

AMION
CONSULTING

Prestwich Village

Health Impact Assessment



The Prestwich Regeneration LLP

Prestwich Village

Health Impact Assessment

January 2024

Reviewed and approved by

Signature



Name

Graham Russell

Job Title

Chief Executive

Date

January 2024

This document including appendices contains 51 pages

Contents

1	Introduction	2
1.1	Background	2
1.2	Aims and Objectives.....	2
1.3	Report Structure	2
2	The Project	5
2.1	Current site	5
2.2	Proposed Development	5
3	Planning Policy Context	8
3.1	Introduction	8
3.2	National Policy and Strategies	8
3.3	Regional Policy	10
3.4	Local Policy.....	10
4	Assessment Methodology.....	14
4.1	Assessing outcomes for Public Health and Wellbeing.....	14
4.2	Scope.....	15
5	Health and Socio-Economic Baseline	21
5.1	Socio-economic baseline.....	21
5.2	Health baseline	23
5.3	Infrastructure Baseline.....	27
6	Health Impact Assessment.....	30
7	Conclusion.....	47
7.1	Key findings	47
7.2	Recommendations	48

Section 1

Introduction

AMION

C O N S U L T I N G

1 Introduction

1.1 Background

This Health Impact Assessment (HIA) has been prepared on behalf of The Prestwich Regeneration LLP in support of the Prestwich Regeneration Village (referred to as the 'Proposed Development') proposals and planning application.

The assessment covers the following description of the Proposed Development:

“Hybrid application comprising: Full planning application proposing demolition of existing buildings and structures and the erection of a phased mixed use development including a Community Hub comprising flexible uses including library, offices, medical or health services and retail uses (Use Classes F1 (a-f), F2(b), E(c), E(e), E(g)), a new Market Hall (Use Classes E(a), E(b) and Sui Generis), a Commercial Building comprising flexible uses including retail, offices, gymnasium (Use Classes E(a), E(b), E(c), E(d), E(g), a Travel Hub comprising car parking and cycle parking (Sui Generis), a public square and public realm and associated landscaping, car parking provision, cycle storage and other associated works; and part Outline planning application (with all matters reserved) proposing a phased residential led mixed use development comprising residential (Use Class C3), flexible commercial, business, service, local community and learning uses (Use Classes E, F and Sui Generis), engineering works to Rectory Lane, new public realm, associated landscaping, car parking provision, cycle storage and other associated works”.

1.2 Aims and Objectives

The aims and objectives of this HIA are to:

- Understand how the Proposed Development could directly or indirectly impact on the key determinants of health;
- Identify those most likely to be affected with regard to health inequality issues;
- Identify a set of evidence-based practical recommendations to enhance the positive impacts and mitigate the negative effects of the Proposed Development on the health and wellbeing of the local communities; and
- Establish responsibility for implementing and monitoring the enhancement or mitigation measures.

1.3 Report Structure

This HIA is structured as follows:

- Section 2 provides a description of the existing site and the Proposed Development;
- Section 3 reviews the planning policy context relevant to this assessment;
- Section 4 outlines the assessment methodology, drawing on relevant guidance;

- Section 5 identifies the socio-economic and health baseline for the immediate area against the local, regional, and national averages;
- Section 6 presents the assessment of health and wellbeing effects; and
- Section 7 provides conclusions of the HIA and describes the likely overall impacts, as well as identifying key recommendations to enhance positive effects or mitigate potential negative effects.

Section 2

The Project

AMION
CONSULTING

2 The Project

2.1 Current site

The Hybrid application boundary, encompassing the full and outline components, extends to approximately 2.48ha. This is shown on the Site Location Plan, prepared by JMA.

The full application areas extend to approximately 1.42ha and the outline application area extends to approximately 1.06ha.

The application site as existing comprises a mixture of surface level car parking bound by Rectory Lane to the south and east (although Rectory Lane along the eastern section forms part of the site) and existing buildings including the Longfield Centre, Prestwich Library and Prestwich Health Centre. The application site also incorporates an existing surface level car park north of Fairfax Road. The site is irregular in shape and bound by Rectory Lane to the east and south; existing retail units and Bury New Road to the west; with retail units and residential dwellings, including The Radius building to the north. In addition, the Prestwich Metrolink stop is located adjacent to the site's eastern boundary.

The site benefits from direct transport links to Manchester City Centre, with a Metrolink Tram Stop located immediately east of the site and a number of bus stops to the immediate west providing express services to Manchester City Centre and Shudehill interchange.

2.2 Proposed Development

The first phase of development will form the detailed element of the application including:

- Demolition of the Longfield Centre, other associated buildings and site preparation;
- Community Hub (with opportunities for a new library, spaces for community events, clubs, art and culture, and the provision of key local services, such as the potential for a new Prestwich Health Centre);
- Retail/commercial floorspace including a market hall and a range of different unit sizes to suit independent retailers;
- A Travel Hub located off Fairfax Road including a sustainable transport hub; and
- Wider infrastructure, including utilities, public realm and village square, landscaping and green spaces.

The second phase will form the outline element of the application including:

- Residential uses including a mix of townhouses and apartment buildings; and
- Ground floor retail/ commercial uses.

The outputs of each plot within the two phases are presented below. In terms of the residential element, this is based on an 'up to' figure and on an indicative accommodation schedule given that this element of the scheme forms part of the outline element and is therefore not fixed at

this stage. It is therefore assumed that the residential element consists of 72 one-bed apartments, 129 two-bed apartments, and 9 three-bed townhouses. It should be noted that the indicative 900sqm flexible ground floor commercial uses within the outline component (Plot D, E, and F) has been included as retail space.

Table 2-1: Indicative development schedule of Proposed Development	
Use	Quantum
Residential	210 units
Retail and ancillary	2,575 sqm
Community	475 sqm
Office/NHS	1,914 sqm
Gym/Office	940 sqm
Food & Beverage	380 sqm
Car parking	320 spaces
Cycle parking	76 spaces

Section 3

Planning Policy Context

AMION
CONSULTING

3 Planning Policy Context

3.1 Introduction

This section highlights strategic policy objectives and requirements as they relate to health and wellbeing. The review considers the following levels of policy:

- National planning policy as presented through policy frameworks and guidance notes;
- Regional policy and guidance as set by the Greater Manchester Combined Authority (GMCA); and
- Local planning policy as set by Bury Council.

3.2 National Policy and Strategies

3.2.1 National Planning Policy Framework (2023)

The National Planning Policy Framework (NPPF) was updated in December 2023¹. The NPPF consolidates the Government’s economic, environmental and social planning policies for England into a single document and describes how it expects these to be applied. The NPPF constitutes the existing overarching guidance on the Government’s development aims.

At the heart of the NPPF is a presumption in favour of sustainable development, which the Government states should be seen as a common theme running through plan-making and decision-taking. The NPPF states that the purpose of the planning system is to contribute to the achievement of sustainable development.

The key theme relating to health and its wider determinants emphasises the importance of encouraging “*strong, vibrant and healthy communities*” by creating a good quality-built environment with accessible local services that reflect community needs and support wellbeing.

The NPPF provides guidance for local authorities about healthcare in their Local Plans. In paragraph 20, it suggests that “*strategic policies should set out an overall strategy for the pattern, scale and quality of development, and make sufficient provision for community facilities (such as health, education and cultural infrastructure)*”.

In Chapter 8, the role that planning policy has regarding the principle of “*Promoting healthy and safe communities*” is emphasised. This includes considerations such as the availability of school places, public safety and security, and the promotion of social interaction and community cohesion. Within this chapter, the NPPF identifies key principles relating to the health and wellbeing of communities that local planning authorities should ensure they consider to achieve this aim, including:

- Paragraph 96 c) which states policies should aim to “*enable and support healthy lifestyles, especially where this would address identified local health and well-being needs – for*

¹ Department for Communities and Local Government, (2023), National Planning Policy Framework

example through the provision of safe and accessible green infrastructure, sports facilities, local shops, access to healthier food, allotments and layouts that encourage walking and cycling”; and

- Paragraph 97 b) which notes planning decisions should “*take into account and support the delivery of local strategies to improve health, social and cultural well-being for all sections of the community*”.
- Paragraph 127 f) states planning policies and decisions should ensure developments “*create places that are safe, inclusive and accessible and which promote health and well-being, with a high standard of amenity for existing and future users; and where crime and disorder, and the fear of crime, do not undermine the quality of life or community cohesion and resilience*”.
- Paragraph 191 illustrates that planning policies must conserve and enhance the natural and local environment and therefore, planning decisions on new developments should account for noise pollution. In doing so, planning policies and decisions should attempt to “*mitigate and reduce to a minimum potential adverse impact resulting from noise from new development – and avoid noise giving rise to significant adverse impacts on health and quality of life*”.

3.2.2 Public Health England Strategy 2020 to 2025 (2019)

The Public Health England Strategy 2020 to 2025² sets out how the organisation will work to improve public health and reduce health inequalities. The key objectives for these five years are set out as follows:

- “*build and embed universal approaches to programme and project pipeline planning, reporting, and resource planning for use across Public Health England;*
- *improve governance structures around projects and programmes to support decision making, help identify barriers to progressing projects and ensuring that projects are properly evaluated throughout and closed when complete; and*
- *embed capacity planning within all programmes across Public Health England and, where relevant, agile approaches to bring greater flexibility and innovation to the work they do”.*

In 2020, Public Health England published ‘Using the planning system to promote healthy weight environments’ provides strategic information on the use of the planning system to promote local healthy weight environments, supporting local businesses and workplaces to provide healthier food and drink to help enable people access to healthier food and active environments. Supporting healthy diets and a healthier weight is a priority in the PHE Strategic Plan 2020-2025.

