

Health Impact Assessment

Land at Smithy Bridge Road, Littleborough

September 2022

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1. Introduction

- 1.1 This Health Impact Assessment (HIA) has been conducted by Turley Economics on behalf of Taylor Wimpey UK Ltd and the Trustees of the Wood Trust and David Antony Buckley ('the Applicant') to consider the impact of the development of 199 new homes ('the Proposed Development') at Land West of Smithy Bridge Road, Littleborough ('the Site') on local healthcare facilities and health outcomes. The full description of the development is as follows:

"Full planning application for 199 dwellings and associated public open space, internal highways, car parking, gardens and landscaping with access to be taken from Smithy Bridge Road and pedestrian / cycle access from Brooklyn Avenue"

- 1.2 Rochdale Metropolitan Borough Council's (RMBC) Core Strategy Policy C6¹ outlines the requirement for HIAs to support major planning applications² in the borough.

Assessment Approach and Methodology

- 1.3 This HIA considers the Proposed Development's impact on current and future capacity of local healthcare infrastructure, including GP surgeries, dental practices and hospitals. Analysis of the Proposed Development's potential impacts on local public health outcomes – both in terms of new residents of the scheme and existing local communities – with regard to the wider determinants of human health (for example, access to amenities, services and social infrastructure, active and sustainable transport, employment opportunities and healthy food) has also been conducted.
- 1.4 A HIA was submitted to accompany the Applicant's planning application for a previous iteration of the Proposed Development³. Consultation (see Appendix 1) was therefore conducted in relation to the previous scheme in May-July 2018 and in August 2019, accompanied by desk-based analysis. The assessment has since been updated to reflect the Proposed Development's current scheme parameters and mix and to incorporate the latest available healthcare facility capacity data. An additional element of this HIA is the consideration of the potential impacts of the Proposed Development on local public health outcomes.
- 1.5 The HIA methodology in terms of considering impact on healthcare facilities was confirmed as appropriate with RMBC⁴ during the preparation of the previously-submitted application, and therefore this approach has been replicated for this revised assessment, using the latest-available NHS GP workforce and patient roll data. Previous conclusions regarding the current and future provision of local healthcare facilities were informed by consultation with the Primary Care team at NHS Heywood,

¹ Rochdale Metropolitan Borough Council (2016) Rochdale Adopted Core Strategy

² Major developments in Rochdale are classified as a development of 10 or over residential units

³ Rochdale Metropolitan Borough Council (2019) Planning Application Reference: 19/0081/FUL. This application – for 200 homes, and therefore similar development parameters as the application associated with this report – is currently awaiting decision. The live application will be withdrawn following the submission and validation of the new application which this HIA accompanies.

⁴ Consultation via telephone with Rochdale Borough Council in July 2018.

Middleton and Rochdale Clinical Commissioning Group (NHS HMR CCG)⁵; these findings have again been brought up to date and validated through new July 2022 consultation with NHS Greater Manchester Integrated Care (NHS GMIC)⁶.

- 1.6 It was during this July 2022 consultation that GMIC advised that the HIA should also consider the Proposed Development's potential impacts on public health outcomes in the context of wider health determinants. As such, this has been included within this assessment. The methodology is based on a framework produced by RMBC (and provided to Turley Economics by GMIC) in the form of a HIA Checklist. The Checklist aims to ensure that health is properly considered when evaluating and determining planning proposals in the borough, and that where possible development plans and proposals have a positive, rather than a negative, influence on health. The HIA checklist was devised by RMBC in June 2019 to take into account legislation and policy nationally, in Greater Manchester and in Rochdale that relate to health and spatial planning.

Key findings

- 1.7 The HIA finds that:

- The existing local population of Smithy Bridge on the whole have fewer health concerns compared to neighbouring communities in Rochdale.
- The Proposed Development will generate c. 590 new residents. The Proposed Development is for a range of housing types and sizes and as such the new population will be likely to have typical health needs in line with the current population living in the area.
- There are four GP facilities within the relevant 2-mile walking distance from the Proposed Development. Data indicates that three of these four GP services are accommodating a lower number of patients than the recommended benchmark of 1 FTE GP per 1,800 patients, and therefore it is concluded that existing provision can feasibly accommodate the c. 590 additional residents anticipated to be generated by the Proposed Development. When consulted, NHS HMR CCG and NHS GMIC validated these conclusions.
- The area is served by 2 dentists within a 2-mile walking distance, both of which appear to be accepting new private adult and child patients. One of these practices is accepting new child NHS patients. Further dental provision exists within the wider Rochdale area and further afield elsewhere within Greater Manchester, which is considered sufficient to meet the needs of new residents of the Proposed Development.
- There are 3 hospitals within 6 miles of the Proposed Development, one of which has an A&E unit. The level of additional demand to be generated by the

⁵ Consultation via telephone and email with HMRCCG in July 2018 and August 2019 (see Appendix 1).

⁶ In July 2022, NHS HMRCCG was brought together with the other 10 former Greater Manchester CCGs to form the new NHS GMIC organisation.

Proposed Development can be accommodated by the hospitals given the small increase in resident population in comparison to their catchments;

- As such it is considered that there is sufficient spare capacity to accommodate the demand generated by the Proposed Development across all three types of analysed health infrastructure.
- As an additional exercise, the potential impacts of wider residential development in the local area on local healthcare facilities has been considered. This analysis indicates that local facilities can accommodate the total impact of new residents generated by the identified wider development in addition to the Proposed Development.
- The Proposed Development has been considered in the context of impact on the most locally significant wider determinants of health, as identified by RMBC's HIA Checklist. Analysis through this framework does not identify any specific negative impacts on the health of the existing or future population of the immediate and local areas or of the future residents of the Proposed Development that would require additional mitigation.
- Indeed, the assessment highlights that the Proposed Development will make a number of positive contributions in terms of health and wellbeing, including:
 - High-quality new homes will be provided in a mix of sizes that help meet a range of local needs.
 - The Site benefits from a sustainable location from which existing employment opportunities, facilities and amenities and transport infrastructure are accessible.
 - Homes will be designed so as to maximise energy efficiency, promoting low carbon emissions and climate resilience, as well as minimising energy bills, helping to combat the issue of fuel poverty in the context of rising energy prices and the accompanying cost of living crisis.
 - High-quality new and enhanced open space and play space will be delivered, promoting walking and cycling and encouraging healthy, active and sustainable lifestyles and travel choices.
- The implementation of measures set out within a Construction Environmental Management Plan and Construction Transport Management Plan (or similar documents) would effectively mitigate impacts on air quality and transport during construction. As a further enhancement action, the publication of an Operational Site Management Plan (OSMP) to set out how the green space and other public realm in the Site will be managed and maintained over the long term would maximise benefits and ensure that amenity for residents of the Proposed Development and the rest of the immediate locality is safeguarded.

1.8 The HIA was requested as a validation document by RMBC so as to inform the position with regards to developer contributions for health infrastructure. The assessment

indicates that there is sufficient existing capacity within the local area to accommodate growth from both the Proposed Development (as well as potential wider development which might come forward over the longer term). There is therefore no evidence to indicate that developer contributions for health infrastructure would be necessary.

1.9 The remainder of this report is structured as follows:

- **Section 2: Health Policy Context and Demographic Baseline** - comprising a review of the policy context and demographic indicators on the health of the local population.
- **Section 3: Impact of the Proposed Development on Healthcare Facilities** – a spatial review of existing local GP surgeries, dentists and hospitals and analysis of their capacity, followed by conclusions in terms of the impact of the Proposed Development on capacity.
- **Section 4: Rochdale HIA Checklist: Assessment of the Proposed Developments Health Impact** – assessment of public health impacts on new residents of the proposed Development and the existing local community, based on RMBC's HIA checklist framework, as provided by NHS GMIC.
- **Section 5: Conclusion** – a concise conclusion summarising the key findings of this assessment.

2. Health Policy Context and Demographic Baseline

- 2.1 This section reviews the local health policy framework in Rochdale, highlighting the borough's key strategic objectives. The demographic profile of local residents is also presented, with a particular focus on the health of the local population. Demographic trends among residents across Greater Manchester and England is also included for comparison.

City-regional and Local Health Policy Context

Greater Manchester: Places for Everyone

- 2.2 The Greater Manchester 'Places For Everyone' (PFE) plan is a joint spatial framework created by 9 local authorities across the Greater Manchester region, including Rochdale Borough Council. The draft Plan⁷ was submitted for examination by the Secretary of State in February 2022. It sets out the spatial strategies on how Greater Manchester can realise its goal by 2037 to:

*"Make Greater Manchester one of the best places in the world to grow up, get on and grow old"*²²

- 2.3 Ten Strategic Objectives within the Spatial Framework focus on ensuring that residents of Greater Manchester can live, travel and work sustainably for the benefit of their health and wellbeing. The Strategic Objectives aim to reduce economic and health inequalities and ensure that Greater Manchester is a more resilient and carbon neutral city-region. It is highlighted that residents of Greater Manchester will prosper through access to:

- A diverse mix of high-quality housing;
- Employment, education and training opportunities;
- Open green space and recreation facilities;
- Social infrastructure (e.g. education and healthcare facilities and other services);
- Sustainable modes of transport and active travel (e.g. public transport, walking and cycling).

- 2.4 Objective 10 specifically relates to the health and wellbeing of communities, stating the aim to:

- Ensure new development is properly served by healthcare services that meet the needs of communities;

⁷ Greater Manchester Combined Authority (2022) Places For Everyone, Joint Development Plan Document – Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Tameside, Trafford, Wigan: Publication Stage

- Improve access to healthy food options for all communities;
- Reduce the health impacts of air pollution through accessibility of sustainable travel such as public transport, cycling and walking;
- Maximise the health benefits of access to the natural environment and green spaces; and
- Coordinate with and support the delivery of local and Greater Manchester wide health strategies.

Greater Manchester Living with Covid Resilience Plan

2.5 A Greater Manchester Living with Covid Resilience Plan⁸ was published in September 2020 and outlines how the city region will respond to the disproportionate impact that the Covid-19 pandemic has had on people's lives and businesses, how to recover and build resilience and the future support vulnerable communities will need. It is stated that the impact of the pandemic has been *"unequal and unfair, starkly highlighting and deepening the inequalities we know have existed for many years"*, highlighting evidence that more deprived areas experience higher mortality rates from Covid than more affluent areas.

