



Kellen Homes

CASTLETON SIDINGS, CASTLETON, ROCHDALE

Health Impact Assessment



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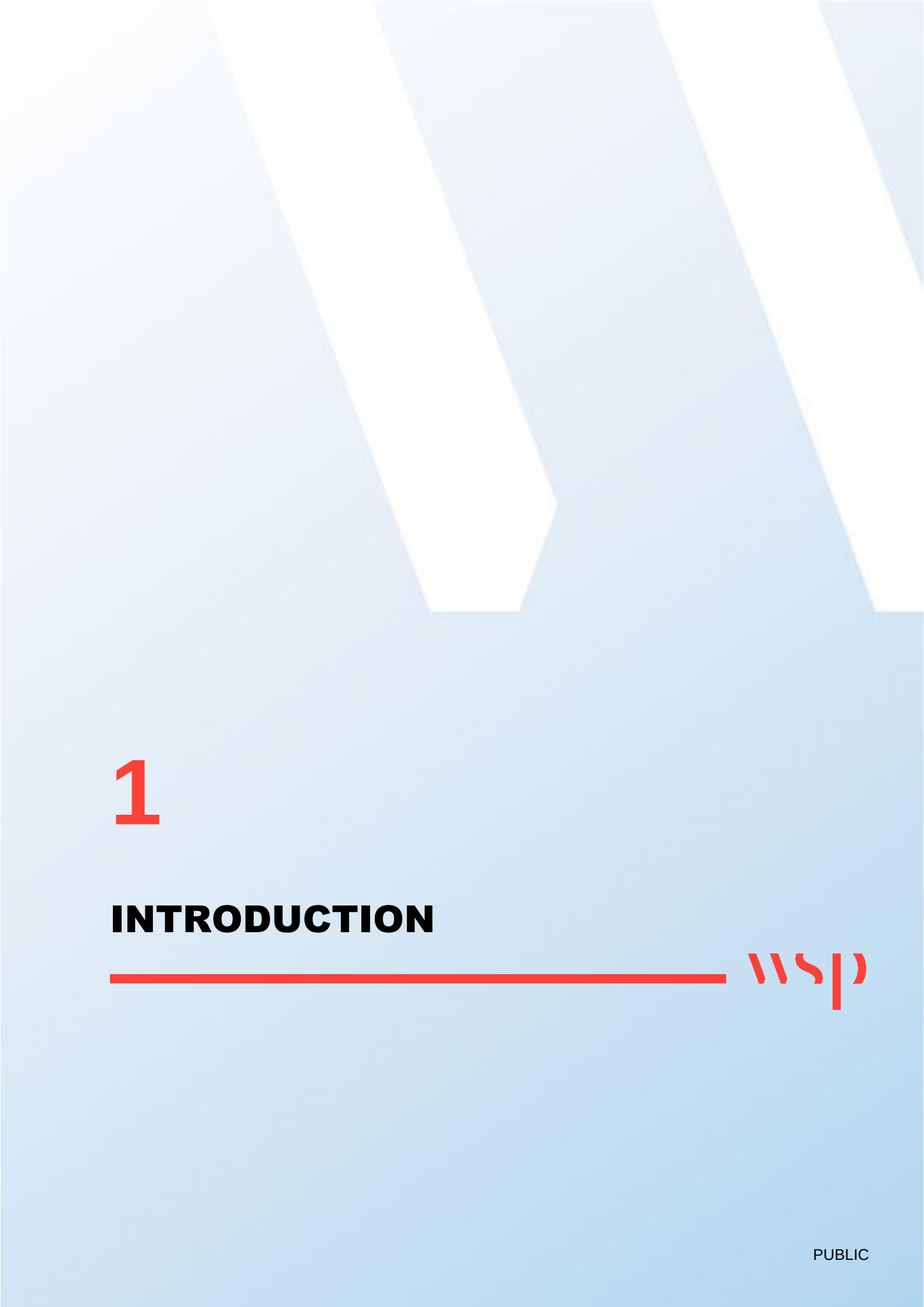


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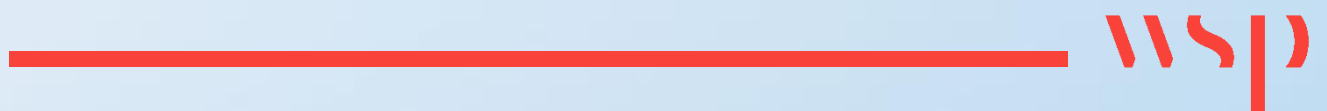
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1