In 2017, Public Health England published ‘Spatial Planning for Health: An evidence resource for designing healthier places’, where the role of effective neighbourhood design for improving health outcomes was highlighted. The evidence presented in this report underpins the 2020 to 2025 strategy, with attention paid to the planning of housing, transport, and the natural environment in promoting good health.

² Public Health England, (2019) PHE Strategy 2020 to 2025

3.2.3 *Levelling Up White Paper (2022)*

The Levelling Up White Paper³ sets out the stages and programme to levelling up the UK.

The Government has placed significant emphasis on regional growth to support ‘levelling up’ across the country. The Plan for Growth defines this as: *“tackling geographic disparities; supporting struggling towns to regenerate; and ensuring every region and nation of the UK has at least one globally competitive city”*.

3.3 Regional Policy

3.3.1 *Greater Manchester Strategy (2021-2031)*

The Strategy⁴ identifies relevant priorities such as opportunities for progression; a thriving economy; world-class connectivity; safe, decent, and affordable housing; a green city-region; stronger communities; and an age-friendly greater Manchester. In particular, the housing priority states Greater Manchester plans for 10,000 new homes each year up to 2035, a figure supported by the Greater Manchester Strategic Housing Assessment.

In terms of health outcomes, the Strategy has a number of priorities such as:

- Provide safe, decent, and affordable housing, with no one sleeping rough in Greater Manchester;
- Tackle food and fuel poverty experienced by Greater Manchester residents; and
- Reduce health inequalities and improve both physical and mental health.

3.3.2 *Emerging Places for Everyone Development Plan (2021)*

The emerging Places for Everyone is a long-term plan for new homes and sustainable growth within Greater Manchester. When adopted, it will form part of the statutory development plan. The Plan has 10 key objectives, including: meeting housing need; creating neighbourhoods of choice; ensuring a thriving and productive economy in all parts of Greater Manchester; reducing inequalities and improving prosperity; improve the quality of the natural environment and access to green spaces; and ensuring access to physical and social infrastructure.

3.4 Local Policy

3.4.1 *Bury Unitary Development Plan (UDP)*

The Bury UDP was adopted in 1997 and is still the primary planning document for Bury Council. The following policies are relevant to this HIA:

³

⁴ Greater Manchester Combined Authority,

- **Policy H4: Housing needs** – The Council's role in meeting housing need moved from acting as a provider of housing towards enabling other organisations to provide needs-based housing, although this situation may change within the period of the Plan. Such housing will be required to cater for a wide range of groups, including the elderly, the disabled, those leaving institutional care, single parent households, low income groups, the homeless and people who are generally having difficulty entering the housing market as first time buyers. The review of the UDP sets out there is no adopted housing target in the borough as the UDP was from 1997.
- **Policy H5: Housing Improvement** – This policy relates to the improvement of housing stock and the surrounding environment. The Council will continue to support the improvement of the housing stock and its environment. Poor housing conditions adversely affect the quality of life of a significant number of the Borough's residents and represent a key area of concern in the drive for urban regeneration.
- **Policy CF1: Proposals for new and improved community facilities** – It is to everyone's benefit that there are community facilities, such as hospitals, clinics, places of worship, nurseries, schools, meeting places and care facilities of a high standard, in sufficient numbers and in the right locations. The Council will, therefore, generally look favourably on proposals for additional or improved community facilities, where these do not conflict with amenity or the local environment.
- **Policy CF4: Healthcare facilities** – The provision of healthcare facilities is looked on favourably by the council. The quality of healthcare that a community receives is affected by the type and number of healthcare facilities it provides. The Council will endeavour to improve healthcare facilities in the Borough through the UDP, by looking favourably on proposals for new healthcare facilities, and by seeking improvements to existing facilities wherever possible.

Policy H4/1 requires affordable housing to be provided on appropriate sites. This policy is supplemented by the Development Policy Guidance Note 5: Affordable Housing (SPD5), which was adopted in January 2004. The guidance note requires:

- 25% of new properties on sites developing 25 or more units to be affordable;
- The quality and design of the affordable housing units to be implemented will need to be the same standard as the equivalent market housing;
- The affordable housing units to be fully integrated through the site (pepper potted);
- The affordable housing to reflect the range of different types and sizes of market units across the site;
- The occupancy of the units to be controlled by the Council; and
- Agreed provision to be secured through a Section 106 agreement.

3.4.2 *Bury Draft Local Plan (2018)*

Although this has not been formally adopted, the draft document provides an indication of the policies and strategies that will guide future development in the borough. As stated by Bury

Council, 'The Local Plan will form a key part of Bury's overall development plan and once adopted, these documents will be used as the basis for determining future proposals for the next 20 years or so'.

As the Plan has not been adopted, limited weight has been provided to the policy directions and supporting Topic Papers. However, for completeness, a summary of relevant policies is set out below:

- **Policy Direction OP1: Sustainable Development** – It is proposed that the Local Plan should include a policy that seeks to ensure that, in dealing with planning matters, the Council will contribute towards achieving sustainable development by considering growth and development in terms of its economic, social and environmental implications.
- **Policy CF1: Community Facilities** – Community facilities make an important contribution to the quality of life offered by the Borough. Therefore, safeguarding and improving community facilities will help to maintain and improve the quality of life enjoyed by the Borough's residents. It is proposed that the Local Plan should include a policy that seeks to ensure that proposals that would result in the loss of sites and premises currently or last used for the provision of community facilities or services will normally be resisted and will set out the circumstances where the loss of such facilities may be considered acceptable. It is also considered that the policy should identify the key considerations against which proposals for new and improved community facilities will be assessed.
- **The Health and Wellbeing Topic Paper** – This Topic Paper sets out the borough has pockets of deprivation and poor health outcomes, compounded by many community facilities which are in poor condition and in need of investment. The project epitomises these issues, redeveloping declining assets within one of the most deprived parts of the country. The delivery of a new medical centre will help address these issues.

Section 4

Assessment Methodology

AMION
CONSULTING

4 Assessment Methodology

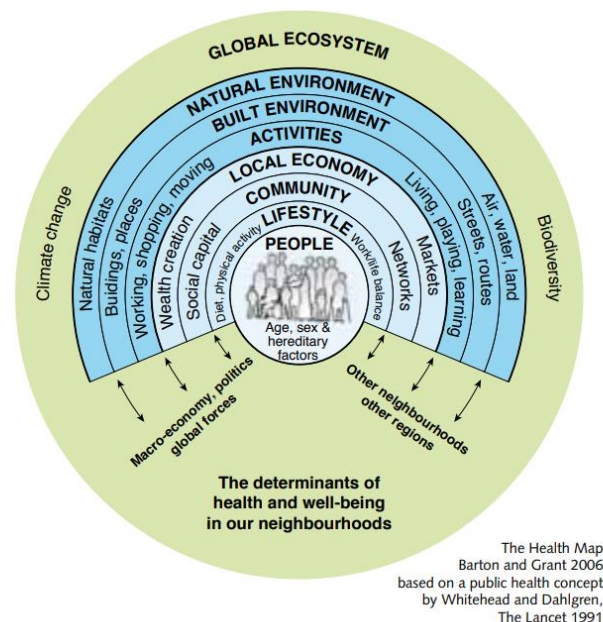
4.1 Assessing outcomes for Public Health and Wellbeing

Health is defined by the World Health Organisation (WHO) as *“a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”*, and this definition is used in HIAs. It covers both the factors that support health, the determinants of health and ill health. Consequently, public health encompasses general well-being, not just the absence of illness. Some effects are direct and obvious, others are indirect, and some may be synergistic, with different types of impact acting in combination.

To assess the health impact of a scheme, it is necessary to identify the health determinates which the scheme will be assessed against. Health determinates are the social, economic, environmental, and cultural factors that indirectly influence health and wellbeing⁵. **Figure 4-1** illustrates the health determinates relating to people and places.

This Rapid HIA has taken account of these factors and considered how the Proposed Development may influence the physical and mental health wellbeing of local residents using or affected by the Proposed Development and inhabitants of the Proposed Development. Not all health determinates can be influenced by a scheme. To ensure the correct determinates are used in the assessment, it is essential to obtain a picture of the health-related issues that exist within the surrounding area (**Section 5**) to make sure the scheme addresses them appropriately.

Figure 4-1 Health Determinates



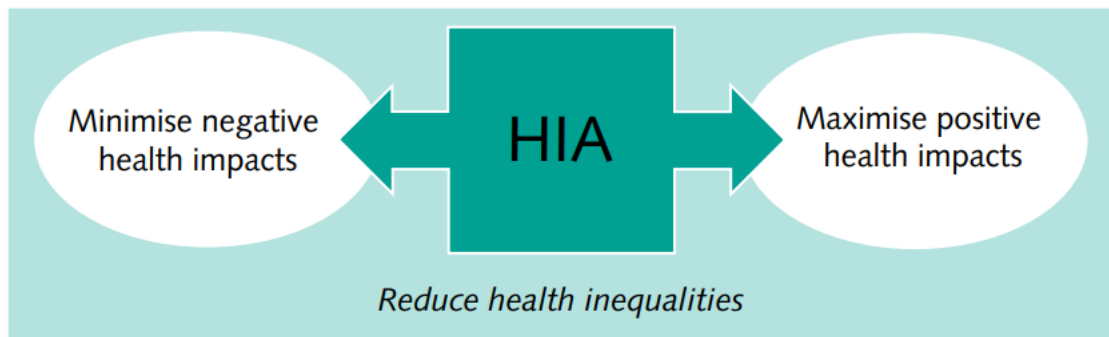
⁵ Department for Health (2010), Health Impact Assessment of Government Policy: A guide to carrying out a Health Impact Assessment of new policy as part of the Impact Assessment process

4.2 Scope

A HIA helps ensure that health and wellbeing are being properly considered in planning policies and proposals. A HIA will produce a set of evidence-based practical recommendations that will inform decision-makers on how best they can promote and protect the health and wellbeing of local communities they serve.