2.6 Key action points related to health and wellbeing and its wider determinants from the Plan include:

- Drive initiatives for more secure work, higher pay and better employment standards.
- Deliver a Cycling and Walking Plan and build on positive shift in travel behaviour, whilst also progressing a more integrated public transport system with support from the Department for Transport (DfT).
- Progress the GM Clean Air Plan.
- Ensure the provision of comprehensive mental health and wellbeing support accounting for growth in demand and severity across all ages.
- Deliver housing and public building retrofit programme as part of greener economic recovery.

Rochdale Core Strategy

2.7 The Rochdale Core Strategy was adopted by the Council in October 2016⁹, and provides the spatial strategy for the borough's development until 2028, setting out the policies which will contribute to achieving the following Vision for Rochdale:

*"To become a prosperous borough: to grow our economy and develop our place through cooperation and partnership, improving the lives of local people"*¹⁰

⁸ Greater Manchester Combined Authority (2020) Greater Manchester Living with Covid Resilience Plan

⁹ Rochdale Borough Council (2016) Rochdale Core Strategy

¹⁰ Ibid. p. 16

- 2.8 The Strategy outlines a number of Strategic Objectives, which it states will contribute to the delivery of its Vision. The second of these – SO2 – is ‘To create successful and healthy communities’, which affirms the need to support new housing with community facilities and infrastructure, and states that improving access to health facilities and services is important in order to improve the local population’s general health and quality life¹¹.
- 2.9 As such, the Strategy’s Policy C6 within SO2, ‘Improving Health and Wellbeing’, states that supporting and promoting accessible new health facilities and services in town centres and local centres will be prioritised in order to meet current and future need, particularly focusing this in areas of deprivation, poor health and/or greatest need¹².
- 2.10 Policy C6 further states that:

“Where appropriate we will seek a Health Impact Assessment for major planning applications and consider the use of section 106 agreements or Community Infrastructure Levy (CIL) to deliver measures to improve the health impacts of development”¹³

Rochdale Borough Joint Strategic Needs Assessment 2017/18

- 2.11 Rochdale’s Joint Strategic Needs Assessment (JSNA) is a tool created by the Council which describes and increases understanding of the needs and resources of the population¹⁴. An important use of the JSNA is that of providing planning services with the information required to help meet residents’ and communities’ needs and develop strategies to improve health and wellbeing. The JSNA is informed by information gathered by local professionals, services, statistics and local people.
- 2.12 A summary of the JSNA covering the period 2017/18 has been published by the Council¹⁵, including a description of the ‘Wellbeing Approach’ which is highlighted as central to tackling the needs identified by the JSNA¹⁶. The Wellbeing Approach aims to consider both ‘objective’ measures of health, for example obesity and mortality rates, as well as people’s own perceptions and experiences of life that also contribute to wellbeing.
- 2.13 The 2017/18 Summary also presents the idea of a ‘Life Course’ which aims to increase the effectiveness of interventions throughout a person’s life, focusing on a healthy start to life and targeting the needs of people at critical periods throughout their lifetime¹⁷. The periods which make up the life course are displayed in the following figure.

¹¹ Ibid. p. 17

¹² Ibid. p. 74-75

¹³ Ibid.

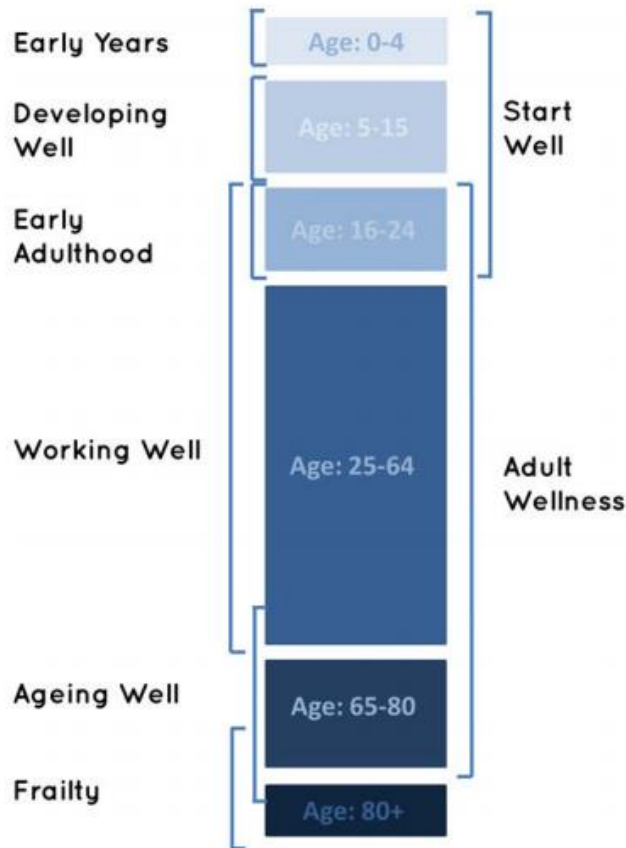
¹⁴ <http://www.rochdale.gov.uk/council-and-democracy/policies-strategies-and-reviews/strategies/health-and-well-being/Pages/strategic-needs-assessment.aspx>

¹⁵ Rochdale Borough Council (2018) Joint Strategic Needs Assessment – Summary 2017/18

¹⁶ Ibid. p. 4

¹⁷ Ibid.

Figure 2.1: Rochdale JSNA - Life Course Periods



Source: Rochdale Borough Council

- 2.14 The JSNA subsequently summarises the key issues to consider in order to increase health and wellbeing at each life stage, including the need to ensure that there is good quality and provision of pre-school care for a child's early years, to supporting people who are in work who have long-term health conditions and how best to commission local services to support older people living with long term conditions.
- 2.15 The JSNA also profiles the borough's health services, stating that the fall in Rochdale's mortality rates over recent years has been due to their role in identifying people at risk and making timely interventions. The JSNA reports that a 2017 survey of the borough's residents found that 70% had spoken to a GP in the last six months, whilst less than 1% reported never having seen a GP¹⁸. Good access to GPs is highlighted by the summary as *"crucial if we are to make progress in reducing premature mortality through having good primary care registers and early effective treatments"*¹⁹.
- 2.16 Overall, the JSNA aims to build a better understanding of local people and their behaviour, in order to put in place interventions which work locally and empower people to implement changes that can help them live healthier lives.

¹⁸ Ibid. p. 39

¹⁹ Ibid. p. 40

Rochdale Borough Locality Plan – Co-operating for better health and wellbeing: A plan for 2020-24

2.17 ‘Co-operating for better health and wellbeing’ is a joint health and wellbeing strategy and Locality Plan for health and social care in Rochdale Borough²⁰, which is aligned with both local strategy (such as the Council’s JSNA, Sustainable Community Strategy, and Corporate Strategy) and with national health strategies, such as NHS England’s Five-Year Forward View.

2.18 The Locality Plan’s Vision is that:

“Residents in our borough live long and happy lives that are as healthy as possible, for as long as possible”²¹

2.19 To achieve this Vision, the Plan has established six core principles which runs through every aspect of the plan:

- Co-operation, public services and other partners will share decision making;
- Strengthening community assets, individuals and families will be supported to use their skills, experience and collective kindness to improve communities;
- Prevention and intervention;
- Collective change, working together for sustainable services and reduced inequalities;
- Integrated and local, sharing skills, expertise and resources to deliver person and community centred services; and
- Addressing the climate emergency, increasing efforts to consider and reduce the negative impacts that services and activities have on the environment.

2.20 The Plan notes that there have been a number of successes since the first Locality Plan was published in 2015 including a 76% reduction in the number of times carers visited their GP in relation to their physical health needs in the last three months and an 82% reduction in Falls Assessment Waiting Times.²²

Rochdale Borough Council Sustainable Community Strategy 2011-21

2.21 Rochdale’s Sustainable Community Strategy²³ aims to set out the means by which quality of life in the borough can be improved through collaborative working across the public private, voluntary and community sectors.

2.22 The Strategy’s Vision for Rochdale is:

²⁰ Rochdale Borough Council (2020) Rochdale Borough Locality Plan – Co-operating for better health and wellbeing: A plan for 2020-24

²¹ Ibid. p. 7

²² Ibid, p 10.

²³ Rochdale Borough Council (2011) Rochdale Borough Council Sustainable Community Strategy 2011-21

“To become a prosperous borough: to grow our economy and develop our place through co-operation and partnership, improving the lives of local people”²⁴

- 2.23 Health and wellbeing is one of the Strategy’s priority objectives, with a focus on reducing addictions, and promoting personalised care. This is included within the Strategy’s ‘People’ priority, with the key goal being that all people living in the borough having the opportunity to access the interventions that will meet their needs²⁵.

Rochdale Place Plan 2016-21: People, Place and Prosperity

- 2.24 The Rochdale Place Plan 2016-21²⁶ builds on the above Sustainable Community Strategy and confirms the agreed strategic priorities which underpin the Council’s actions. It outlines the high-level outcomes which should be delivered to help shape Rochdale and improve the lives and conditions for the people who live, visit and invest in the area. The three broad priorities for the plan are anchored around the themes of People, Place and Prosperity.
- 2.25 Health and wellbeing is again a key strand of the Plan’s ‘People’ priority, including the need to ensure that people access high quality health and social care services and know how and where to access these services when they need them, whilst addressing health inequalities²⁷.
- 2.26 The Place Plan further states the importance of the JSNA and the Locality Plan’s strategy of a multi-disciplinary approach to health and wellbeing, through integrating health and social care services.

Rochdale Borough Council Corporate Plan 2019-2022

- 2.27 Rochdale Borough Council’s Corporate Plan, Prosperous people and places, sets out a vision to make the Rochdale borough *‘a great place to grow up, get on and live well’*.
- 2.28 Key indicators of success relating to health include all children are healthy and ready to succeed when they start school; all residents feel healthy and remain in a good state of health for as long as possible and that the borough has sound finances and is able to provide services to meet residents needs now and in the future.²⁸

Demographic Baseline

- 2.29 To comprehensively consider the potential health impacts of the Proposed Development, it is important to understand the health baseline of Smithy Bridge in the context of Rochdale and wider geographies, such as Greater Manchester and England as a whole.
- 2.30 Relevant indicators include the current and projected age profile of the population, the levels and spatial distribution of deprivation (both overall and health-specific), as well

²⁴ Ibid. p. 4

²⁵ Ibid. p. 8

²⁶ Rochdale Borough Council (2016) Rochdale Place Plan 2016-21: People, Place and Prosperity

²⁷ Ibid. p.5

²⁸ Rochdale Borough Council (2019) Prosperous people and places: Our Corporate Plan 2019-2022

as relevant health-related data drawn from the 2011 Census. These conditions are described below.