INTRODUCTION



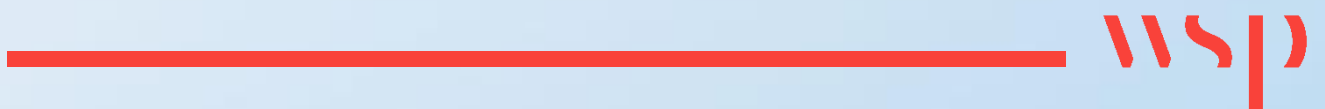
1 INTRODUCTION

- 1.1.1. This Health Impact Assessment (HIA) has been prepared by WSP on behalf of Kellen Homes in connection with the Proposed Development at Castleton Sidings ('the Site'), Castleton, Rochdale, to provide 191 dwellings.
- 1.1.2. A hybrid planning application is sought for the following Development:
- "Full planning application for residential development, with associated access, car parking, landscaping and infrastructure.*
- Outline planning permission for the principle of development to facilitate the East Lancashire Railway (ELR) extension".*
- 1.1.3. Delivering housing at the site will result in significant economic, social and environmental benefits to the local area and community helping to boost the Castleton area of Rochdale. This represents a real opportunity to widen and diversify housing choice in a suitable and sustainable location and boost Rochdale's overall delivery of housing.
- 1.1.4. The HIA structure is as follows:
- **Section 2** – describes the **methodology** employed to assess health impacts, including the data and reference sources used to support the HIA;
 - **Section 3** – assesses the **baseline health conditions** in the local area;
 - **Section 4** – provides an audit of selected **social infrastructure** near the site;
 - **Section 5** – evaluates the health impacts of the development proposals, including both **temporary health impacts** during the construction phase and **permanent health impacts**; and
 - **Section 6** – highlights the **overall conclusions** from the health impact assessment.
- 1.1.5. The links between health and poverty are widely recognised, with the built environment able to directly influence this. In short, better-quality buildings provide more opportunities for people to live more productive and fulfilling lives, thereby reducing deprivation. As is identified in Section 3 of this report, the neighbourhood of which the site is located within is within the 28% most deprived in the country. The findings of Section 5 of this report however identify the positive socio-economic and health effects likely to arise as a result of the Proposed Development. In summary, this HIA demonstrates the suitability of the development in generating benefits to both existing communities and future residents of the site.



2

APPROACH



2 APPROACH

APPROACH TO THE HIA

- 2.1.1. Policy C6 of the Rochdale Core Strategy (2016) states that, where appropriate, the Council will seek a HIA to be submitted with major planning applications and consider the use of Section 106 agreements or the Community Infrastructure Levy (CIL) to deliver measures to improve the health impacts of development.
- 2.1.2. In preparing this HIA, WSP has followed the approach set out in the Healthy Urban Planning Checklist (Third Edition) published by the London Healthy Urban Development Unit (HUDU) in April 2017. The Healthy Urban Planning Checklist raises a total of 30 questions relating to the potential health impacts of a development proposal under four themes:
- Healthy Housing;
 - Active Travel;
 - Healthy Environment; and
 - Vibrant Neighbourhoods.
- 2.1.3. In completing this HIA, WSP has considered all of these questions, noting where applicable if a question is not relevant to the development proposals for the Castleton Sidings site.
- 2.1.4. This HIA includes a high-level assessment of the baseline health conditions experienced by Rochdale residents and by those communities living closest to the development site. A local impact area, as defined by the boundary of Castleton ward, has been used for the baseline assessment. The Rochdale borough boundary has been used as the wider impact area for the assessment.
- 2.1.5. The HIA is also supported by a desktop audit undertaken by WSP of the existing healthcare facilities within a one mile (approximately 1.6km) radius of the development site, along with identifying GP practices serving the local area within the Canalside Primary Care Network (PCN). In addition to this, capacity at primary and secondary schools in the local area have also been reviewed.

INFORMATION SOURCES

- 2.1.6. In undertaking this health impact assessment, WSP has gathered data from the following sources:
- Local Health Profiles (Office for Health Improvement & Disparities);
 - National Online Manpower Information Service (NOMIS);
 - 2021 ONS Census (various datasets);
 - English Indices of Deprivation 2019; and
 - Patients Registered at a GP Practice and full-time GP staff per practice – NHS Digital, December 2022.



3

BASELINE HEALTH CONDITIONS



3 BASELINE HEALTH CONDITIONS

INTRODUCTION

- 3.1.1. This section assesses the baseline conditions of residents in the local area, across different spatial scales ranging from borough-level to neighbourhood-level. These geographies are as follows:
- **Neighbourhood area** – Lower-layer super output area (LSOA) of Rochdale 017A.
 - **Local area** – Depending on the dataset used, this is either the Castleton ward or the Rochdale 017 middle super output area (MSOA). These areas are broadly the same.
 - **Local authority area** – Rochdale Borough Council local authority area.
 - **Region** – North West of England region.
 - **National** – England.
- 3.1.2. The baseline considers local life expectancies, mortality rates and deprivation, as well as general adult and child health profiles.