The process looks at the positive and negative impacts of a development as well as assessing the indirect implications for the wider community. The aim is to identify the main impacts and prompt discussion about the best ways of dealing with them to maximise the benefits and avoid any potential adverse impacts.

Figure 4-2 Purpose of a HIA



The London Healthy Urban Development Unit (HUDU) Planning for Health Rapid HIA Tool⁶ is an accepted industry-standard methodology for the country. The tool has been used on strategic planning applications and on infrastructure projects.

This Tool recommends the assessment of potential health impacts under eleven topics or broad determinants. These are listed in the table below, together with the key potential health impacts associated with each.

Health Determinant	Potential Health Impacts	Relevant to assessment?
Health Quality and Design	Access to decent and adequate housing is critically important for health and wellbeing, especially for the very young and very old. Environmental factors, overcrowding and sanitation in buildings as well as unhealthy urban spaces have been widely recognised as causing illness since urban planning was formally introduced. Post-construction management also has impact on community welfare, cohesion, and mental wellbeing.	Yes
Access to healthcare	Strong, vibrant, sustainable and cohesive communities require good quality, accessible public services and infrastructure. Access to	Yes

⁶ London HUDU Planning for Health, (2019); Rapid Health Assessment Tool, 4th Edition. Available from: [HUDU Rapid HIA Tool October 2019 \(healthyurbandevelopment.nhs.uk\)](https://healthyurbandevelopment.nhs.uk/)

Table 4-1 Health Determinants

services and other social infrastructure	social infrastructure and other services is a key component of Lifetime Neighbourhoods. Encouraging the use of local services is influenced by accessibility, in terms of transport and access into a building, and the range and quality of services offered. Access to good quality health and social care, education (primary, secondary and post-19) and community facilities has a direct positive effect on human health. Opportunities for the community to participate in the planning of these services has the potential to impact positively on mental health and wellbeing and can lead to greater community cohesion.	
Access to open space and nature	Providing secure, convenient and attractive open/green space can lead to more physical activity and reduce levels of heart disease, strokes and other ill-health problems that are associated with both sedentary occupations and stressful lifestyles. There is growing evidence that access to parks and open spaces and nature can help to maintain or improve mental health. The patterns of physical activity established in childhood are perceived to be a key determinant of adult behaviour; a growing number of children are missing out on regular exercise, and an increasing number of children are being diagnosed as obese. Access to play spaces, community or sport facilities such as sport pitches can encourage physical activity. There is a strong correlation between the quality of open space and the frequency of use for physical activity, social interaction or relaxation.	Yes
Air quality, noise and neighbourhood quality	The quality of the local environment can have a significant impact on physical and mental health. Pollution caused by construction, traffic and commercial activity can result in poor air quality, noise nuisance and vibration. Poor air quality is linked to incidence of chronic lung disease (chronic bronchitis or emphysema) and heart conditions and asthma levels of among children. Noise pollution can have a detrimental impact on health resulting in sleep disturbance, cardiovascular and psycho-physiological effects. Good design and the separation of land uses can lessen noise impacts.	Yes
Accessibility and active travel	Convenient access to a range of services and facilities minimises the need to travel and provides greater opportunities for social interaction. Buildings and spaces that are easily accessible and safe also encourage all groups, including older people and people with a disability, to use them. Discouraging car use and providing opportunities for walking and cycling can increase physical activity and help prevent chronic diseases, reduce risk of premature death and improve mental health.	Yes
Crime reduction and community safety	Thoughtful planning and urban design that promotes natural surveillance and social interaction can help to reduce crime and the 'fear of crime', both of which impact on the mental wellbeing of residents. As well as the immediate physical and psychological impact of being a victim of crime, people can also suffer indirect long-term health consequences including disability, victimisation	Yes

Table 4-1 Health Determinants

	and isolation because of fear. Community engagement in development proposals can lessen fears and concerns. New environmental impact assessment regulations entering into force in 2017 require consideration of any significant effects arising from the vulnerability of the Proposed Development to major accidents or disasters that are relevant to that development.	
Access to health food	Access to healthy and nutritious food can improve diet and prevent chronic diseases related to obesity. People on low incomes, including young families, older people are the least able to eat well because of lack of access to nutritious food. They are more likely to have access to food that is high in salt, oil, energy-dense fat and sugar. Opportunities to grow and purchase local healthy food and limiting concentrations of hot food takeaways can change eating behaviour and improve physical and mental health.	Yes
Access to work and training	Employment and income is a key determinant of health and wellbeing. Unemployment generally leads to poverty, illness and a reduction in personal and social esteem. Works aids recovery from physical and mental illnesses.	Yes
Social cohesion and neighbourhoods	Friendship and supportive networks in a community can help to reduce depression and levels of chronic illness as well as speed recovery after illness and improve wellbeing. Fragmentation of social structures can lead to communities demarcated by socio-economic status, age and/or ethnicity, which can lead to isolation, insecurity and a lack of cohesion. Voluntary and community groups, properly supported, can help to build up networks for people who are isolated and disconnected, and to provide meaningful interaction to improve mental wellbeing. Lifetime Neighbourhoods places the design criteria of Lifetime Homes into a wider context. It encourages planners to help create environments that people of all ages and abilities can access and enjoy, and to facilitate communities that people can participate in, interact and feel safe.	Yes
Minimising the use of resources	Reducing or minimising waste including disposal, processes for construction as well as encouraging recycling at all levels can improve human health directly and indirectly by minimising environmental impact, such as air pollution.	Yes
Climate change	There is a clear link between climate change and health. The Marmot Review is clear that local areas should prioritise policies and interventions that 'reduce both health inequalities and mitigate climate change' because of the likelihood that people with the poorest health would be hit hardest by the impacts of climate change. 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 and their impacts such as flooding. Poorly designed homes can lead to fuel poverty in winter and	Yes

Table 4-1 Health Determinants

	overheating in summer contributing to excess winter and summer deaths. Developments that take advantage of sunlight, tree planting and accessible green/brown roofs also have the potential to contribute towards the mental wellbeing of residents.	
--	--	--

AMION Consulting have used the assessment matrix set out within the Rapid HIA Tool, taking account of published data and information from a variety of sources and applying professional judgement informed by relevant guidance, to evaluate the health impacts of the Proposed Development.

This HIA considers the potential consequences for health and wellbeing from the construction and operation of the Proposed Development. In particular, it draws upon information and conclusions from:

- Environmental Statement (ES) Chapter 6: Socio-Economic Assessment;
- ES Chapter 7: Townscape and Visual Assessment;
- ES Chapter 8: Transport and Access Assessment;
- ES Chapter 9: Noise and Vibration Impact Assessment;
- ES Chapter 10: Air Quality;
- ES Chapter 11: Climate Change Assessment;
- Design and Access Statement;
- Sustainability Statement; and
- Construction Programme.

The geographical extent of the impacts assessed within this HIA is dependent upon the type of effects and receptors. Effects will be considered for the construction phase, and once the Proposed Development is complete and occupied.

This HIA is a qualitative rather than quantitative assessment, due to the diverse nature of health determinants and health outcomes which are assessed. Although this HIA describes the likely qualitative health impacts, it is not possible to quantify the severity or extent of the effects which give rise to these impacts. As such, the potential health impacts during construction and operation are described as outlined in the table below, based on broad categories for the qualitative impacts identified.

Where an impact has been identified, actions have been recommended to mitigate any negative impact on health, or to maximise opportunities to enhance health benefits. It should be noted that in many cases, mitigation to reduce these impacts or measures to enhance certain benefits already form an integral part of the Proposed Development and the assessment has considered these impacts as such.

Table 4-2 HIA Impact Categories		
Impact Category	Impact Symbol	Description
Positive	+	A beneficial impact is identified
Neutral	0	No discernible health impact is identified
Negative	-	An adverse impact is identified
Uncertain	?	Where uncertainty exists as to the overall impact

Section 5

Baseline Conditions

AMION
CONSULTING

5 Health and Socio-Economic Baseline

5.1 Socio-economic baseline

To understand the potential for health impacts, it is important to establish the assessment baseline. This section focuses on a number of health determinants in the area surrounding the Site in order to provide a demographic context of the existing community locally.

As set out in **ES Chapter 6 Socio-Economic Assessment**, the economic impact of the Proposed Development is considered relative to the core catchment area of Prestwich as identified by the June 2023 Place Informatics and Civic Engineers report⁷, which has utilised GPS data. This analysis identifies a primary catchment area for Prestwich town centre, which accounts for 45% of visits to the town. Over 15% of the origin postcode population must use Prestwich town centre to qualify within the core catchment area. This core catchment area is considered the principal labour market for the proposed employment uses and the main community catchment for any proposed social infrastructure.

Based on the analysis, the 'Area of Impact' (Aol) is made up of the M25 and M45 Postcode population in Bury and the M7 Postcode population in Salford, as set out by Place Informatics and Civic Engineers. In order to undertake the assessment, this has been translated into the following Wards: Besses, Holyrood, Pilkington Park, Sedgley, St. Mary's, Kersal and Broughton Park, and Broughton. This area forms the basis of the local level assessment.

5.1.1 Demographics

According to the Office of National Statistics (ONS), the population in the Aol in 2020⁸ was 87,900. The population in the Aol has increased by 7.8% over the last ten-year period. This is a substantially higher than the increase experienced across the Bury Local Authority area (2.9%), and marginally higher than Greater Manchester (6.1%) and England as a whole (6.5%).

The working-age population (aged 16-64) in the Aol is 53,000. The working age population across the Aol has increased by 4.7% over the ten-year period (2011-2020) – a higher increase than experienced across Bury (-1.3%), Greater Manchester (3%) and England (2.6%).

