Southern café: 20 – 27 new FTE roles <p>The growth in the pool of players is expected to trigger further growth in departments including coaches, analysts, physiotherapists and operational staff, generating further employment.</p> <p>The proposal would include opportunities for work for local people via both training and apprenticeship programmes provided by THFC.</p> <p>The proposals will include a childcare facility in the form of a creche within the training centre, aimed at removing the barrier of childcare responsibilities for female athletes which can often hinder career progression. THFC have also created a unique community outreach offer that includes half term camps for children over the age of 5. These half term camps brought together numerous THFC existing community initiatives including the following:</p> <ul style="list-style-type: none"> - Wildcats – offering opportunities for girls aged between 5 and 11 to participate in football, meet new friends and grow in confidence, occurring up to two time a week during term time - PL Kicks – providing positive activities through participation in football, workshops on important social topics, tournaments, qualifications and volunteering
Recommendation / Mitigation		No mitigation required

Social Cohesion and Inclusive Design

Potential Health Pathways

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

Health Impact Assessment

- 6.42 This section responds to the following questions outlined in HUDU's HIA Guidance that are relevant to this application:
- Does the proposal consider health inequalities by addressing local needs through community engagement?
 - Does the proposal connect with existing communities, i.e. layout and movement which avoids physical barriers and severance and land uses and spaces which encourage social interaction?
 - Does the proposal include a mix of uses and a range of community facilities?
 - Does the proposal provide opportunities for the voluntary and community sectors?
 - Does the proposal take into account issues and principles of inclusive and age-friendly design?

Table 7.8: Social Cohesion and Inclusive Design – Health Impact Assessment

Social Cohesion and Inclusive Design		Details/Evidence
Relevant	Yes	The Applicant is committed to community engagement with local residents, businesses and other key stakeholders. The Applicant started the consultation process in October 2023, following the signing of the agreement for Lease between the Applicant and LBE. The consultation material included an introductory letter sent via email to key stakeholders, meetings with key community and political stakeholders, a dedicated consultation page on the Applicant's website, newspaper adverts, flyers for local residents & businesses and a public exhibition showcasing the proposals.
Potential Health Impact	+	

Social Cohesion and Inclusive Design	Details/Evidence
	<p>Both stakeholders and community groups were invited to public consultation events where local needs could be raised and addressed. Following public events, the Applicant also met with a small number of stakeholders/local groups to discuss the proposal and any concerns that local residents may have had. The main issues raised by respondents were around impacts on biodiversity and ecology, lack of public access to the northern part of the former golf course, restricting access to the existing route down to the Toby Carvery from Whitewebbs Lane and the location and need for floodlights.</p> <p>One of the themes of the consultation feedback was around the need for a community space. As a result of this, the applicant reworked designs to include a multi-functional community space that will be around 57 sqm in size, and available to local groups and residents.</p> <p>For further information, please refer to the Statement of Community Involvement.</p> <p>The Parkland Management Plan also states that a Residents' Liaison Group will be established as part of wider initiative for the operation and management of the Site.</p> <p>The proposal will be in line with all required building regulation on access. For further information on design and layout, please refer to the Design and Access Statement.</p>
Recommendation/ Mitigation	Embedded within the design

Minimising the Use of Resources

Potential Health Pathways

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

Health Impact Assessment

- 6.45 This section responds to the following questions outlined in HUDU's HIA Guidance that are relevant to this application:

- Does the proposal make best use of existing land?
- Does the proposal encourage recycling, including building materials?
- Does the proposal incorporate sustainable design and construction techniques?