Age Profile

- 2.31 The Wardle and West Littleborough ward, within which the application site is located, had a resident population of c. 11,200 at the date as of 2020. Of this total, c. 2,100 people (19%) were aged 65 and over – a higher proportion of the population than in Rochdale borough and Greater Manchester (and in line with England as a whole). A total of 61% of Wardle and West Littleborough residents were of working age (aged between 16 and 64) – a slightly higher proportion than estimated for the wider comparator geographies. This is presented at Table 2.1.

Table 2.1: Age Profile, 2020

Age	Wardle and West Littleborough		Rochdale	Greater Manchester	England
	Number	%	%	%	%
Aged 0-15	2,229	20%	22%	21%	19%
Aged 16-24	988	9%	10%	11%	11%
Aged 25-49	3,486	31%	33%	34%	33%
Aged 50-64	2,354	21%	19%	18%	19%
Aged 65+	2,122	19%	17%	16%	19%
All Ages	11,179	100%	100%	100%	100%

Source: ONS via Nomis, 2020 Population Estimates

Deprivation

- 2.32 Deprivation is an important indicator of health. The English Indices of Deprivation 2019²⁹ are based on 37 separate indicators, organised across seven distinct domains of deprivation which are combined and weighted to calculate the Index of Multiple Deprivation (IMD)³⁰.
- 2.33 This is an overall measure of multiple deprivation experienced by people living in an area and is calculated for every Lower layer Super Output Area (LSOA), or neighbourhood, in England. Every such neighbourhood in England is ranked according to its level of deprivation relative to that of each other small area.
- 2.34 The country's 32,844 LSOAs are then divided according to their deprivation rank into 10 equal groups (deciles). An LSOA ranked within Decile 1 would therefore be among the 10% most deprived nationally, whilst an LSOA ranked in Decile 10 would be amongst the 10% least deprived in the country.

²⁹ Ministry of Housing, Communities & Local Government (2019) The English Indices of Deprivation 2019

³⁰ These are Income Deprivation (weighted 22.5%); Employment Deprivation (22.5%); Health Deprivation and Disability (13.5%); Education, Skills and Training Deprivation (13.5%); Crime (9.3%); Barriers to Housing and Services (9.3%); and Living Environment Deprivation (9.3%).

- 2.35 In Rochdale, 77% of the borough's 134 LSOAs are within the 50% most-deprived in England in terms of overall deprivation. Over a quarter (30%) of the area's LSOAs are within the 10% most-deprived nationally by this measure.
- 2.36 When the health deprivation and disability domain is examined separately, it can be seen that 95% of Rochdale's LSOAs are within the 50% most-deprived, indicating that health deprivation is a significant issue in the borough. Over a quarter (28%) of Rochdale's LSOAs are within the 10% most-deprived nationally in terms of health deprivation. Table 2.2 overleaf shows the distribution by Decile of Rochdale's LSOAs, in terms of overall IMD and the health deprivation and disability domain.

Table 2.2: Proportion of Rochdale LSOAs by Deprivation Domain and Decile

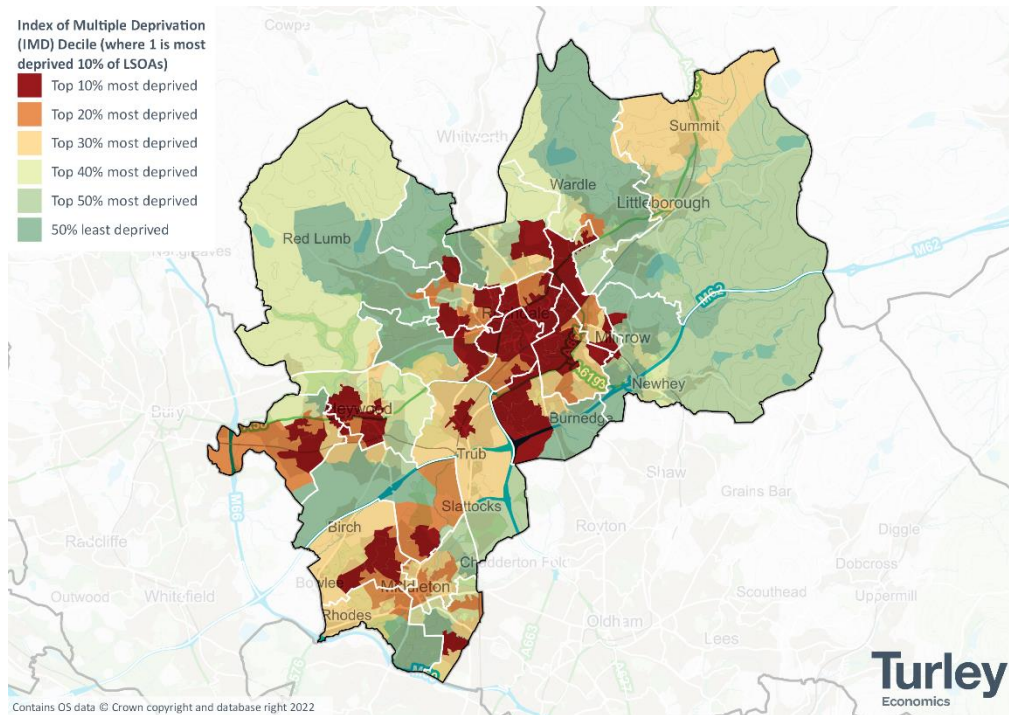
Decile	Overall Index of Multiple Deprivation		Health Deprivation and Disability Domain	
	Number of LSOAs	% of total LSOAs	Number of LSOAs	% of total LSOAs
Decile 1 (10% most deprived)	40	30%	37	28%
Decile 2	19	14%	35	26%
Decile 3	24	18%	29	22%
Decile 4	11	8%	13	10%
Decile 5	9	7%	13	10%
Decile 6	5	4%	4	3%
Decile 7	8	6%	3	2%
Decile 8	12	9%	-	-
Decile 9	6	4%	-	-
Decile 10 (10% least deprived)	-	-	-	-
Total Rochdale LSOAs	134	100%	134	100%

Source: Turley analysis of English Indices of Deprivation 2019

- 2.37 The spatial distribution of overall IMD deprivation is shown at Figure 2.2 overleaf. It can be seen that the LSOA in which the application site is located is among the 50% least deprived in England³¹, as are a number of LSOAs to the north, east and south of the site and to the north-west of the borough. Deprivation therefore concentrates to the west of the site, around the centre of Rochdale town, with further clusters towards the south west of the borough.

³¹ The application site is located in LSOA Rochdale 003D, which is within Decile 5 of the IMD.

Figure 2.2: IMD 2019 – Overall Deprivation



Source: MHCLG

- 2.38 It is also noted that the LSOA of the application site is within the 40% most-deprived nationally in terms of health and disability. Relative to the wider borough, this can be seen to be towards the lower end of the range seeing as health deprivation and disability is fairly prominent in Rochdale, particularly towards the town centre and in clusters to the west and south

Self-Reported Health

- 2.39 The 2011 Census enables comparisons to be made between the self-reported health of Wardle and West Littleborough ward's residents with Rochdale as a whole and the wider City Region and country.
- 2.40 As presented at Table 2.3 higher proportion (83%) of Wardle and West Littleborough ward's residents considered themselves to be in 'good' or 'very good' health than in Rochdale borough, or indeed Greater Manchester and England as a whole as of the 2011 Census. As such, a relatively low proportion (5%) of residents of Wardle and West Littleborough ward consider themselves to be in 'bad' or 'very bad' health.
- 2.41 This is consistent with the above analysis of deprivation, which showed that there is relatively little deprivation in the neighbourhoods surrounding the application site in comparison with the rest of Rochdale borough, further indicating that Wardle and West Littleborough ward has a generally less deprived, and more healthy population.

Table 2.3: Residents Self-Reported Health, 2011

	Wardle and West Littleborough		Rochdale		Greater Manchester	England
	Number	%	Number	%	%	%
'Very good'	5,242	50%	94,233	44%	47%	47 %
'Good'	3,385	32%	70,158	33%	33%	34%
'Very good' and 'good'	8,627	83%	164,391	77%	80%	81%
'Fair'	1,278	12%	31,303	15%	14%	13%
'Bad'	398	4%	12,453	6%	5%	4%
'Very bad'	94	1%	3,552	2%	2%	1%
'Very bad' and 'bad'	492	5%	16,005	8%	7%	5%
Total	10,397	100%	211,699	100%	100%	100%

Source: ONS via Nomis, Census 2011

Further Analysis from Consultation with NHS HMR CCG / NHS GMIC

2.42 Consultation with the Primary Care team at NHS HMR CCG and the new body NHS GMIC has also provided some insight into local population residing in Smithybridge and Littleborough, relating to their health profile, generally validating and expanding on the conclusions from the analysis above³². It was noted that:

- The population in the Smithybridge area is less deprived compared to nearby in Rochdale, with a larger number of families and older people in the area;
- The population aged 65+ in Smithybridge is expected to grow at a faster rate compared to other groups. This trend is also found in Rochdale and wider geographies; and
- The slightly higher proportion of elderly people in the locality does not, however, fundamentally change how the GMIC will deliver its services to the local population, although this position may change in the future as the elderly population continues to grow proportionally.

Summary

2.43 Overall, local policy and strategy is cognisant of the fact that health is a significant issue in Rochdale, and it is recognised by policy at a borough and city-regional level that access to health facilities such as GP surgeries, dental practices and hospitals is a

³² Consultation via phone with HMR CCG on 4th and 5th July 2018. Confirmed as remaining valid in consultation in July 2022. See Appendix 1.

significant determinant of the population's health, alongside access to other social infrastructure, facilities and amenities.

- 2.44 Baseline analysis and consultation indicates that health issues are less prevalent in Smithybridge than elsewhere in the borough. This highlights that the Proposed Development has strong foundations on which to deliver positive health outcomes. It is also noted that the wide-ranging impact of Covid-19 on physical and mental health of all people in Rochdale, Greater Manchester and beyond – and particularly the pandemic's impact in terms of reflecting and entrenching existing health inequalities – is likely to further enhance the need to prioritise health when planning new development.

3. Impact of the Proposed Development on Health Facilities

- 3.1 The new residents living at the Proposed Development will generate demand for additional places at health facilities in the vicinity of the Site. This section estimates the likely additional demand generated and considers the likely impact on existing supply of facilities, and, subsequently, concludes on whether or not it is likely that the new residents can be accommodated within existing infrastructure.