The proportion of the population that are of working age in the Aol (60.9%) is slightly lower than the rate observed across Bury (61.6%), Greater Manchester (63.8%), and England (63.0%)⁹. The Aol has a more youthful population, with 24.5% of the population aged 15 or younger. This proportion is higher than that experienced across Bury (20.1%), Greater Manchester (20.4%), and England (18.6%). There are, therefore, a lower proportion of residents aged over 65 in Aol (14.5%) compared to the local authority, region, and country.

As displayed in Figure 5-1, the ethnic profile of the population in the Aol and Bury is similar to Greater Manchester and country as a whole. The largest ethnic group in the Aol is the White

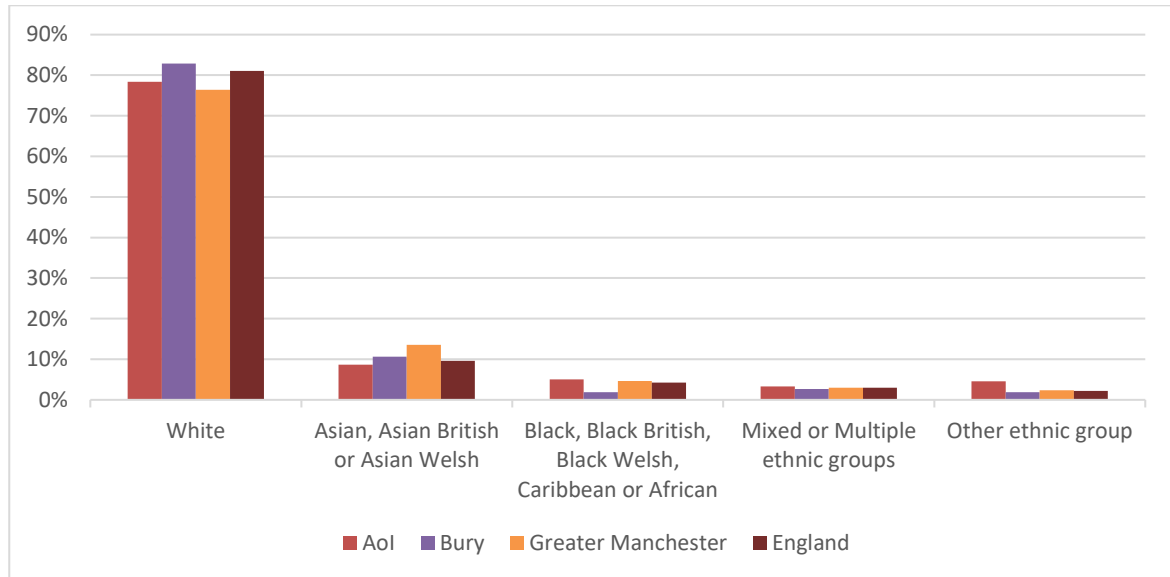
⁷ Place Informatics and Civic Engineers, (2023); Prestwich Town Centre: Visitor Behaviour – June 2023

⁸ ONS population estimates – small area based by single year of age – England & Wales (2011-2020)

⁹ ONS (2023), Census 2021

population (78.3%), which is broadly in line with Bury (82.9%), Greater Manchester (76.4%), and England (81.0%). The next largest ethnic group in the AoI is the Asian population (8.7%), which is a slightly smaller proportion than the comparator areas.

Figure 5-1 Ethnicity of the population (2021)



Source: ONS (2023), Census 2021

5.1.2 Access to work

In order to understand the potential for the local population to benefit from employment opportunities arising from the Proposed Development, it is important to consider the occupation, qualification, economic activity and unemployment profile of the local resident population.

Analysis of ONS Claimant Count¹⁰ and Population Estimates shows a current (August 2023) unemployment at 5.1% across the AoI. This is higher than the levels seen across all comparator areas, with Bury (4.2%) and Greater Manchester (4.9%) performing marginally better, whereas the national demographic was significantly lower (3.8%).

In terms of economic activity, analysis of Census 2021, indicates that the AoI had an economic activity rate of 56.2%, this was higher than Bury (55.8%), Greater Manchester (54.2%) and England (55.7%).

The AoI has a highly skilled population with 23,300 (34.4%) of residents with degree level or above (National Vocational Qualification (NVQ) Level 4+), compared to 32.3% across Bury, 31.9% across Greater Manchester and 33.9% nationally. On the other hand, the AoI has a higher proportion (20.4%) of the population with no recognised qualifications, compared to Bury (18.5%), Greater Manchester (20.0%) and England (18.1%).

¹⁰ ONS (2023), Claimant Count: August 2023

The level of qualifications somewhat corresponds to a higher share of residents being employed in higher skilled occupations (Standard Occupational Classification (SOC) 1-3): 49.8% of the population in the Aol, compared to 46.9% across Bury, 44.4% across Greater Manchester and 46.4% nationally. This also corresponds with the figures for those in lower skilled occupations (SOC 7-9), where the Aol 22.2%, was lower than all comparator areas.

5.2 Health baseline

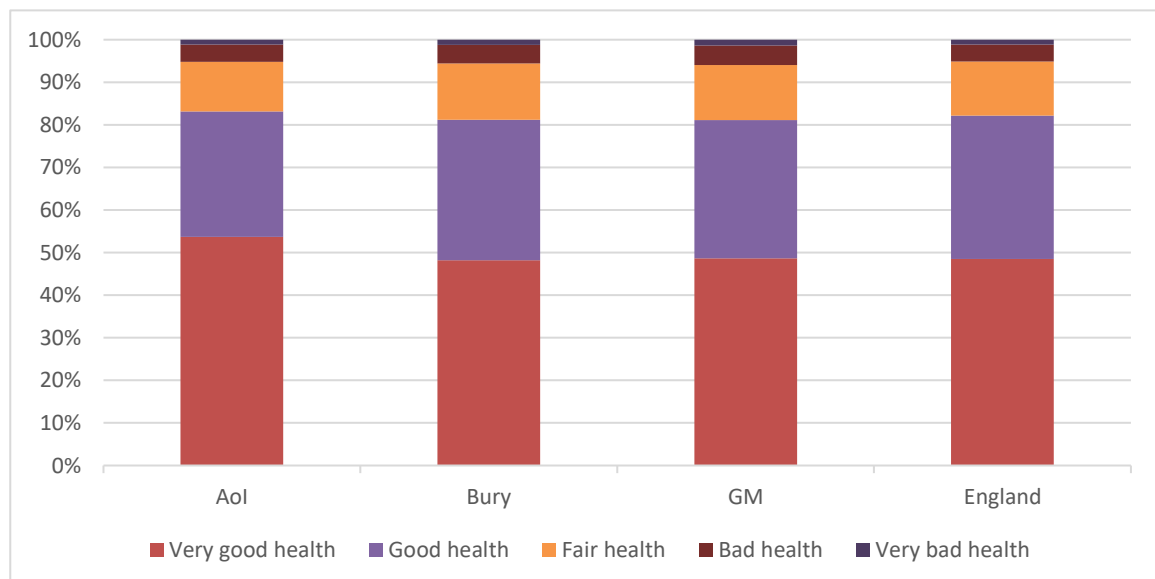
5.2.1 Health

The Census 2021, which is the latest source of health data at ward level, provides two indicators of health across the population – general health and long-term disability. Figure 5-2 presents the general health of the population, ranging from very good to very bad.

Figure 5-2 shows that the population of the Aol is in a marginally better state of health compared to Bury, Greater Manchester, and the country as a whole. The proportion of the population in very good health (53.7%) is comfortably above the rates seen in Bury (48.2%), Greater Manchester (48.7%), and England (48.5%). Furthermore, the proportion of the population in either bad or very bad health (5.2%) is in line with the England average (5.2%), but lower than the rate experienced across Bury (5.6%) and Greater Manchester (5.9%).

It should be noted that the Bury local authority area appears to be in marginally worse health than the Greater Manchester and England residents.

Figure 5-2 General Health of the Population (2021)



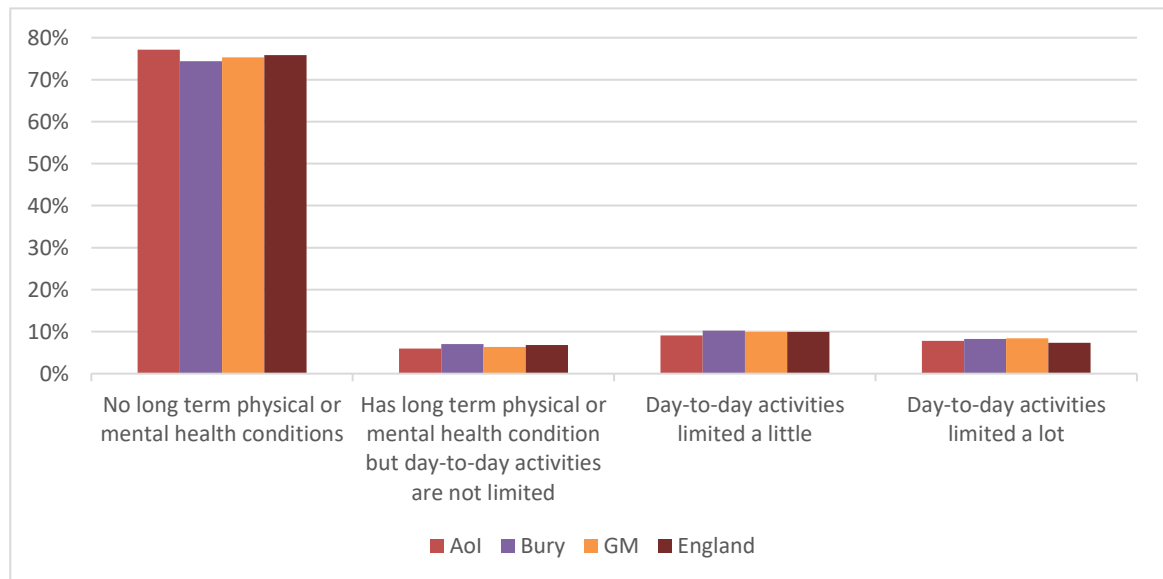
Source: ONS (2023), Census 2021

Figure 5-3 presents the proportion of the population whose day-to-day activities were limited by a long-term health problem or disability at the time of the Census 2021. Residents whose day-to-day activities were limited (either a little or a lot) are considered disabled under the Equality Act.