Table 7.9: Minimising Use of Resources – Health Impact Assessment

Minimising Use of Resources		Details/Evidence
Relevant	Yes	<p>The Application has included the submission of an Outline Construction Management Plan (CMP) which outlines how the proposals will comply with requirements and minimum standards. The Outline CMP sets out the intention for contractors to employ methods that minimise waste with opportunities for re-using or recycling to be reviewed and implemented throughout.</p> <p>The demolition and construction phase of development will encourage recycling, with all waste set to be segregated and stockpiled in accordance with its waste stream to enable maximum recycling. The proposals also will also use sustainable design and construction techniques by diverting all vegetation waste from landfill (unless identified as an invasive species) to recycling plants in order to create compost, in addition to encouraging waste to be managed close to its source via sustainable forms of transport to exert the least environmental and social impact on the local area.</p> <p>A total of nine indoor mixed recycling office bins of various sizes (30L – 60L) will be provided as part of the development, with recyclable waste set to be collected at least once a day. On-site transportation will be provided via a designated vehicle while off-site transportation will be provided via a relevant contractor.</p> <p>As highlighted within the Site Waste Management Plan, in order to maximise recycling, contractors will be required to ensure that all containers are in a good condition and all waste that could be contaminated should be stored in an impervious area.</p> <p>The Sustainability Statement suggests that the proposal will aim to make the best use of existing land by ensuring that 100% of the development takes place on previously developed land, while focusing on the provision of open spaces, in addition to the optimisation of density and amenity space. The Proposed Development has also ensured that all timber used on site is sustainably sourced from Forest Steward Certification (FSC) or Programme for the Endorsement of Forest Certification (PEFC) sources.</p> <p>According to the BREEAM Pre-assessment, the Proposed Development is expected to achieve a BREEAM 'Excellent' rating aiming for 'outstanding'.</p>
Potential Health Impact	+	
Recommendation/ Mitigation		None required

Climate Change

Potential Health Pathways

- 6.46 The Marmot Review highlights a clear link between climate change and health, with climate change impacts likely to most effect those with the poorest health. This is reiterated in 'Marmot Review 10 Years On' with a further call to action to employ measures to reduce emissions and the potential impacts of climate change.
- 6.47 Planning is at the forefront of both trying to reduce carbon emissions and to adapt urban environments to cope with higher temperatures, more uncertain rainfall, and more extreme weather events, along with their impacts such as flooding.

Health Impact Assessment

- 6.48 This section responds to the following questions outlined in HUDU's HIA Guidance that are relevant to this application:
- Does the proposal incorporate renewable energy?
 - Does the proposal ensure that buildings and public spaces are designed to respond to winter and summer temperatures, for example ventilation, shading and landscaping?
 - Does the proposal maintain or enhance biodiversity?
 - Does the proposal incorporate sustainable urban drainage techniques?

Table 7.10: Climate Change - Health Impact Assessment

Climate Change		Details/Evidence
Relevant	Yes	<p>The Energy Strategy produced for the Application sets out how the Proposed Development will deliver a net-zero carbon scheme, with energy solutions complying with LBE and GLA policies.</p> <p>Ground source heating/ and or cooling has been proposed for the Proposed Development to make use of the thermal storage ground temperature to provide heating, cooling and hot water to buildings, with this renewable energy source being effective when used to provide space heating via a low-grade heating system (e.g, underfloor heating).</p> <p>In addition to this, proposals have ensured that buildings have been designed to both winter and summer temperatures, with the introduction of a highly efficient building fabric design put in place to minimise both heat gains and heat losses, while allowing for efficient access to daylight.</p> <p>The proposals will also be served by a minimum fresh air ventilation system with fan coil units at the basement level, which will include CO2 sensors to regulate ventilation, and will also allow for reduced specific fan powers and the ability to shut down ventilation in certain zones, which will minimise energy consumption during operation and improve overall energy efficiency within the building.</p>
Potential Health Impact	+	