Demand Generated by the Proposed Development

- 3.2 The housing mix for the Proposed Development is shown in the following table³³. In consultation with RMBC, it was noted that this development, which aims to provide a range of housing types, will generate a population with typical health needs, as opposed to a development aimed at elderly people, for instance³⁴.

Table 3.1: Proposed Residential Mix

Dwelling Size	Number of Units
2 bedrooms	8
3 bedrooms	112
4 bedrooms	67
5 bedrooms	12
Total	199

Source: Taylor Wimpey, 2022

- 3.3 Data from the 2011 Census³⁵ enables analysis to be conducted as to the average household size of each size of dwelling in the borough of Rochdale. This is shown in the below table.

Table 3.2: Average Household Size by Dwelling Size in Rochdale, 2011

Dwelling Size	Average Household Size
1 bedroom	1.24
2 bedrooms	1.98
3 bedrooms	2.66
4+ bedrooms	3.48

Source: Turley analysis of 2011 Census data

³³ Provided by the applicant for this assessment.

³⁴ Correspondence with RMBC, 6th July 2018

³⁵ ONS (2011) 2011 Census - CT0258 - Age by tenure by number of bedrooms; DC4405EW - Tenure by household size by number of bedrooms. Note that the relevant Census 2021 data has not yet been released.

- 3.4 As set out in the table overleaf, combining the data in the above two tables estimates that 589 residents will be accommodated in the new development.

Table 3.3: Number of Residents accommodated at Land at Smithy Bridge Road

Dwelling Size	Number of Residents
2 bedrooms	16
3 bedrooms	298
4 bedrooms	233
5 bedrooms	42
Total	589

Source: Turley, 2022

Supply of Local Health Facilities

- 3.5 The following section outlines the existing supply of health facilities which could potentially be used by new residents of the Proposed Development, covering GP surgeries, dental practices and hospitals.

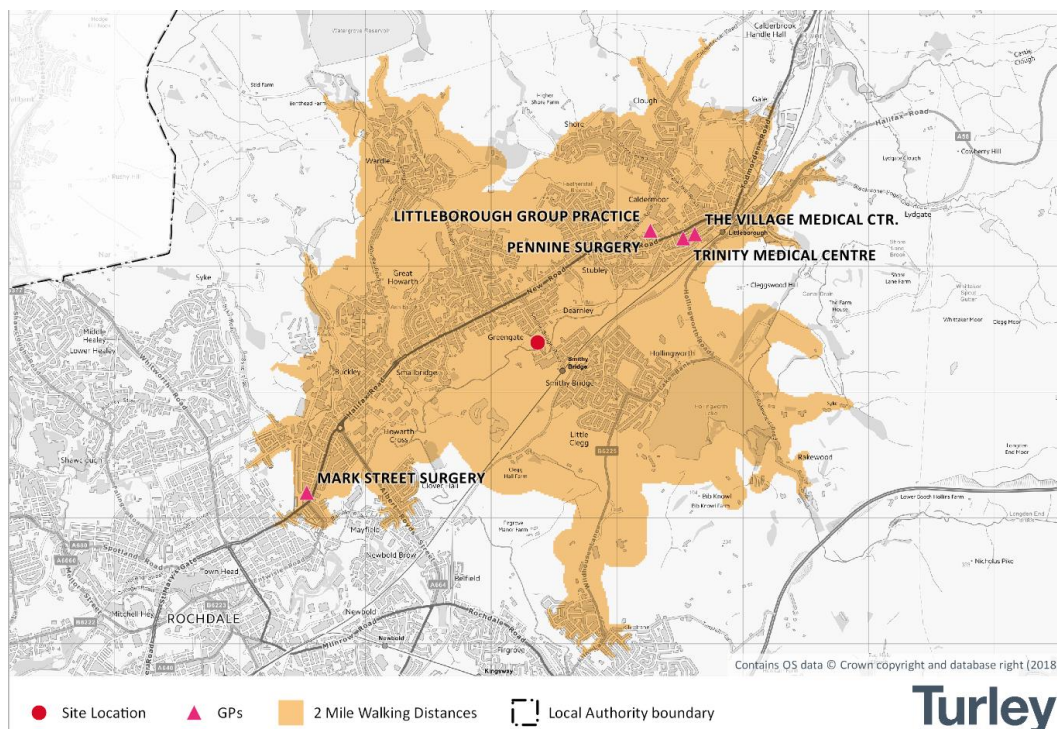
GP Surgeries

- 3.6 There are a number of GP surgeries within a 2-mile walking distance of the application site³⁶. Four of these would be orientated towards provision of services in Smithybridge and Littleborough, while the fifth (Mark Street Surgery) is on the edge of Rochdale and likely to meet the needs of residents in that conurbation. We therefore focus our assessment on the four surgeries we consider most relevant in geographical terms.
- 3.7 The spatial distribution of these facilities in relation to the application site is shown in the map below. The Littleborough Group Practice and the Pennine Surgery are co-located on the same site³⁷.

³⁶ During consultation with HMR CCG on 5th July 2018, it was noted that 2 miles measured in walking distance is the most appropriate distance in considering those facilities

³⁷ Information provided in consultation with HMR CCG, 5th July 2018

Figure 3.1: GP Surgeries within 2 miles of Land at Smithy Bridge Road



Source: Turley, 2022

- 3.8 During consultation with the Primary Care team at NHS HMR CCG – and subsequently re-confirmed as appropriate by GMIC in July 2022 (see Appendix 1) – it was indicated that this assessment should be based on the benchmark of 1,800 registered patients per Full-Time Equivalent (FTE) GP. Whilst there is no Government policy on the threshold to use when assessing capacity at GP services, this patients per FTE GP ratio is consistent with that recommended by the Royal College of GPs³⁸ and provides a benchmark indication of capacity.
- 3.9 The analysis in the following table applies the ratio of 1,800 registered patients per FTE GP and is based on data sourced from NHS Digital regarding the number of patients registered at each relevant GP surgery³⁹.
- 3.10 As presented at Table 3.1, the average GP : patient ratio across the identified surgeries is 1 FTE GP per 1,745 patients, which is below the recommended benchmark of 1 FTE GP per 1,800 patients. Data suggests that three of the four GP surgeries have capacity accommodate additional patients, with analysis indicating that the surgery with the greatest spare capacity is Trinity Medical Centre (with capacity to accommodate almost 1,500 additional patients).

³⁸ NHS London Healthy Urban Development Unit (2009) HUDU Planning Contribution Model: Guidance Notes

³⁹ NHS Digital [2022] General Practice Workforce: March 2022

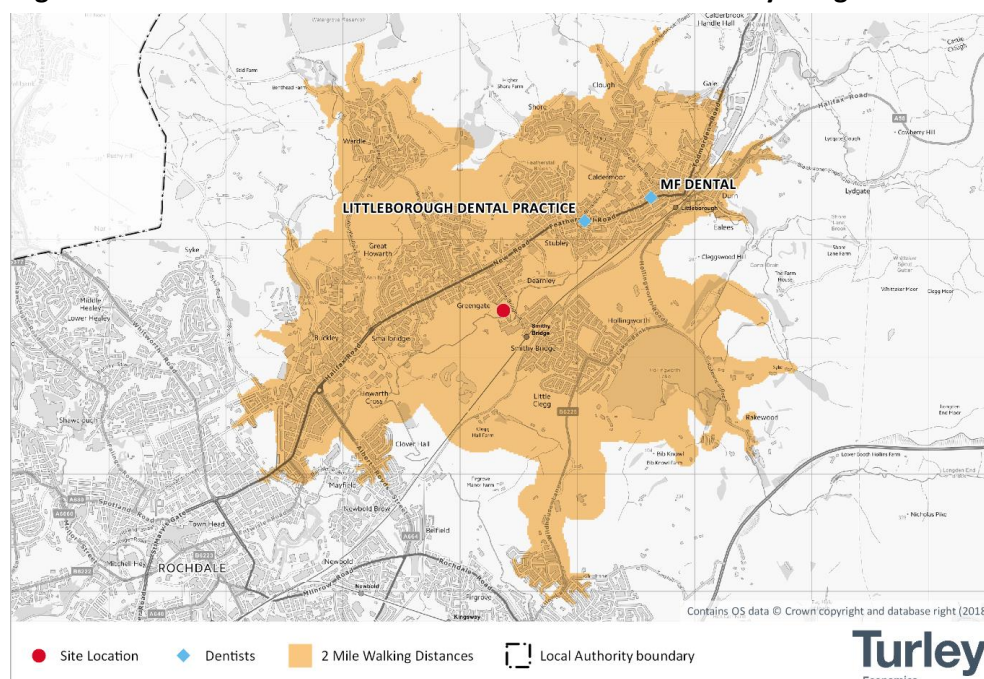
Table 3.4: GP Surgeries and Capacity

Facility Name	Walking distance from Site	Patients on Roll	FTE GPs	Patients per FTE GP	Above or below indicative GP : patient ratio?	Indicative patient capacity
Littleborough Group Practice	1.2 miles	8,776	4.2	2,090	Above	-1,216
Pennine Surgery	1.2 miles	3,415	1.9	1,797	Below	5
Trinity Medical Centre	1.3 miles	4,082	3.1	1,317	Below	1,498
The Village Medical CTR	1.4 miles	4,318	2.6	1,661	Below	362
Total for the above surgeries		20,591	11.8	1,745	Below	649

Source: NHS Digital, 2022

Dental Practices

- 3.11 There are 2 dental practices within a 2-mile walking distance of the application site. The following map shows the location of the two dental practices in relation to the location of the Proposed Development. A number of further practices are located slightly further afield in Rochdale town centre (c. 3 miles from the Site).

Figure 3.2: Dental Practices within 2 miles of Land at Smithy Bridge Road

Source: Turley, 2022

- 3.12 It is unfortunately not possible to fully analyse provision and capacity of services in terms of dentists and patient numbers, as the relevant data is not publicly available. It is, however, noted that – if applying similar patient per dentist ratios as set out

previously for GPs – the demand generated by the Proposed Development equates to c. 0.3 FTE dentists.

- 3.13 As of August 2022, Littleborough Dental Practice is identified by NHS Digital⁴⁰ as accepting new child (under the age of 18) NHS patients, although it is noted that neither of the identified practices are accepting new adult NHS patients. This limited NHS availability of dental services for adults in the locality is reflective of a recognised wider issue at the national scale⁴¹.
- 3.14 The identified dentists in the immediate locality of the Site do, however, appear to be accepting new private patients, and it is additionally noted that further dental care options are located within the wider Rochdale borough and Greater Manchester city-region, which serve a wide range of needs.