This figure also suggests that residents within the AoI suffer from less health problems on a daily basis. The proportion of the population in the AoI whose day-to-day activities are limited in some way (16.9%) is lower in the AoI than across Bury (18.5%), Greater Manchester (18.3%), and England (17.3%).

As above, it should be noted that the population within the Bury local authority area as a whole appears to suffer from more health problems than the regional and national averages.

Figure 5-3 Long Term Health Problem or Disability (2021)



Source: ONS (2023), Census 2021

The Office for Health Improvement and Disparities¹¹ publishes local authority health profiles on an annual basis, detailing health outcomes against 32 different indicators. Relative to the North West region and the country, Bury mostly performs slightly worse on the whole in these main health indicators in 2021, signalling some health issues in the population. The key health outcomes include the following:

- **Life expectancy:** At birth, life expectancy in Bury is estimated to be 78.4 years for males and 80.6 years for females, based on the period 2018 to 2020. These figures are lower than those for both the North West (77.9 for males and 81.3 for females) and England (79.4 for males and 82.8 for females).
- **Child obesity:** 24.7% of children in Bury in Year 6 (aged 10-11 years) are obese (defined as having a BMI greater than 95th centile of the UK90 growth reference). This rate is higher than both the regional (23.8%) and national (22.7%) averages;
- **Employment rate:** the employment rate (for residents aged 16-64) in Bury is estimated to be 81.6%. This rate is higher than across the North West (73.6%) and England (75.7%);

¹¹ Office for Health Improvement and Disparities (2023), Local Authority Health Profiles 2023. Available from: [Local Authority Health Profiles - Data - OHID \(phe.org.uk\)](https://www.phe.org.uk/local-authority-health-profiles)

- **Sexually transmitted infections:** the annual incidences of new STI diagnoses (excluding Chlamydia in under 25 year olds) in Bury is estimated to be 340 per 100,000 residents. This rate is lower than the regional (446) and national (496) averages.
- **Teenage pregnancy:** the rate of teenage pregnancies in Bury equates to 14.4 per 1,000 resident females aged 15 to 17. This rate is lower than across North West (16.4) but higher than the national average (13.1);
- **Smoking prevalence:** 11.7% of the adult population of Bury smoke. This rate is lower than both the region (13.4%) and the national (12.7%) averages;
- **Cardiovascular mortality:** the cardiovascular mortality rate for those aged 75 and under in Bury equates to 93.1 per 100,000 residents. This rate is in line with the regional average (92.8) but worse than the national average (76.0);
- **Cancer mortality:** the cancer mortality rate for those aged 75 and under in Bury equates to 156.9 per 100,000 residents. This rate is considerably worse than both the North West (136.0) and England (121.5) averages; and
- **Violent crime:** the annual incidences of violent offences in Bury are 41.4 offences per 1,000 residents. This rate is broadly in line with the national average (41.9), but considerably below the North West (61.6).

5.2.2 Deprivation

The overall levels of deprivation across the Aol have been assessed using the Ministry of Housing Community and Local Government's (MHCLG) English Indices of Multiple Deprivation (IMD) (2019)¹².

There are pockets of severe deprivation (10% most deprived nationally) across the Aol. However, there are several areas throughout the Aol where levels of overall deprivation are on the lower end of the scale.

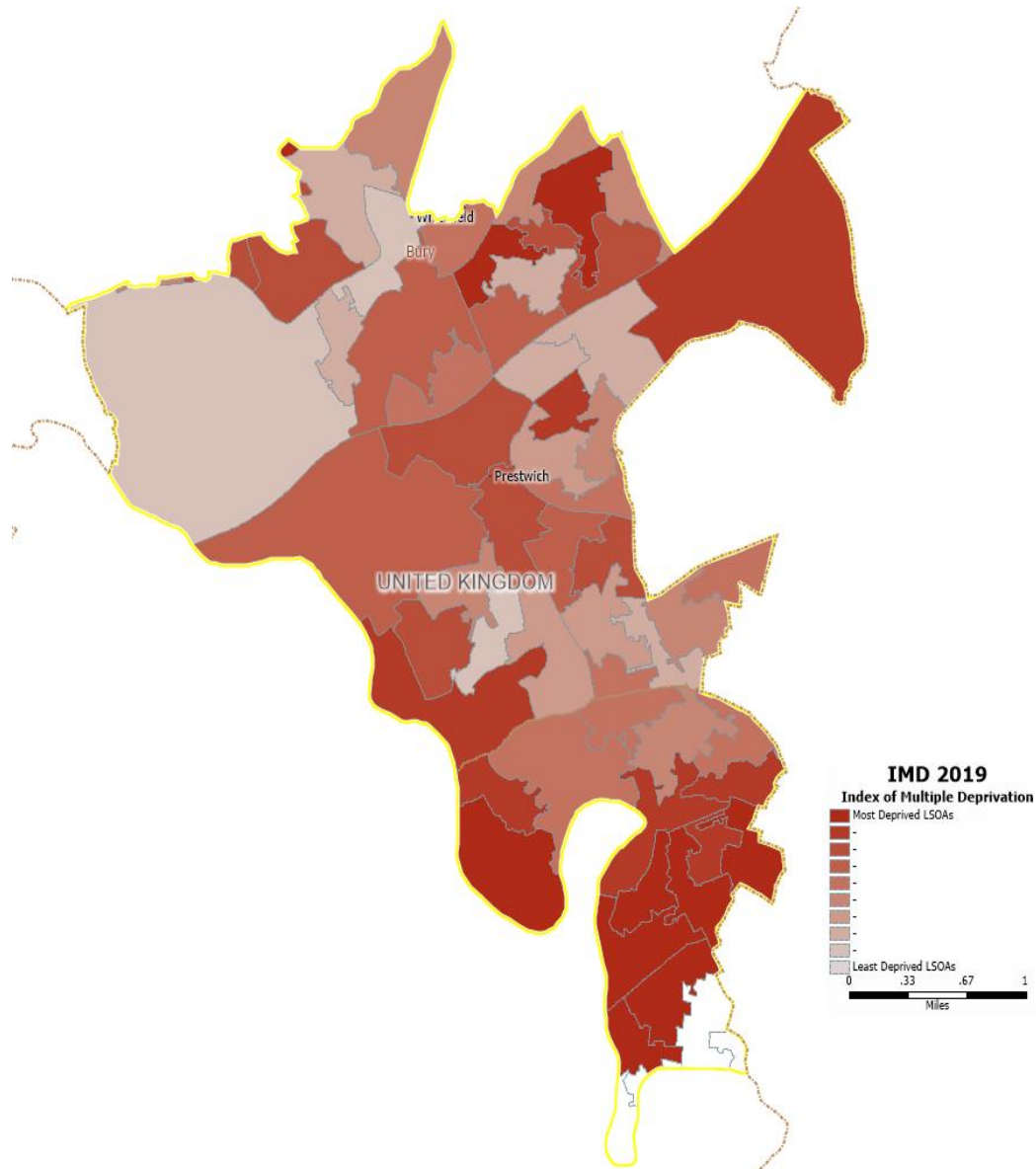
As shown in Table 5-1, the Aol has a larger proportion of Lower Super Output Areas (LSOAs) in the most 10% and 20% most deprived nationally than Bury. However, the levels of deprivation experienced across Greater Manchester on the whole are considerably greater than both the Aol and Bury.

Table 5-1 IMD Comparator areas			
IMD	Aol	Bury	GM
Most 10% deprived LSOAs	18%	10%	23%
Most 20% deprived LSOAs	13%	13%	15%

¹² MHCLG (2019), English Indices of Multiple Deprivation

The overall levels of deprivation across the IMD deciles within the Aol are displayed in Figure 5-4 below. The site itself sits within the 20% and 30% most deprived LSOAs across the country.

Figure 5-4 Index of Multiple Deprivation in the Aol.



Source: MHCLG (2019), English Indices of Multiple Deprivation

5.3 Infrastructure Baseline

5.3.1 Primary Healthcare

The Proposed Development is located within the NHS Bury Clinical Commissioning Group (CCG) are which currently has 37-member General Practitioner (GP) practices, with a total of 210,455 registered patients and 139 GPs (as of August 2023)¹³.

This equates to an average patient list size of 1,531 patients per GP. This average list size for the CCG is below the average target list size across England, as assessed by the Royal College of General Practitioners¹⁴, which is 1,800. As the CCG have not stated a specific target level of provision, 1,800 patients per GP will be taken as the appropriate benchmark for the primary healthcare within the district, though it should be noted that that service levels will naturally differ between, rural and urban areas across the country.

There are 15 GP Practices within the AoI of the Proposed Development, with a total of 66 GPs. This analysis includes the Prestwich Health Centre, which is currently on the existing site and has 10 GPs. In total, there are 93,202 residents registered to these 15 GP practices. Therefore, the average number of patients per GP within the AoI (1,412) is lower than the target ratio of 1,800 patient per GP.

5.3.2 Education

The baseline for education provision relevant to the Site has been assessed considering Audit Commission guidance¹⁵. In terms of the availability of education places, the Audit Commission states that “it is unrealistic and probably undesirable to aim for a perfect match at each school; a sensible approach would be to plan for a 95% occupancy rate at schools and accept some variation, say plus or minus 10% around this target”.