Climate Change	Details/Evidence
	<p>As highlighted within the Parkland Management Strategy and the Outline Landscape and Ecology Management Plan , the proposals will also incorporate sustainable urban drainage techniques, with swales set to be sown with a water tolerant species rich grassland mix, while soil will be prepared to create an appropriate seedbed. This seedbed will then be left for 4 to 6 weeks to enable the development of undesirable species, before systemic herbicide is used to kill these species. Dead plant would then be removed and dependent on the level of weed establishment during this period, this process may be repeated to create an optimal environment for seed establishment.</p> <p>Detention basins will then be dug to ensure that small areas within these basins are able to permanently hold water, with the size of these areas set to be determined during the detailed design and ponds being allowed to colonise naturally. Outside of ponded areas, detention basins will be sown with a similar seed mix of hat within the swales.</p> <p>The Ecological Impact Assessment states that the Proposed Development is set to deliver its biodiversity net gain through the provision of habitats within the Site. Despite some of the habitats within the publicly accessible area being retained and enhanced, some of the habitats will be lost to provide space for habitat creation. Overall, the Site is valued at 189.03 habitat units, 0 hedgerow units and 5.80 river units. The delivery of the Proposed Development will result in an increase of 27.09% in habitat units, 100% in hedgerow units and 81.69% in river units. A tree trading rule issue around the individual tree loss and the replacement of individual trees not balancing was raised but despite there being 241 individual trees allowed for within the Outline Whitewebbs Parkland Management Plan (OWPMP), the OWPMP also notes that planting densities will be at 500 to 650 trees per hectare. This will give ample opportunity to meet individual tree trading rules after consent is granted if this necessary, which will be done by altering the management prescription over 0.5ha to 1ha of the proposed woodland to stop the development of a shrub layer around plantings.</p> <p>Given the large increase in habitat units, the reduction in biodiversity caused by the scrub will not alter the fact that the development will lead to a net gain in biodiversity.</p>
Recommendation/ Mitigation	None required

7 Summary

7.1 The Proposed Development's potential health impact has been assessed based on guidance from HUDU. This report has considered local health priorities noted by local authorities and the assessment has found that the Proposed Development is likely to have an overall positive impact on health.

7.2 The following locally specific health priorities have been identified:

- Tackling poor air quality;
- Encouraging participation in physical activity;
- Tackling obesity in children and adults;
- Encouraging local residents to make healthy lifestyle choices;
- Promoting mental wellbeing;
- Improving access to the physical environment including social infrastructure and green space;
- Reducing crime and anti-social behaviour; and
- Working to prevent long-term health conditions.

7.3 Positive health impacts relate to:

- The creation of a brand new state of the art women's training centre that will act to support the women's and girl's games;
- The creation of high-quality buildings including applying inclusive design principles that meet building regulations;
- Significant improvements to existing pedestrian and cycle routes, in addition to new pedestrian and cycle paths for players and visitors of the centre;
- The provision of a new community space including a café, an information & meeting area and a repaired pond;
- Cycle storage and facilities for local residents, players and visitors to the site;
- The creation of an average of 212 FTE construction jobs over the 27-month demolition and construction period;
- The creation of 97-104 FTE jobs within the operational phase of development including football related roles, grounds maintenance staff, landscape maintenance staff, parkland maintenance staff and café workers;
- The provision of training and apprenticeship programmes for students within the local area;
- The restoration of historic parkland on the southern part of the former golf course, including wildflower meadows and a new tree planting layout;
- The provision of opportunities for the shared community use of the training facility; and

- Various specific community improvements and programmes including player development centres, the expansion of the club's women and girl's coaching programme and better sporting and educational facilities for local clubs and schools.

7.4 Several recommendations/mitigation measures have been identified:

- A range of mitigation measures for air quality impacts in relation to site management, preparing and maintaining the site, operating vehicle/machinery, operations, waste management, demolition, construction and trackout;
- Implementation of a Framework Travel Plan to encourage and promote the use of sustainable modes of transport;
- S106 agreement to secure community access to training facilities and to secure the implementation of wider training programmes (off-site)
- Implementation of a Construction Management Plan (CMP) to limit any air quality, noise and neighbourhood amenity impacts from the construction phase.