HEALTH CONDITIONS IN ROCHDALE¹

LIFE EXPECTANCY AND MORTALITY

- 3.1.3. The life expectancy for both males and females in Rochdale is lower than the regional and national averages, as shown by **Table 3.1** below. In 2018-2020, men in Rochdale had an average life expectancy of 76.7 years, lower than the North West average of 77.9 years and the England average of 79.4 years. Likewise, female life expectancy in 2018-2020 was 80.9 years in Rochdale; lower than the North West average of 81.7 years and England average of 83.1 years.

Table 3.1 – Average life expectancy at birth (3 year range) 2018-2020

Gender	Rochdale	North West Region	England
Male	76.7 years	77.9 years	79.4 years
Female	80.9 years	81.7 years	83.1 years

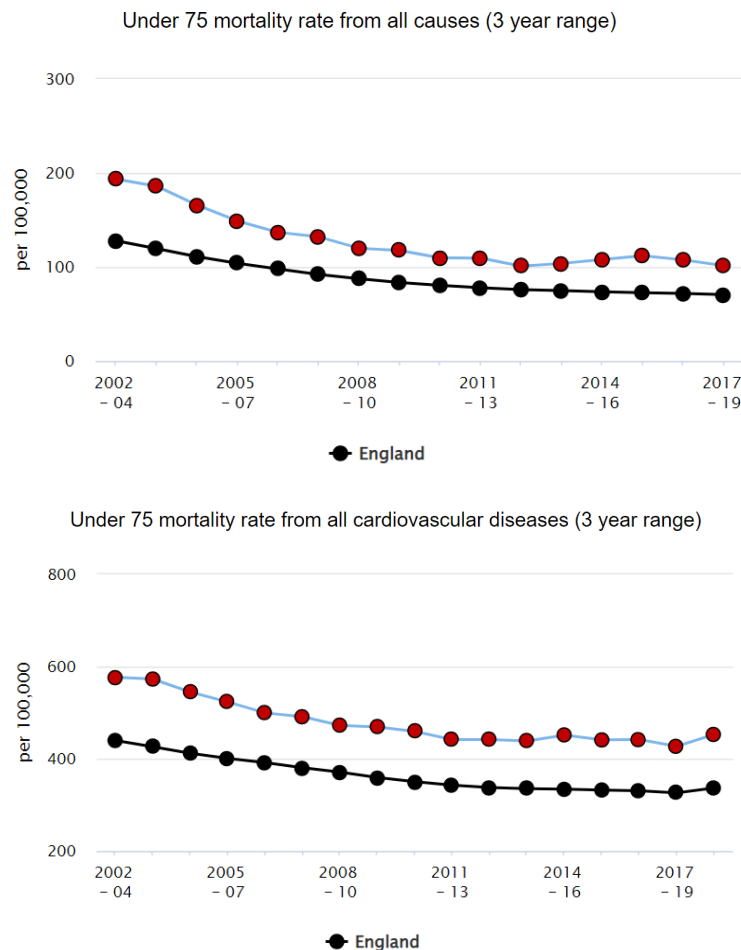
- 3.1.4. Notable life expectancy inequalities exist between the most and least deprived areas of Rochdale. **Table 3.2** shows that for men there is a life expectancy gap of 10.7 years. This is higher than the average gap of 9.7 years across England. Meanwhile, the female life expectancy gap in Rochdale is 8.2 years, again higher than the England rate of 7.9 years.

¹ Office for Health Improvement and Disparities (2023) Local Authority Health Profiles – Rochdale [Online] Available from: <https://fingertips.phe.org.uk/profile/health-profiles/data#page/1/qid/1938132701/pat/6/par/E12000002/ati/102/are/E08000005/yr/3/cid/4/tbm/1>

Table 3.2 – Inequalities in life expectancy between the most and least deprived deciles 2018-2020

Gender	Rochdale	England
Male	10.7 years	9.7 years
Female	8.2 years	7.9 years

- 3.1.5. The borough has a higher-than-average mortality rate for under 75s, at 452.5 deaths per 100,000 population in 2018-2020. This is higher than the North West average of 398.8 and considerably higher than the England average of 336.5. This pattern can also be seen when considering under 75s mortality narrowed to specific causes such as cardiovascular disease and cancer, where Rochdale performs worse than the national and regional averages.
- 3.1.6. Under 75 mortality rates from all causes has gradually decreased over the past 20 years both locally and across England. This decrease is most significant in cardiovascular-related mortality rates as shown in **Figure 3.1**.