Hospitals

- 3.15 There are three facilities categorised as hospitals on the NHS Choices website within a straight line 6-mile radius of the application site⁴². There is one facility located nearby to the Proposed Development – Rochdale Infirmary – which is within 2 miles measured in a straight-line distance. The nearest Accident and Emergency (A&E) service is located at The Royal Oldham Hospital. It is noted that the BMI The Highfield Hospital is a private hospital, therefore this facility cannot be considered to be accessible for all people living in the local area, though may be suited as an alternative offer. The spatial distribution of the three hospitals in relation to the application site is shown in the following map.

Table 3.5: Hospital Facilities

Name	Distance from site (straight line miles)
Rochdale Infirmary	1.95
BMI The Highfield Hospital	2.85
Royal Oldham Hospital	5.70

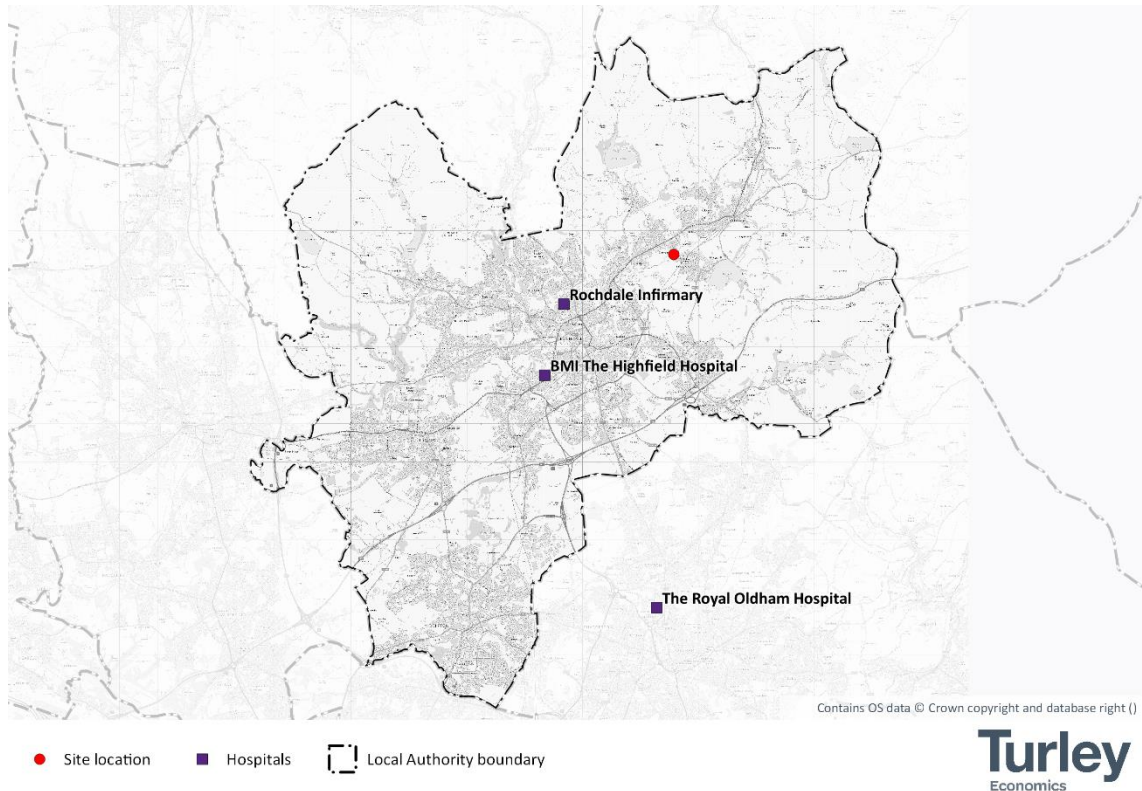
Source: NHS Digital, 2022

⁴⁰ NHS Digital (2022) 'Find a Dentist' [Online]. Available at: <https://www.nhs.uk/service-search/find-a-dentist>

⁴¹ The Guardian (2022) "Dental deserts' form in England as dentists quit NHS, experts warn' [Online]. Available at: <https://www.theguardian.com/society/2022/may/01/dental-deserts-form-in-england-as-dentists-quit-nhs-experts-warn>

⁴² Research published by the Nuffield Trust and the Health Foundation looked at a ten-year trend on hospital admissions, finding that 70% of patients access hospital within 6 miles of their home. As such, this distance is applied here. Source: Nuffield Trust and the Health Foundation (2014), 'Focus On: Distance from home to emergency care'.

Figure 3.3: Hospitals within 6 miles of Land at Smithy Bridge Road



Source: Turley analysis, 2022

Impact of the Proposed Development on Health Facilities

GP Facilities

- 3.16 As outlined earlier in this section, data indicates that one of the identified GP surgeries, Trinity Medical Centre, has spare capacity to accommodate 1,498 additional patients. As such, it is considered that there is sufficient spare capacity within the local area to accommodate all the c. 590 additional residents anticipated to be generated by the Proposed Development.
- 3.17 GMIC advised when consulted in July 2022 that this conclusion is reasonable. It was also highlighted by GMIC that there is generally considered to be lower growth in demand for healthcare facilities in the locality of the Proposed Development than in the centre of Rochdale.
- 3.18 It was also highlighted by GMIC that new provision is nevertheless being delivered in the town of Milnrow to the south of Smithy Bridge and the Proposed Development (and so just outside of relevant the 2-mile walking distance from the Site), which, once opened, is set to provide increased quality of provision for the existing Stonefield Street and Milnrow Village Practice. Whilst not expressly seeking to significantly increase capacity (a further indication that quantitative demand is currently being met), the development of the new surgery will enable expansion to take place should this be required going forwards., thus future-proofing the provision of GP facilities locally.

Dental Facilities

- 3.19 Notwithstanding noted issues as a national scale in terms of provision of NHS dentistry, it is concluded that existing dental infrastructure is likely to be able to accommodate the c. 590 new residents at the completed scheme. This conclusion is based on the relatively low patient demand that will be generated by the Proposed Development (for an indicative 0.3 dentists) as well as the wider provision in Rochdale and further afield in Greater Manchester (combined with the highly accessible nature of the Site, as discussed further in Section 4 of this report), which indicates that sufficient degree of choice will be available to residents.

Hospital Facilities

- 3.20 Hospital facilities will be able to accommodate the additional c. 590 residents generated by the Proposed Development and cannot expect to be significantly impacted. The NHS manages and mitigates the wider impact of increased demand at a strategic level across a regional and national perspective.

Demand Generated by Other Committed Development

- 3.21 As an additional exercise, the following development has been identified as wider residential development in the local area to the Proposed Development, which could also have an impact on local healthcare facilities.
- **Former Akzo Novel Site, Hollingworth Road, Littleborough, comprising up to 169 new homes.** Homes England selected Vistry Partnerships to develop this site. In November 2019 Homes England stated that the selected developer would take the site forward to a full planning application in Spring 2021. However, as of May 2022, the site was still Awaiting Decision.
- 3.22 Data from the 2011 Census⁴³ enables analysis to be conducted as to the average household size in the borough of Rochdale. In the absence of a unit mix, the average household size in the borough of 2.39 can be applied. This means that 169 homes can be expected to generate an additional 405 new residents.
- 3.23 Adding the residents generated by both the development at Land at Smithy Bridge (589) and the development at the Former Akzo Novel Site (405) totals 994 potential new patients. All of the new residents, generated by the Proposed Development and development at the Former Akzo Novel Site, can be accommodated within existing provision, for example one of the GP facilities in close proximity to the Proposed Development – Trinity Medical Centre - has spare capacity to accommodate 1,498 additional patients.

Summary

- 3.24 It can reasonably be expected that there is capacity at GP, dental and hospital facilities in the local area to accommodate the demand generated by the Proposed Development.

⁴³ ONS (2011) 2011 Census – QS401EW – Accommodation type - People; QS402EW – Accommodation type - households

4. Rochdale HIA Checklist: Assessment of the Proposed Developments Health Impacts

- 4.1 A Health Impact Assessment (HIA) is described by the World Health Organization as a 'combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population'.
- 4.2 Rochdale's Planning for Health Guidance was commissioned by RMBC and was developed by the Town and Country Planning Association (TCPA) with support from Arup. The Framework takes as the starting point the priorities and Borough profile in the Rochdale Locality Plan, needs set out in the JSNA and a health appraisal undertaken by Arup.
- 4.3 A HIA checklist has subsequently been produced by RMBC to help ensure that health is properly considered when evaluating and determining planning proposals in the borough, and that where possible development plans and proposals have a positive, rather than a negative, influence on health. Eight elements serve as the assessment criteria for the HIA checklist; these are considered specific to Rochdale and help identify those determinants of health which are likely to be influenced by specific development proposals, focusing on the built environment and issues directly or indirectly influenced by planning decisions. The eight elements are as follows:
- Movement and access considerations;
 - Play and recreation considerations;
 - Natural environment considerations;
 - Healthy eating and food considerations;
 - Neighbourhood spaces considerations;
 - Culture and the arts considerations;
 - Homes and buildings considerations; and
 - Local economy considerations.
- 4.4 The Rochdale HIA checklist was provided to Turley Economics by NHS GMIC in July 2022 (see Appendix 1)⁴⁴ and has served as a valuable framework for this report to consider the health impacts of the Proposed Development. This assessment is set out overleaf at Table 4.1.

⁴⁴ Note that GMIC advised in July 2022 that the HIA Checklist provided to Turley Economics had potentially been updated. GMIC did not, however, provide an updated version when this was requested. It is nonetheless considered that the provided checklist provides an adequate framework for the assessment.