According to data published by the Department for Education¹⁶, there was total surplus of 1,194 places at local primary schools within the AoI. If it is assumed that 95% occupancy should be planned for, as per the Audit Commission Guidance, and therefore that a 95% occupancy rate means that a school has no further capacity, there would remain a total surplus of 185 places at primary schools within the AoI.

According to the Department for Education, there was total surplus of 281 places at local secondary schools within the AoI. If it is assumed that 95% occupancy should be planned for, as per the Audit Commission Guidance, and therefore that a 95% occupancy rate means that a school has no further capacity, there would remain a total surplus of 84 places at secondary schools within the AoI.

¹³ NHSBSA, (2023); Practice List Size and GP Count for each practice

¹⁴ Royal College of General Practitioners, (2005); Information Paper. Royal College of General Practitioners

¹⁵ Audit Commission, (1996); Trading Places: The Supply and Allocation of School Places, HMSO, London

¹⁶ Department for Education, (2023); School Capacity 2020/21

Table 5-2 presents the baseline calculations for the capacity at local schools. This baseline review is presented at the AoI level (postcodes defined as the M25 and M45 Postcode Sectors in Bury and M7 in Salford) as the primary catchment area for the site.

Table 5-2 Education capacity in the AoI				
Education	Capacity	On roll	Surplus / (deficit)	Surplus / (deficit) at 95% capacity
Primary	8,568	7,374	1,194	766
Secondary	3,930	3,659	281	84

5.3.3 Open space and play space

There are significant green corridors within the context of the site, providing good access to green amenity spaces for leisure.

The two key green spaces in the area located within a 15-20 minute walk are Prestwich Forest Park and Heaton Park. Prestwich Forest Park is made up of a number of sites, including Philips Park, Waterdale Meadow, Drinkwater Park and Prestwich Clough. Through this corridor of green spaces, Prestwich is connected to series of green open spaces such as Clifton Country Park, Outwood Country Park and Nob End Site of Special Scientific Interest (SSSI), towards Bolton.

There is limited provision of play and dwelling spaces within the village centre, and the presence of main roads have a negative impact on the independent mobility of children, young people, the elderly and disabled population of Prestwich.

Pedestrian and cycle connections to the existing green places are of poor quality, exacerbated by Bury New Road acting as a severance.

Section 6

Health Impact Assessment

AMION
CONSULTING

6 Health Impact Assessment

Please refer to Table 4.2: HIA Impact Categories for the breakdown of Potential Health Impacts.

6.1.1 Housing Quality and Design

Table 6-1 Housing Quality and Design				
Assessment Criteria	Relevant?	Details/evidence	Potential Health Impact	Recommended Mitigation or Enhancement Actions
Does the proposal seek to meet all 16 design criteria of the Lifetime Homes Standard or meet Building Regulation M4 (2)	Yes	It is understood that the Development will follow the design criteria of the Building for Life ¹⁷ accreditation, which is based in the need for well-designed homes and neighbourhoods, it has been endorsed by the Government. The number of homes that are to be accessible and adaptable is not known at this stage. It is expected that the Development will meet Building Regulation M4 (2), following the design principles above.	0 during construction + during operation	The elements relating to design of dwellings and their accessibility and adaptability will be set out during the Reserved Matters stage.
Does the proposal address the housing needs of older people, ie. Extra care housing, sheltered housing, lifetime homes, and wheelchair accessible homes?	Yes	The Proposed Development will provide a balanced and appropriate mix of house types and tenures to meet identified needs including affordable housing and design features to benefit the elderly and the physically impaired.	0 during construction + during operation	None required.
Does the proposal include homes that can be adapted to support independent living for older and disabled people?	Yes	As described above, the development includes measures that align with Building Regulations and inclusive design. The design will incorporate the access and circulation needs of a wide range of people including the elderly, the disabled and parents with young children.	0 during construction + during operation	None required.

¹⁷ [Building for Life 12 - Design Council](#) (2015)

Table 6-1 Housing Quality and Design

Does the proposal promote good design through layout and orientation, meeting internal space standards?	Yes	The Proposed Development will align with Building Regulations and inclusive design to ensure accessibility for all residents. Details of the internal spaces of dwellings will come at the Reserved Matters stage.	0 during construction + during operation	The detailed elements of the design are yet to be finalised; these will be set out at the Reserved Matters stage.
Does the proposal include a range of housing types and sizes, including affordable housing responding to local housing needs?	Yes	The Development will deliver 235 new homes, with 25% being affordable as per Bury Councils targets, which are set out in their housing policy. The size, type and tenure of the new dwellings will be outlined in the Reserve Matters stage of the planning process.	0 during construction + during operation	None required.
Does the proposal contain homes that are highly energy efficient (e.g a high SAP rating)?	Yes	The Design and Access Statement highlights the commitment to deliver energy efficient buildings, using sustainable materials to achieve a Net Zero Carbon position on operation. Although exact details of the SAP ratings achieved by the Proposed Development are not known at this stage.	0 during construction + during operation	The detailed elements of the design are yet to be finalised; these will be set out at the Reserved Matters stage.

6.1.2 Access to health and social care services and other social infrastructure

Table 6-2 Health and social infrastructure

Assessment Criteria	Relevant?	Details/evidence	Potential Health Impact	Recommended Mitigation or Enhancement Actions
Does the proposal retain or re-provide existing social infrastructure?	Yes	The Development will remove an existing healthcare facility with the option for it to be re-provided within the masterplan. In addition, the proposals include space for a new civic hub and associated public realm, these uses will help connect the existing community.	- during construction ? during operation	The reprovision of the onsite healthcare facilities will continue to be refined as plans develop.

Table 6-2 Health and social infrastructure

		The community spaces (including a library and potential space for a local gym) included within the Proposed Development will provide a wide range of choice for both new and existing residents.		
Does the proposal assess the impact on health and social care services and has the local NHS been contacted?	Yes	There are currently 15 GP Surgeries, within the identified Aol. There are on average 1,412 patients per GP, well below the 1,800-target set by the Royal College of General Practitioners. The additional 518 residents estimated to reside at the Proposed Development will place an additional demand on local health facilities. Based on discussions with NHS, they have indicated that they would occupy the flexible NHS/office space to keep the same number of FTE GPs (10) as stated on the existing site. If the flexible space was to be purely office space, it is assumed that the existing 10 FTE GPs from the existing health centre will need to find alternative provision within the Aol. It is assumed 4.5 FTE GPs will remain in the Aol in this scenario based on leakage rates. Taking a 'worst-case' scenario, in which all new residents register with local GP Practices, the additional residents would increase the overall practice size list to between 1,420 to 1,536 per GP (depending on if the NHS occupy the flexible space), which is still within the target levels.	0 during construction 0 during operation	Measures to retain the current level of GPs through the reprovision of healthcare space are recommended. The applicant should continue communications with the NHS to explore this opportunity.
Does the proposal include the provision, or replacement of a healthcare facility and does the facility meet NHS requirements?	Yes	There is scope in the existing masterplan to replace the existing on-site health centre that is to be demolished as part of the regeneration proposals.	- during construction ? during operation	The reprovision of the onsite healthcare facilities will continue to be refined as plans develop.

Table 6-2 Health and social infrastructure

Does the proposal assess the capacity, location and accessibility of other social infrastructure, e.g. schools and community facilities?	Yes	Easily accessible education facilities can help children and facilities integrate into the local community. Details of the assessment on capacity, location and accessibility of social infrastructure have been outlined in 'Chapter 6: Socio-Economics' of the ES. During the operational phase, there will be an estimated 518 residents at the Proposed Development, including 53 primary school aged and 34 secondary school aged. There is sufficient capacity in the local area to accommodate the additional demand for primary and secondary school places.	0 during construction 0 during operation	None required.
Does the proposal explore opportunities for shared community use and co-location of services?	Yes	The Proposed Development has a major focus on community use. The Masterplan and Design and Access Statement demonstrates the capacity, location and accessibility of the community uses and the strategy in delivering the Public Realm to create an inclusive community space for the town.	- During construction + during operation	None required.

6.1.3 Access to open space and nature

Table 6-3 Access to open space and nature

Assessment Criteria	Relevant?	Details/evidence	Potential Health Impact	Recommended Mitigation or Enhancement Actions
Does the proposal retain and enhance existing open and natural spaces?	Yes	There are no open and natural spaces currently at the site. As part of the application, the Proposed Development is seeking to full planning approval for other infrastructure such as public realm, utilities, landscaping and green	N/A during construction + during operation	Not applicable.

Table 6-3 Access to open space and nature

		spaces. The proposals include green roofs and a new village square.		
In areas of deficiency, does the proposal provide new open or natural space, or improve access to existing spaces?	No	As identified in the baseline, there are significant green corridors within the context of the site, providing good access to green amenity spaces for leisure.	N/A	Not applicable.
Does the proposal provide a range of play spaces for children and young people?	Yes	There are currently no play spaces within the existing site. No formal play space provision has been made for such within the masterplan area. However, the village square has been carefully crafted to provide a secure, enclosed, and easily observable pedestrian space, ensuring the safety and enjoyment of all visitors. For parents and guardians, this means that their children can freely explore and play, while they relax on strategically placed seating areas, enjoying the surroundings with the confidence of clear visibility.	N/A during construction ? during operation	The applicant should explore opportunities to provide formal play space within the masterplan.
Does the proposal provide links between open and natural spaces and the public realm?	Yes	The active streets principle and pedestrian connections within the Proposed Development provides accessible links to the open space and public realm.	N/A during construction + during operation	Not applicable.
Are the open and natural spaces welcoming and safe and accessible for all?	Yes	The baseline identifies that current Pedestrian and cycle connections to the existing green places are of poor quality, exacerbated by Bury New Road acting as a severance. The vision for the public realm in Prestwich's new village centre focuses on reducing vehicular traffic, encouraging active travel, and integrating green infrastructure in a new hierarchy of streets and spaces. These plans will improve connections across the town,	N/A during construction + during operation	The key landscaping opportunities in Section 10.2 of the DAS should be implemented where possible to maximise the benefits

Table 6-3 Access to open space and nature

		enhance accessibility to the village centres, and encourage walking and cycling.		
Does the proposal set out how new open space will be managed and maintained?	Yes	The areas of public realm will be placed in a ManCo (outside the areas that are adopted).	N/A during construction + during operation	Not applicable.