Table 4.1: Rochdale HIA Checklist: Assessment of the Proposed Developments Health Impacts

Assessment criteria	Information to consider	Relevant	Details / evidence	Potential Health Impact	Recommended mitigation or enhancement actions
Movement and access considerations	Encourage the model shift to active travel, air quality, road safety, traffic reduction. Accessibility by bus / Metrolink. Improve walkability.	☒ Yes ☐ No ☐ N/A	It is considered that the Site is well connected to the nearby cycle and footpaths. There is a cycle lane alongside Smithy Bridge Road which connects to National Route 66 which, in turn, connects to Manchester and Leeds. A Public Right of Way (PRoW) crosses the site, ensuring that there is accessibility to areas external to the site. Whilst a diversion is proposed through the Proposed Development's planning application, the PRoW will remain accessible to new and existing residents to provide access to the urban area in the north and river corridor to the south. The Proposed Development will result in enhanced walking and cycling routes through the Site, making walking and cycling to Smithy Bridge Railway Station more attractive for existing residents to the north and west of the site. The station is located c. 700m from the south-east of the centre of the application site and is accessible by the existing footways along Smithy Bridge Road and provides frequent rail services to locations such as Rochdale, Manchester, Leeds and Blackburn. In addition, the nearest Metrolink service is located in Milnrow which is c. 3km from the site, providing access to Rochdale, Oldham and Manchester. There are bus services that run along the Smithy Bridge Road and the A58, all of which are within 400m of the site and are therefore accessible by foot. The stops on the A58 are served by a number of routes: 457, 458, 590, R5 and X58. These services are connected to various areas such as Rochdale, Littleborough, Todmorden, Halifax, Hebden Bridge and central Manchester. Overall, the diverse range of active travel and public transport provision – including walking and cycle paths, railways, Metrolink services and bus routes – will ensure that residents at the site will have access via sustainable modes to the local area as well as key locations further afield (including Rochdale, Manchester and Leeds). Therefore, the site of the Proposed Development is well served in terms of sustainable transport provision.	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	Production of a CEMP and CTMP (or similar documents) and implementation of identifies measures to manage the impacts on air quality and transport during construction

Assessment criteria	Information to consider	Relevant	Details / evidence	Potential Health Impact	Recommended mitigation or enhancement actions
			In terms of air quality, the EIA Screening Report⁴⁵ outlines that there is potential for dust and particulate matter emissions during the construction phase. These emissions are, however, expected to be short-term and temporary and to be effectively managed through mitigation measures to ensure the effect is unlikely to be significant. This includes providing screening for dust generating activities and covering material stockpiles, use effective water suppression during construction activities, implementation of a wheel washing system and regular site inspections and liaising with the local community. The implementation of measures set out within a Construction Environmental Management Plan and Construction Transport Management Plan (or similar documents) would effectively mitigate impacts on air quality and transport during construction. In addition, the EIA Screening Report concludes that there is unlikely to be a change in air pollutant concentrations as a result of traffic generated from the development.		
Play and recreation considerations	Protect and enhance physical activity provision with formal and informal play opportunities. Spaces and places are safe. Explore opportunities for co-location or joint provision.	☒ Yes ☐ No ☐ N/A	As highlighted by the EIA Screening Report⁴⁶ the Proposed Development will include “open green space and informal and formal play spaces and amenity spaces”. The Planning Statement⁴⁷ confirms that the Proposed Development provides 1.24 ha of public open space, which includes a Locally Equipped Area for Play (LEAP) close to the centre of the site. It is also noted that the existing PRoW will be diverted to run through alongside the LEAP and provide access to other areas of the site. The LEAP will feature high-quality equipment suitable for children of a range of ages, and the connections to the rest of the Site will provide the benefit of passive surveillance to enhance safety. In terms of informal play spaces, there are a number of green spaces suitable for play and physical activity, primarily the amenity space located towards the south of the Site, where a further 4.91 ha open space will be provided. A key development principle was to further develop a ‘Greenspace Corridor’, with a specific emphasis on the River Roch Trail. The footpaths and cycleways to be	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	<i>No further mitigation required</i>

⁴⁵ Turley on behalf of Taylor Wimpey Strategic Land (2022) Smithy Bridge Road, Littleborough: EIA Screening Report

⁴⁶ Ibid.

⁴⁷ Turley on behalf of Taylor Wimpey Strategic Land (2022) Smithy Bridge Road, Littleborough: Planning Statement

Assessment criteria	Information to consider	Relevant	Details / evidence	Potential Health Impact	Recommended mitigation or enhancement actions
			incorporated into the Proposed Development, will also provide means for physical activity as well as providing access to safe green spaces to play. Therefore, it is considered that there will be dedicated and safe play spaces for children and young people.		
Natural environment considerations	Access, and utilise, blue and green spaces (green space no more than a 5-minute walk away)	☒ Yes ☐ No ☐ N/A	Around the existing area, there are a number of green/open spaces including Barkers Wood Public Recreational Woodland Area, Cleggghall Fisheries, Rutherford Park, Firgrove Playing Field, Hollingworth Country Park and New Street Farm Secure Dog Park and Field. As discussed above, a core principle of the Proposed Development is to enhance the existing public access to the Greenspace Corridor located alongside the River Roch (the River Roch Trail). A large proportion of the site will be dedicated to accessible green space that will be accessible for both the public and residents. In addition, the existing trees and hedgerows within the site will be retained where possible and will be further enhanced through a high-quality landscaping scheme, with the aim of improving biodiversity within the area. These accessible green spaces will contribute to a network of green infrastructure in the area for both new residents of the Proposed Development and existing communities alike, providing multi-functional areas for health and wellbeing activities, recreational and informal amenity use. As an enhancement action, the publication of an Operational Site Management Plan (OSMP) to set out how the green space and other public realm in the Site will be managed and maintained over the long term would maximise the benefits of this and to ensure that amenity for residents of the Proposed Development and the rest of the immediate locality is safeguarded.	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	An OSMP could be produced in order to set out how the green space and other public realm in the Site will be managed
Healthy eating and food considerations	Enhance and provide opportunities for growing food in formal and informal settings,	☒ Yes ☐ No ☐ N/A	As outlined in the Planning Statement ⁴⁸ , there is currently an allotment located on the site of the Proposed Development, in the vicinity of the Brooklyn Avenue access. This allotment will not be displaced by the Proposed Development; it is be retained and incorporated, helping facilitate new and existing local residents	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	<i>No further mitigation required</i>

⁴⁸ Turley on behalf of Taylor Wimpey Strategic Land (2022) Smithy Bridge Road, Littleborough: Planning Statement

Assessment criteria	Information to consider	Relevant	Details / evidence	Potential Health Impact	Recommended mitigation or enhancement actions
	including allotments and community orchards.		to grow healthy food. New residents of the Proposed Development will also have opportunities for food growing within their private gardens should they so wish. Whilst as a purely residential development, there are no food stores located on-Site, a number of supermarkets – including a Lidl (1.0 miles from the Site), a Co-op Food (1.1 miles) and an Aldi (1.8 miles) – will be accessible to new residents and where healthy food can be purchased. There are also a number of small convenience stores located closer to the site included the Lake Supermarket and Premiere Newsagents, where residents will be able to purchase day-to-day essentials, including healthy food options. It is additionally noted that as a residential development, the Proposed Development will not contribute to any increase in less healthy food options (for example, hot food takeaways).		
Neighbourhood spaces considerations	Community facilities and spaces provided early as part of new developments. Social infrastructure, and access to it, is considered.	☒ Yes ☐ No ☐ N/A	13 primary schools have been identified within 2 miles walking distance of the Site. The Department for Education's (DfE) online 'Get Information About Schools' search tool⁴⁹ has been used to assess current capacity at these schools. Not including those few primary schools which data indicate are already over-capacity, analysis suggests that there are approximately 190 available places across the identified primary schools. Based on pupil yield from new housing ratios (0.25 primary pupils per new home) drawn from a 2019 RMBC Cabinet Report⁵⁰, it is estimated that 199 homes at the Proposed Development could generate demand for c. 50 primary school places⁵¹. Analysis therefore indicates that there is available capacity in the local area to accommodate primary school children living at the Proposed Development. 6 secondary schools are identified within 3 miles of the Site. RMBC evidence⁵² indicates that Proposed Development will accommodate 42 secondary school pupils once fully occupied. Whilst a number of local secondary schools are at or over capacity (e.g. Wardle Academy and Falinge Park High School) it is noted that a number of established schools do appear to have a degree of available	☐ Positive ☐ Negative ☒ Neutral ☐ Uncertain	<i>No further mitigation required</i>

⁴⁹ Department for Education (2022) 'Get Information About Schools' [Online]. Available at: <https://www.get-information-schools.service.gov.uk/>

⁵⁰ Rochdale Metropolitan Borough Council (2019) Report to Cabinet (26/02/19): The Need for Extra Primary School Places 2019 - 2023

⁵¹ Note that an alternative source of pupil yield ratios (RMBC's 2011 School Organisation Plan 2010-2014) indicates that lower demand for c. 42 primary school places could be generated by 199 homes.

⁵² Rochdale Metropolitan Borough Council (2011) 2011 School Organisation Plan 2010-2014. Note that this has been used in the absence of any more recent published secondary school pupil ratios.

Assessment criteria	Information to consider	Relevant	Details / evidence	Potential Health Impact	Recommended mitigation or enhancement actions
			capacity (e.g. 25 places at Hollingworth Academy and 64 places Whitworth Community High School). It is additionally noted that two new secondary schools have recently opened in the locality (Kingsway Park High School in February 2022 and Oulder Hill Leadership Academy in March 2022, with respective capacity 1,330 and 1,500 pupils). Whilst pupil numbers on roll are not published for these newly-opened schools, it is considered that they will serve to meet the demand from housing growth in the local area, suggesting that there is capacity to accommodate secondary school children living at the Proposed Development. As outlined in detail in Section 3, analysis leads to the conclusion that there is capacity to accommodate the residents of the Proposed Development within existing local GP, dental and hospital facilities. In terms of other community facilities, the Proposed Development's location means that the full range of services are available in the immediate local area which will be accessible to people living on the Site, including a range of shops, open spaces, Smithy Bridge Library, sports centres, community centres and places of worship.		
Culture and the arts considerations	Consider culture and arts in the design of developments as well as access to local opportunities.	☒ Yes ☐ No ☐ N/A	As the Proposed Development is purely residential, no new cultural or arts facilities are provided. However, there is a range of facilities that can provide local opportunities accessible more widely in the area. As outlined in the first assessment criteria (Movement and Access considerations), there is a wide range of public transport accessible from the site including bus services, train services and the Metrolink service, which could provide access to these cultural and arts opportunities within Rochdale, Greater Manchester and beyond. The additional population generated from the site will help to maintain the existing cultural assets within Rochdale. Examples of cultural assets located in the centre of Rochdale (c.3 miles from the Proposed Development and accessible via public transport) include the Touchstones Museum and Gallery, as well as the Rochdale Pioneers Museum. Other museums located further from the site include the Fusilier Museum (c.9.0 miles) and there are a number of museums located in the centre of Manchester (accessible via a 30-minute train journey) including the National	☐ Positive ☐ Negative ☒ Neutral ☐ Uncertain	<i>No further mitigation required</i>

Assessment criteria	Information to consider	Relevant	Details / evidence	Potential Health Impact	Recommended mitigation or enhancement actions
			Football Museum, the Museum of Science and Industry and the Manchester Art Gallery. In addition, in Rochdale there are a range of theatres including the M6 Theatre Company, the Gracie Fields Theatre and the Curtain Theatre. Other attractions and events within the Rochdale area include the Rochdale Feel Good Festival, Skylight Circus Arts and the Rochdale Literature and Ideas Festival. These arts and culture assets will all be accessible to enrich the lives of residents of the Proposed Development.		
Homes and buildings considerations	Meeting needs with a wide range of housing provision; homes meet standards for daylight, sound insulation, accessible, adaptable, fuel poverty.	☒ Yes ☐ No ☐ N/A	Housing of a range of sizes is proposed, including homes with 2 up to 5 bedrooms, with the majority of the 199 dwellings accommodating 3 bedrooms. The delivery of the Proposed Development will improve the quality of housing stock by contributing a significant number of new-build dwellings in the Smithy Bridge and wider Littleborough area. The Energy Report⁵³ details the wide range of measures incorporated into the design of the Proposed Development. Overall, the enhanced fabric specification and other sustainable design measures reduces average energy demand on site by 4.87% above the required standard outlined in the 2013 Building Regulations requirement. Similarly, the housing proposed is expected to reduce carbon emissions by 3.24% above the required standard outlined in the 2013 Building Regulations requirements. This is in line with RMBC's Core Strategy⁵⁴ Policies G1 and G2 and the National Planning Policy Framework 2021⁵⁵, which emphasise sustainable development, energy efficiency and reduction in carbon emissions. Not only does energy efficiency promote climate resilience, but this will also serve to minimise energy bills and lessen the risk of fuel/energy poverty for households, which in the current context of high inflation (driven to a notable extent by rapidly rising energy prices) and the accompanying cost of living crisis, is a significant and growing consideration.	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	<i>No further mitigation required</i>

⁵³ Award Energy Consultants on behalf of Taylor Wimpey Strategic Land (2022) Smithy Bridge Road, Littleborough, Rochdale: Energy Report

⁵⁴ Rochdale Metropolitan Borough Council (2016) Adopted Core Strategy

⁵⁵ Department for Levelling Up, Housing and Communities (2021) National Planning Policy Framework

Assessment criteria	Information to consider	Relevant	Details / evidence	Potential Health Impact	Recommended mitigation or enhancement actions
			In addition, the Energy Report outlines a number of health and wellbeing measures incorporated in the development of the site. This includes: - Each of the principal living rooms having sufficient glazing to allow natural light into the rooms, with numerous studies having shown this to be beneficial to the general health and happiness of occupants. - Ensure that all houses have access to private gardens and that garden areas that are also accessible for disabled occupants as far as possible. The EIA Screening Report⁵⁶ summarises the Residential Planning and Noise Assessment⁵⁷, which concludes that the typical double-glazing configuration is sufficient to control sound ingress into dwellings (albeit some proposed dwellings towards the northern border will require passive ventilation). These measures should be sufficient to comply with the guidance on sound insulation and noise reduction for buildings. Therefore, the Proposed Development will provide homes to meet a wide range of housing need. New homes will utilise sustainable design measures to minimise energy usage, providing benefits in terms of minimising carbon emissions and climate impact as well as lower energy bills for occupants, whilst also prioritising other aspects of wellbeing through their design.		
Local economy considerations	Provide and enhance a diverse retail offer, providing suitable and accessible local employment opportunities.	☒ Yes ☐ No ☐ N/A	The Proposal will support new employment opportunities in the form of construction jobs. The construction of the new homes and supporting infrastructure will directly support a variety of roles on and off site, from skilled trades to design and construction expertise, including potentially apprentice which will result in a short-term and temporary increase in jobs. The investment in construction will also support a number of indirect jobs in the local Rochdale and wider Greater Manchester and North West economies through supply chain spending and procurement, with induced jobs also being supported through onward expenditure of wages.	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	<i>No further mitigation required</i>

⁵⁶ Turley on behalf of Taylor Wimpey Strategic Land (2022) Smithy Bridge Road, Littleborough: EIA Screening Report

⁵⁷ Ensaf (2022) Residential Planning & Noise Assessment: Smithy Bridge Road, Littleborough

Assessment criteria	Information to consider	Relevant	Details / evidence	Potential Health Impact	Recommended mitigation or enhancement actions
			As a residential development, no operational jobs will be directly supported on-site. Employment is however likely to be supported within surrounding local businesses as a result of increased demand from resident expenditure, for example on retail and leisure good and services. As highlighted in earlier sections, the new residents will have access via sustainable transport modes to a diverse retail offer and the full range of employment opportunities available within the surrounding local centres (both in Rochdale, across Greater Manchester and beyond). It is also likely that a notable proportion of residents will be homeworkers, either fully, or as part of a 'hybrid working' model whereby people travel to a workplace some days and work from home on others. ONS research⁵⁸ highlights the "<i>unprecedented increase</i>" in the number of individuals working from home during the Covid-19 pandemic.		

⁵⁸ ONS (2022) 'Homeworking in the UK – regional patterns: 2019 to 2022' [Online]. Available at: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/homeworkingintheukregionalpatterns/2019to2022>

5. Conclusion

- 5.1 This HIA has considered the impact of the Proposed Development on local health care provision across three types: GPs, Dentists and Hospitals. As well as policy and data analysis, consultation has taken place with the former NHS Heywood, Middleton and Rochdale CCG (NHS HMR CCG) and replacement new organisation NHS Greater Manchester Integrated Care (NHS GMIC) so as to understand the potential impacts of the Proposed Development on existing provision. As advised by GMIC, the HIA has also considered the Proposed Development's potential impacts on public health outcomes in the context of the most locally-significant wider health determinants, identified by RMBC through their HIA Checklist.
- 5.2 Analysis of the available data shows that there is capacity within existing provision to accommodate the residents generated by the Proposed Development and that the Proposed Development is likely to have a positive impact in terms of a number of health determinants, with no specific
- 5.3 The key findings of the assessment are as follows:
- The existing local population of Smithy Bridge on the whole have fewer health concerns compared to neighbouring communities in Rochdale.
 - The Proposed Development will generate c. 589 new residents. The Proposed Development is for a range of housing types and sizes and as such the new population will be likely to have typical health needs in line with the current population living in the area.
 - There are four GP facilities within the relevant 2-mile walking distance from the Proposed Development. Data indicates that three of these four GP services are accommodating a lower number of patients than the recommended benchmark of 1 FTE GP per 1,800 patients, and therefore it is concluded that existing provision can feasibly accommodate the c. 590 additional residents anticipated to be generated by the Proposed Development. When consulted, NHS HMR CCG and NHS GMIC validated these conclusions.
 - The area is served by 2 dentists within a 2-mile walking distance, both of which appear to be accepting new private adult and child patients. One of these practices is accepting new child NHS patients. Further dental provision exists within the wider Rochdale area and further afield elsewhere within Greater Manchester, which is considered sufficient to meet the needs of new residents of the Proposed Development.
 - There are 3 hospitals within 6 miles of the Proposed Development, one of which has an A&E unit. The level of additional demand to be generated by the Proposed Development can be accommodated by the hospitals given the small increase in resident population in comparison to their catchments.

- As such it is considered that there is sufficient spare capacity to accommodate the demand generated by the Proposed Development across all three types of analysed health infrastructure.
- As an additional exercise, the potential impacts of wider residential development in the local area on local healthcare facilities has been considered. This analysis indicates that local facilities can accommodate the total impact of new residents generated by the identified wider development in addition to the Proposed Development.
- The Proposed Development has been considered in the context of impact on the most locally-significant wider determinants of health, as identified by RMBC's HIA Checklist. Analysis through this framework does not identify any specific significant negative impacts on the health of the existing or future population of the immediate and local areas or of the future residents of the Proposed Development that would require additional mitigation. Where the potential for negative health effects exists – for example, impact on air quality during construction as a result of dust and on transport – these are temporary and can be effectively mitigated.
- Indeed, the assessment highlights that the Proposed Development will make a number of positive contributions in terms of health and wellbeing, including:
 - High-quality new homes will be provided in a mix of sizes that help meet a range of local needs.
 - The Site benefits from a sustainable location from which existing employment opportunities, facilities and amenities and transport infrastructure are accessible.
 - Homes will be designed so as to maximise energy efficiency, promoting low carbon emissions and climate resilience, as well as minimising energy bills, helping to combat the issue of fuel poverty in the context of rising energy prices and the accompanying cost of living crisis.
 - High-quality new and enhanced open space and play space will be delivered, promoting walking and cycling and encouraging healthy, active and sustainable lifestyles and travel choices.
- The implementation of measures set out within a Construction Environmental Management Plan and Construction Transport Management Plan (or similar documents) would effectively mitigate impacts on air quality and transport during construction. As a further enhancement action, the publication of an Operational Site Management Plan (OSMP) to set out how the green space and other public realm in the Site will be managed and maintained over the long term would maximise benefits and ensure that amenity for residents of the Proposed Development and the rest of the immediate locality is safeguarded.

5.4 The HIA was requested as a validation document by RMBC so as to inform the position with regards to developer contributions for health infrastructure. The assessment

indicates that there is sufficient existing capacity within the local area to accommodate growth from both the Proposed Development and potential wider development which might come forward over the longer term. There is therefore no evidence to indicate that developer contributions for health infrastructure would be necessary.

Appendix 1: Consultation with NHS HMR CCG and NHS GMIC

From: Maxine Kennedy [<mailto:maxine.kennedy@turley.co.uk>]
Sent: 05 July 2018 10:39
To: AHMED, Shaju (NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG)
Subject: Smithybridge - primary care

Hi Shaju,

I've been passed your details from your colleague Helen as she suggested that you would be the best person to speak with.

I am currently working on behalf of my client for a residential scheme in Smithybridge for c. 210 dwellings. We are looking to the potential health care impacts that the new homes would have on local services.

We have prepared analysis on capacity at GPs and Dentists and looked at the location of hospitals and urgent care in the area. It would be really good if I could speak with you for 5 mins today to understand if the CCG knows of any particular pressures on the capacity of local health care services in the Smithybridge area and / or if there are plans to increase provision, for instance by expanding a GP surgery or building a new one in the local area now or in the future?

Helen said that you were in a meeting at the moment, I'll try to give you a call back later on.