6.1.4 Air quality, noise, and neighbourhood amenity

Table 6-4 Air Quality, Noise and Neighbourhood Amenity

Assessment Criteria	Relevant?	Details/evidence	Potential Health Impact	Recommended Mitigation or Enhancement Actions
Does the proposal minimise construction impacts such as dust, noise, vibration, and odours?	Yes	There will be temporary impacts on local receptors, the impacts will be monitored through an Air Quality and Dust Management Plan (AQDMP) (forming part of a Construction Environmental Management Plan (CEMP)/Construction Logistics Plan). Without the appropriate mitigation controls in place, 'Chapter 10: Air Quality Assessment' of the ES indicates that there is the potential for adverse effects to occur during to the construction of the Proposed Development. The implementation of best practice mitigation controls can ensure any potential adverse effects would be not significant	0 during construction (given the mitigation measures in the relevant assessments are implemented) N/A during operation.	The mitigation measures proposed in the Noise and Air Quality Assessment must be implemented to avoid any adverse effects. All construction dust mitigation measures must be effectively implemented and monitored through an effective AQDMP and CEMP to avoid potential significant construction dust effects.
Does the proposal minimise air pollution caused by traffic and energy facilities?	Yes	The Air Quality Assessment demonstrated that the operational Proposed Development, accounting for traffic and energy plant, will not cause any exceedances of the air quality objectives and that the overall air quality effect of the Proposed Development will be negligible.	0 during construction 0 during operation	The proposed mitigation measures during the construction phase are to implement a Travel Plan. No mitigation required during operation.

Table 6-4 Air Quality, Noise and Neighbourhood Amenity

Does the proposal minimise noise pollution caused by traffic and commercial uses?	Yes	The embedded mitigation highlighted in 'Chapter 9: Noise and Vibration' of the ES, will follow Best Practicable Means (BPM) to minimise the noise and vibration impact on nearby noise sensitive properties. Further mitigation measures are discussed in the noise and vibration assessment and will be highlighted in the CEMP.	0 during construction 0 during operation	Ensure that the BPM mitigation for noise and vibration are implemented.
---	-----	---	---	---

6.1.5 Accessibility and active travel

Table 6-5 Accessibility and active travel

Assessment Criteria	Relevant?	Details/evidence	Potential Health Impact	Recommended Mitigation or Enhancement Actions
Does the proposal address the ten Healthy Streets indicators?	Yes	Whilst not directly referencing the ten Healthy Streets Indicators, the Masterplan and Design and Access Statement outlines a number of objectives, design and sustainability measures that broadly align with the indicators.	0 during construction + during operation	Put in place the improvements suggested in the Framework Travel Plan.
Does the proposal prioritise and encourage walking, for example through the use of shared spaces?	Yes	Once completed, the Proposed Development will provide a pedestrian friendly layout that will encourage walking throughout the town centre. Furthermore, the delivery of Community Uses and Public Realm will support a walkable environment which will encourage active and sustainable travel.	? during construction + during operation	None required.
Does the proposal prioritise and encourage cycling, for example by provided secure cycle parking, showers and cycle lanes?	Yes	In addition to the above, the Proposed Development looks to encourage cycling where possible. The provision of active travel routes (Poppythorn Lane) will link to a wider network of green spaces and cycle infrastructure.	? during construction + during operation	None required.

Table 6-5 Accessibility and active travel

Does the proposal connect public realm and internal routes to local and strategic cycle and walking networks?	Yes	The Proposed Development will include a new area of traffic-free Public Realm linking the centre of the town centre. The reduction in traffic flow and the provision of new pedestrian connections along with the overall Public Realm enhancements will create a substantially more permeable and attractive place to travel to, from, and through.	N/A during construction + during operation	None required.
Does the proposal include traffic management and calming measures to help reduce and minimise road injuries?	Yes	Creating a safe and secure environment during construction and operation is important to ensure the wellbeing of inhabitants and residents. Being able to enjoy where a person lives is important to facilitate social interaction and cohesion, without feeling threatened by traffic, poor lighting, or insecure environment. During the peak demolition and construction period, the HGV activity and traffic changes are not expected to result in changes which could affect accidents and safety. The Proposed Development will seek to mitigate construction traffic and will introduce traffic calming measures. Once complete and operational, the Proposed Development will include a new area of traffic-free Public Realm leading to the reduction in traffic flow and new pedestrian connections.	? during construction + during operation	Detailed elements of the road design are to be set out during the Reserved Matters stage.
Is the proposal well connected to public transport, local services and facilities?	Yes	The Proposed Development will restore the historic layout of the town centre, with a number of interconnected streets that will improve connections and accessibility to the town centre and the services on offer.	N/A during construction + during operation	None required.
Does the proposal seek to reduce car use by reducing car parking provision, supported by controlled	Yes	The Proposed Development will encourage residents to use sustainable modes of transport. A reduction in car usage has positive benefits for personal health and fitness and	N/A during construction + during operation	Further details on quantum and strategy of car parking will be detailed at the Reserved Matters stage. At

Table 6-5 Accessibility and active travel

parking zones, car clubs and travel plans measures?		the carbon emissions associated with car transport. However, included in the Proposals are a Travel Hub, these are required to encourage visitors to the town centre and provide a range of accessibility options to residents.		this stage consideration should be given to the need to reduce car use and encourage sustainable travel options.
Does the proposal allow people with mobility problems or a disability to access buildings and places?	Yes	The Proposed Development includes the provision of a Travel Hub which will include disabled parking and access to the town centre.	N/A during construction	The Reserved Matters stage will outline the accessibility arrangements of new buildings and car parking.

6.1.6 Crime reduction and community safety

Table 6-6 Crime reduction and community safety

Assessment Criteria	Relevant?	Details/evidence	Potential Health Impact	Recommended Mitigation or Enhancement Actions
Does the proposal incorporate elements to help design out crime?	Yes	Throughout the Proposed Development there will be a varying scale of multi-functional activity spaces which aim to provide a social place for neighbourhood communities to come together, supporting interaction and natural surveillance. The community facilities in the Proposed Development will be within walking distance of the new homes and employment facilities that will support social neighbourhoods and will be safe, attractive, and accessible.	N/A during construction + during operation	None required.
Does the proposal incorporate design techniques to help people feel secure and avoid creating 'gated communities'?	Yes	The Proposed Development will create an open and accessible townscape that is non-exclusionary by design.	N/A during construction + during operation	None required.

Table 6-6 Crime reduction and community safety

Does the proposal include attractive, multi-use public spaces and buildings?	Yes	The Proposed Development incorporates a mix of multi-use community and public spaces, that will encourage community use and social cohesion. In addition, the Proposed Development includes proposals for up to 4,205 m2 GIA of mixed-use retail, leisure, and food/drinks floorspace (A3, B1, D1 and/ or D2) which will contribute to creating an attractive and multi-use environment for residents as well as the local community.	N/A during construction + during operation	None required.
Has engagement and consultation been carried out with the local community and voluntary sector?	Yes	In order to give the local community, the opportunity to comment on the emerging proposals a first phase of community engagement was undertaken and ended in March 2023. It is envisioned that this will help inform the future of the Proposed Development.	+ during construction + during operation	None required.

6.1.7 Access to healthy food

Table 6-7 Access to healthy food

Assessment Criteria	Relevant?	Details/evidence	Potential Health Impact	Recommended Mitigation or Enhancement Actions
Does the proposal facilitate the supply of local food, i.e. allotments, community farms, and farmers' markets?	Yes	The Proposed Development will have a focus on retail in the 'Village Square', the former Market Place will be reprovisioned that will offer the opportunity for local businesses by way of a community market.	N/A during construction + during operation	None required.
Is there a range of retail uses, including food stores and smaller affordable shops for social enterprises?	Yes	The Proposed Development includes proposals for up to 4,205 sqm of retail floorspace (A1-A5) with the Village Centre.	N/A during construction + during operation	None required.

Table 6-7 Access to healthy food

Does the proposal avoid contributing towards an over-concentration of hot food takeaways in the local area?	Yes	A proliferation of hot food takeaways and other outlets selling fast food can harm the vitality and viability of local centres and undermine attempts to promote the consumption of healthy food. The surrounding area has number of these outlets, therefore the Proposed Development should avoid adding to this supply where possible. The flexible retail and food/drinks space is proposed to be A3 uses. Therefore, the Proposed Development will avoid contributing to the supply hot food takeaways (A5) to the local area but will provide other types of retail and food/drinks space.	N/A during construction + during operation	The opportunities for local healthy stores or businesses to occupy the retail and Food & Beverage floor space should be explored.
---	-----	--	---	---

6.1.8 Access to work and training

Table 6-8 Access to work and training

Assessment Criteria	Relevant?	Details/evidence	Potential Health Impact	Recommended Mitigation or Enhancement Actions
Does the proposal provide access to local employment and training opportunities, including temporary construction and permanent 'end-use' jobs?	Yes	In 'Chapter 6: Socio Economics' of the ES an assessment of employment impacts was undertaken that states that the construction phase is expected to result in 128 gross jobs per annum, of which 52 net additional jobs are expected to go to residents of the Aol. It is estimated that the Proposed Development would generate a minimum of 36 net additional jobs and a maximum of 101 net additional jobs at the Aol level when fully completed and operational.	+ during construction + during operation	During the Reserved Matters stage, measures to ensure there are a variety of employers and employment opportunities including high value jobs should be promoted.
Does the proposal provide childcare facilities?	No	There are no dedicated childcare facilities proposed in the current Masterplan, however,	N/A during construction	None required.