Many thanks,

Maxine

Maxine Kennedy
Senior Consultant, Economics

Turley

From: Maxine Kennedy <maxine.kennedy@turley.co.uk>
Sent: 09 August 2019 11:27
To: AHMED, Shaju (NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG) <shaju.ahmed@nhs.net>
Cc: Tom Ellis <tom.ellis@turley.co.uk>
Subject: RE: Smithybridge - primary care

Hi Shaju,

Hope you are well?

If you remember, we spoke over a year ago back in July 2018 regarding primary health care provision in the Smithybridge area.

We are currently updating our assessment of health facilities in the area to understand the potential demand generated by the proposal for residential development in Smithybridge for c. 200 dwellings, which will be predominantly family housing.

If possible I would like to arrange to speak with you again to discuss the latest position on the demand for GP services in the area. Monday or Wednesday would be particularly good for me, if that could work for you too?

I set out below the main points I would like to discuss with you:

Health profile

- Discuss the general health profile of residents in Smithybridge, and Littleborough, compared to the wider Rochdale area.

GP : patient ratios

- We typically use a ratio of 1 FTE GP : 1,800 patients as per the BMA guidance.
- Noting our conversation last time, you had recommended that we apply a ratio of 1 FTE GP : 1,600 patients. Can you confirm that this remains the CCG's approach? Would you be able to send over any documentation which sets out the CCG's method behind adopting this ratio to measure capacity at GP surgeries?

Distance between homes and GP surgeries

- During our consultation last July you noted that 2 miles measured in walking distance is an appropriate distance to between patient home locations and access to GP provision. Does the CCG have any guidance or policies regarding this, or are you guided by any NHS England or LPA policy?

Existing and forecast capacity at relevant GP surgeries

- Can you talk us through the current and forecast capacity at the following surgeries:
 - Littleborough Group Practice
 - Pennine Surgery
 - Trinity Medical Centre
 - The Village Medical Centre

Infrastructure projects

- I recall that you had indicated that Trinity Medical Centre is not able to expand on site as it is located on a high street and as such the site is constrained.
- You mentioned that there is expansion ability, however, at the site where Littleborough Group Practice and Pennine Surgery currently co-locate, as this site has unused outdoor space which could be used to expand the current buildings. Have there been any further discussions about any potential for expansion projects at the Littleborough / Pennine location?
- Are there are plans to build any new facilities in the area, or expand existing provision in other facilities?

Many thanks,

Maxine

Maxine Kennedy
Senior Consultant, Economics

Turley

From: AHMED, Shaju (NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG)

Sent: 09 August 2019 11:36

To: Maxine Kennedy <maxine.kennedy@turley.co.uk>

Cc: Tom Ellis <tom.ellis@turley.co.uk>; HENNIGAN, Mike (NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG) <mike.hennigan@nhs.net>; CROSSLEY, Sarah (NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG) <sarah.crossley2@nhs.net>; HICKMAN, Sarah (NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG) <sarah.hickman1@nhs.net>

Subject: RE: Smithybridge - primary care

Hi Maxine

Nice to hear from you.

Please note I no longer manage Primary care. I have cc'd Sarah Crossley (Head of primary care) who is currently on leave and Mike Hennigan (Primary care estates lead) who may be able to deal with your enquiries.

Thanks

S

From: HENNIGAN, Mike (NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG)

Sent: 12 August 2019 09:40

To: AHMED, Shaju (NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG) <shaju.ahmed@nhs.net>; Maxine Kennedy <maxine.kennedy@turley.co.uk>

Cc: Tom Ellis <tom.ellis@turley.co.uk>; CROSSLEY, Sarah (NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG) <sarah.crossley2@nhs.net>; HICKMAN, Sarah (NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG) <sarah.hickman1@nhs.net>

Subject: RE: Smithybridge - primary care

Shaju / Maxine,

I will assist by addressing the points raised,

Best,

Mike.

Mob : 07719 435 190

From: Maxine Kennedy

Sent: 15 August 2019 10:41

To: 'HENNIGAN, Mike (NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG)'

Cc: Tom Ellis

Subject: RE: Smithybridge - primary care

Hi Mike,

Thanks again for speaking with us yesterday.

Below are our notes from the meeting and actions:

- Mike to confirm with colleagues and provide data as to the general health and deprivation profile of Smithy Bridge and Littleborough in comparison with the wider Rochdale local authority / GM [Note: as mentioned on the call yesterday, we have undertaken our own analysis on this using data from the Census, Indices of Multiple Deprivation, Age Profile, etc. Therefore, if you are pushed for time, this point can be removed]
- Mike to confirm what the 80% capacity figure for GP surgeries is based on (i.e. whether there are any policy documents setting this out) and how it is calculated;
- Mike to provide the latest data on doctor and patient numbers registered at each of the identified GP surgeries (and, if possible the change recorded over the duration of the last monitoring periods);
- Mike to provide an excerpt of the relevant parts of the latest Conditions Survey, or this is not possible due to confidentiality, then provide an overall category of the condition of the four GP surgeries, for example 'Excellent', 'Good', 'Requires Refurbishment immediately', 'Requires refurbishment in next 5 years' etc.
- Mike to provide the details of the catchment areas of each of the identified GP surgeries;
- Mike to provide details of the hub facilities in Rochdale that are currently operating with surplus space, including when these were opened and how many GPs and patients are registered.

Many thanks,

Maxine

RE: Smithybridge - primary care

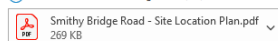


Tom Ellis
To: HENNIGAN, Mike (NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG)
Cc: 'hmr.ccg@nhs.net'

Reply Reply All Forward ...

Tue 03/05/2022 10:34

You forwarded this message on 10/05/2022 12:18.



Dear Mike,

You might remember discussing the impact on local health facilities of a proposed residential development for c. 200 homes at Smithy Bridge Road in Littleborough, Rochdale, with my colleague Maxine Kennedy – you would be forgiven for not remembering though as I appreciate it was some time ago!

I've replied to previous correspondence from September 2019 in this email and have attached a red-line boundary of the site for reference.

The scheme has now been revised slightly (updated layouts but still delivering 199 homes), with a new planning application to be submitted, so I am getting back in touch as we are looking to update our analysis of the scheme's impact on health facilities. For information, Maxine no longer works at Turley, so it will be myself primarily who will be working on this.

I think that many of the insights you provided in your previous discussion with Maxine is likely to remain relevant. There are, however, a few targeted points which I was hoping you might be able to provide confirmation as to whether they remain valid – I have set these out in the below bullets:

- A 2-mile walking distance was identified as a suitable access standard. GP surgeries within this distance from the Site which should be considered relevant to the Proposed Development were previously highlighted as: Littleborough Group Practice; Pennine Surgery; Trinity Medical Centre; and The Village Medical Centre. Can you confirm that the 2-mile walking distance remains the relevant catchment area and that these surgeries remain the relevant facilities within this?
- The benchmark of 1 FTE GP per 1,800 patients was previously identified as a reasonable means of assessing demand for primary healthcare generated by the new scheme and the capacity of existing facilities. Can you confirm that this remains valid?
- The following in terms of the local health profile was highlighted. Can you confirm that these points remain a valid characterisation?
 - The population in the Smithybridge area is less deprived compared to nearby in Rochdale, with a larger number of families and older people in the area.
 - The population aged 65+ in Smithybridge is expected to grow at a faster rate compared to other groups. This trend is also found in Rochdale and wider geographies.
 - A higher proportion of elderly people does not fundamentally change how the CCG delivers its services to the local population, although this position may change in the future as the elderly population continues to grow proportionally.
- During the previous consultation, it was discussed that HMR CCG currently has no plans to expand any GP services in the area. Can you confirm that this is still the case?

Just let me know if it would be helpful to discuss over a short phonecall/Teams meeting.

Kind regards,

Tom

From: Tom Ellis

Sent: 26 May 2022 11:41

To: 'Sarah.Crossley2@NHS.net' <Sarah.Crossley2@NHS.net>

Cc: Jack Sanderson <jack.sanderson@turley.co.uk>; 'HOWARTH, Ann (NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG)' <ann.howarth3@nhs.net>

Subject: RE: Smithybridge Primary Care

Hi Sarah,

Your colleague Ann passed me your contact details, so I'm just following up on my queries about the impact on local health facilities of the Smithy Bridge housing development.

My original email setting out my queries is attached for reference.

I understand that you are on leave at the moment, but if you would be able to look into this on your return that would be very much appreciated.

I am on leave myself until the 13th June after this Friday, so if you could keep my colleague Jack copied into correspondence whilst I am away then that would be great.

Kind regards,

Tom

From: CROSSLEY, Sarah (NHS GREATER MANCHESTER ICB - 01D) <sarah.crossley2@nhs.net>

Sent: 15 July 2022 16:25

To: Tom Ellis <tom.ellis@turley.co.uk>

Cc: Jack Sanderson <jack.sanderson@turley.co.uk>; HOWARTH, Ann (NHS GREATER MANCHESTER ICB - 01D) <ann.howarth3@nhs.net>

Subject: RE: Smithybridge Primary Care

Hi tom,

Apologies I must have missed this in my email pile after 2 weeks leave and was not aware you were waiting for something from us.

I can confirm though from brief review of comment you forwarded that all the comments remain relevant.

Key update would be that here are plans in place to support move of two of our GP practices in Pennines into one new build based in Milnrow. Building work on new site commenced in April this year

Happy to arrange to discuss next week if that is helpful too

Thanks

Sarah

From: CROSSLEY, Sarah (NHS GREATER MANCHESTER ICB - 01D) <sarah.crossley2@nhs.net>
Sent: 20 July 2022 14:34
To: Tom Ellis <tom.ellis@turley.co.uk>
Subject: Smithy Bridge development

Hi Tom,

Further to our discussion please see attached Health Impact Assessment document - this is old version and trying to find updated one but thought it might be helpful as initial reference point. I know in the past the CCG has worked with developers to support completion of the above prior to submission for planning. Please let me know if you have any further queries
Thanks
Sarah

Kind regards,
Sarah

[Sarah Crossley](#)
Head of Primary Care, Community & Neighbourhoods (Heywood, Middleton and Rochdale)
[NHS Greater Manchester Integrated Care](#)

From: Tom Ellis
Sent: 11 August 2022 16:14
To: CROSSLEY, Sarah (NHS GREATER MANCHESTER ICB - 01D) <sarah.crossley2@nhs.net>
Cc: Robert Stott <robert.stott@turley.co.uk>
Subject: RE: Smithy Bridge development

Hi Sarah,

Hope you're well.

I was just wondering if you were able to locate an updated version of the HIA document in the end?

Many thanks,

Tom

Turley Office
1 New York Street
Manchester
M1 4HD

T 0161 233 7676