Table 6-8 Access to work and training

		there is potential for a childcare provider to take up community floorspace.	? during operation	
Does the proposal include managed and affordable workspace for local businesses?	Yes	The Proposed Development includes the delivery of commercial office space, the finer details of the type of office (whether that be a standard private, coworking or serviced) will be established as the design progresses.	N/A during construction ? during operation	None required.
Does the proposal include opportunities for work for local people via local procurement arrangements?	Yes	Details regarding procurement of staff/workers are not known at this stage.	? during construction ? during operation	To provide employment opportunities for local residents, the Applicant should consider a contractor that includes policies to offer training and local employment opportunities within the local community.

6.1.9 Social cohesion and inclusive design

Table 6-9 Social cohesion and inclusive design

Assessment Criteria	Relevant?	Details/evidence	Potential Health Impact	Recommended Mitigation or Enhancement Actions
Does the proposal consider health inequalities by addressing local needs through community engagement?	Yes	The Proposed Development will potentially include new healthcare facilities, which will in turn deliver new state of the art healthcare services. Community engagement is on-going and is being considered in relation to developing the masterplan.	N/A during construction ? during operation	During the Reserved Matters stage further information regarding the end uses of the office/healthcare component will be developed.
Does the proposal connect with existing communities, i.e. layout and movement which avoids physical	Yes	The Proposed Development aims to restore the town centre's original layout, making it more accessible to pedestrians and vehicles. The project includes building new housing	N/A during construction + during operation	None required.

Table 6-9 Social cohesion and inclusive design

barriers and severance, and land uses and spaces which encourage social interaction?		units to create a new community while still ensuring that the town centre remains open and inclusive to all. The commercial and community spaces in the Proposed Development will foster social interaction among all users of the town centre.		
Does the proposal include a mix of uses and range of community facilities?	Yes	The Proposed Development includes a mix of use classes with retail (A1-A5), employment space (B1) and community facilities (D2) and potentially healthcare facilities (D1) as well as public realm.	N/A during construction + during operation	None required.
Does the proposal provide opportunities for the voluntary and community sectors?	Yes	Voluntary and community groups could potentially use the D1 community space and the vast public area, including the new town square, for markets, events, and community activities.	N/A during construction ? during operation	The Proposed Development could offer opportunities for the voluntary and community sectors, such as allowing them to use the D1 community space for charity events.
Does the proposal take into account issues and principles of inclusive and age-friendly design?	Yes	The Proposed Development has taken into consideration measures that comply with Building Regulations and inclusive design. The design will ensure that it caters to the access and circulation needs of a diverse range of individuals including the elderly, disabled, and parents with young children.	N/A during construction + during operation	None required.

6.1.10 Minimising the use of resources

Table 6-10 Minimising the use of resources

Assessment Criteria	Relevant?	Details/evidence	Potential Health Impact	Recommended Mitigation or Enhancement Actions
---------------------	-----------	------------------	-------------------------	---

Table 6-10 Minimising the use of resources

Does the proposal make best use of existing land?	Yes	The Proposed Development seeks to make the best use of the existing site while also taking into account the local context of the surrounding area. The development will include various types of uses such as residential and retail units, and the site layout has been designed effectively to respond to the current neighbourhood context.	N/A during construction + during operation	None required.
Does the proposal encourage recycling, including building materials?	Yes	A CEMP will be created before construction to outline how building materials will be recycled or disposed. Central waste storage will be included in the building design for occupants' waste.	0 during construction + during operation	Ensure that the appropriate strategies are implemented for the recycling of building materials. Explore opportunities to further encourage recycling within open and community space as well as employment space and homes.
Does the proposal incorporate sustainable design and construction techniques?	Yes	The construction techniques used and methods to increase the sustainability of the Proposed Development will be set out at the detailed design stage.	N/A during construction + during operation	Ensure that the Proposed Development is to be net zero carbon during construction and in operation through detailed design stage.

6.1.11 Climate change

Table 6-11 Climate change

Assessment Criteria	Relevant?	Details/evidence	Potential Health Impact	Recommended Mitigation or Enhancement Actions
---------------------	-----------	------------------	-------------------------	---

Table 6-11 Climate change

Does the proposal incorporate renewable energy?	Yes	The design of the Proposed Development includes energy efficiency measures, and the provision of renewable energy (such as solar panels, green roofs (SuDS) and air source heat pumps) are to be confirmed at the detailed design stage. Provision of PV panels will be assessed and maximised against the other project requirements such as roof plant, external amenity space and surface water run-off control. Provision of centralised air source heat pumps technology for the Proposed Development will be included.	N/A during construction + during operation	Implement all measures set out.
Does the proposal ensure that buildings and public spaces are designed to respond to winter and summer temperatures, i.e. ventilation, shading, and landscaping?	Yes	As explained in ' Chapter 11: Climate Change ' of ES, the mitigation measures for reducing GHG emissions and addressing temperature changes from the Proposed Development will be confirmed during the detailed design stage. These measures will be secured in the CEMP and will include energy-efficient designs and renewable energy provisions.	N/A during construction + during operation	Implement all measures set out.
Does the proposal maintain or enhance biodiversity?	Yes	As alluded to in ' Chapter 7: Townscape and Visual ' of the ES, the existing site has community and retail outlets, parking and service areas, and minimal biodiversity. The proposed development won't affect the landscaping. External green landscaping will enhance the biodiversity without any loss of landscaping.	N/A during construction + during operation	None required.
Does the proposal incorporate sustainable urban drainage techniques?	Yes	SuDS will be used to control water, improve quality, reduce flood risk, and provide biodiversity benefits. Surface water treatment will be provided with biodiverse roofs, tanks, and permeable paving. Green/brown roofs, raingardens, and soft landscaping will be used	N/A during construction + during operation	None required.

Table 6-11 Climate change				
		to reduce runoff. The surface discharge from the site will be significantly reduced.		

Section 7

Conclusion

AMION
CONSULTING

7 Conclusion

7.1 Key findings

This Rapid HIA has identified that the AoI surrounding Prestwich Regeneration Village is mostly a healthy community, as shown by the general health statistics within the Census 2021 dataset. The area does, however, suffer from some pockets of deprivation, with LSOAs in the top 20% most deprived parts of the country.

The baseline review of social infrastructure, including education and healthcare, demonstrates that there is capacity in the local area in comparison to standard target levels.

The assessment of health impacts has been based on the details of the Proposed Development available at the time of writing and on published data. This HIA has followed the 'HUDU Rapid Health Impact Assessment Matrix' and has assessed the principal health benefits to the residents at the Proposed Development, and within the local community including:

- Provision of housing including affordable housing choices, providing vital supply to the Bury Council's housing market. This provision will meet the needs of the lower income parts of the community and the specific needs of the elderly;
- Provision of small amounts of employment-generating floorspace to support job creation, in addition to the employment created during the construction period. This will potentially give rise to positive health impacts associated with increased income, the establishment of networks, job satisfaction and a sense of self-worth;
- Improvement in the environment and open space provision in the local area through the creation of a village square spaces and accessible public realm;
- The creation of new traffic-free pedestrian and cycling network which ensures permeability and connectivity through the site for pedestrians and cyclists. This route is connected into the local area's network;
- The creation of community space to encourage social interaction and cohesion; and
- The inclusion of renewable energy and sustainable urban drainage techniques to ensure that the Proposed Development has a beneficial effect on climate change and can respond to changing conditions.

During construction, there are potential adverse health impacts are associated with dust and noise during the construction works which could impact residents. The ES Air Quality Assessment and Noise Assessment identify a number of mitigation measures that must be implemented to reduce these temporary impacts.

Once the Proposed Development is operational, appropriate design measures will ensure most potential adverse health impacts are mitigated. A potential adverse health impact could arise from the additional demand on local health services, as the existing health facility is being removed during construction. Current plans include flexible space for either office space or NHS uses which could re-provide space for the existing GPs on the site. The assessment indicates the

ratio of patients per GP in the AoI will remain better than the target level in either scenario however, measures to retain the current level of GPs through the reprovision of dedicated healthcare space are recommended.

7.2 Recommendations

The key recommendations relevant to health and wellbeing associated with the Proposed Development include the following:

- The Applicant should continue to ensure homes that promote good design, layout and provide a range of types and sizes for the local community at the Reserved Matters Applications Stage, ensuring there are homes that are accessible for older and disabled persons.
- The Applicant should ensure that standards relating to accessibility and sustainability set out in the relevant documents and strategies accompanying this application are implemented in full.
- The Applicant should seek to work with the community to maximise the benefits from the various community uses at the Proposed Development.
- The Applicant should continue discussions with the Council and NHS. Measures to retain the current level of GPs through the reprovision of healthcare space are recommended. Use of appointments via telephone, video consultation and online prescriptions should be encouraged where possible.
- The Applicant should ensure all mitigation measures set out in the relevant assessments for transport, air quality and noise are fully implemented to reduce the potential adverse effects, and follow the measures identified in the CEMP.
- The opportunities for local healthy stores or businesses to occupy the retail and Food & Beverage floor space should be explored.

It is difficult to accurately measure the effectiveness of the measures set out in this HIA to promote health and wellbeing, as the affected population is subject to a multitude of influences on health. However, a range of health indicators have been provided in this report that could be used to compare current health characteristics of the population to future characteristics of the new community who will work or reside within the Proposed Development.