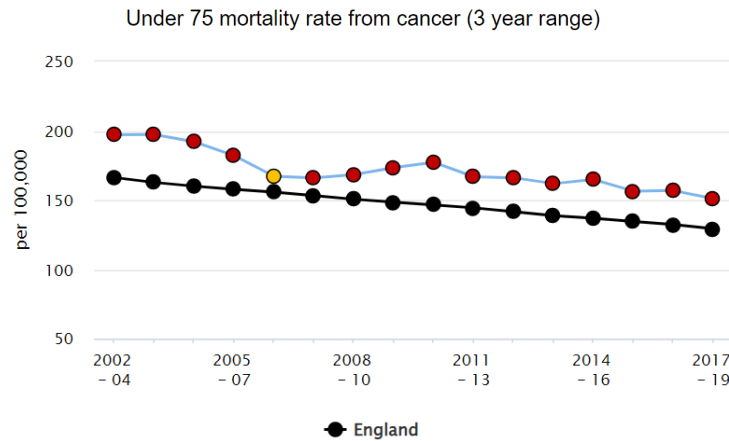


Figure 3.1 – Trends in mortality rates from all causes, cardiovascular diseases, and cancer comparing Rochdale with England (2018-20). Source: Office for Health Improvement & Disparities

GENERAL HEALTH

- 3.1.7. A higher-than-average proportion of the population (aged 18+) were classified as overweight or obese in 2020-2021 in Rochdale, with a rate of 69.7% of the population, compared to the North West average of 65.9% and the national average of 63.5%.
- 3.1.8. Linking with the higher-than-average rates of persons who are overweight or obese, there was a lower-than-average proportion of the population that were physically active between 2020-2021 in Rochdale (58.4%), compared to the regional average of 64.5% and the national average of 65.9%.
- 3.1.9. The estimated diabetes diagnosis rate was higher in Rochdale than the wider geographies, standing at 87% in 2018, compared to the North West average of 81.1% and the England average of 78%. Similarly, the estimated dementia diagnosis rate (aged 65+, as of 2022) was higher in Rochdale at 66.6% than the regional rate of 65.7% and the national rate of 62.0%.
- 3.1.10. The local population is more likely to be admitted to hospital for alcohol-related conditions compared to the national average, with the Rochdale average standing at 442 per 100,000 people in 2020-2021 as opposed to the England average of 456. However, the local figure is lower than the regional North West average of 500 per 100,000 people.
- 3.1.11. Suicide rates in Rochdale during the period 2019-2021 were lower in Rochdale than the North West and England, with the rates standing at 10.5 and 11.4 per 100,000 people respectively. Both rates however were higher than the England average of 10.4 deaths per 100,000 population.

CHILD HEALTH

- 3.1.12. The prevalence of child obesity among children in Year 6 was higher in Rochdale at 27.3% of all children in 2021-2022 compared to the North West region (24.4%) and England as a whole (23.4%).
- 3.1.13. The proportion of the pregnant population who smoked at the time of child delivery in 2020-2021 was also higher in Rochdale (12.7%), compared to the North West region (10.6%) and England as a whole (9.1%).
- 3.1.14. In terms of infant mortality rates (per 100,000), in 2018-2020, Rochdale had a rate of 5.0. This was higher than the North West average of 4.3 and the England average of 3.9.

HEALTH CONDITIONS IN THE ROCHDALE 017 MSOA²

- 3.1.15. Life expectancy at birth for males in the Rochdale 017 MSOA (in which the site is located) in 2016-2017 was 77.0 years, which is higher than the Rochdale average of 76.8 years, but notably below the England average of 79.5 years. Meanwhile, female life expectancy in the MSOA was 80.1 years, below the Rochdale average of 80.8 years and the England average of 83.2 years.
- 3.1.16. Regarding causes of mortality for under 75s, the MSOA had a standardised mortality ratio of 136.2 against the national index of 100 in 2016-2020, which is below the borough average of 121.1. In this context, 100 is the national average rate and therefore anything above this is worse than the national average. Narrowing down to specific causes of death, the most concerning aspect in the period 2016-20 was stroke (166.7) and circulatory disease (145.1) which were both significantly above the national index of 100.
- 3.1.17. The standardised admission ratio to hospital for emergency reasons for the MSOA between 2016/17 and 2020/21 was 124.2, higher than both the Rochdale average of 122.2 and the national benchmark of 100. This trend varied across all reasons for emergency hospital admissions, for example hospital admissions for heart attacks between 2016/17 and 2020/21 for the MSOA was 106.0 compared to Rochdale at 123.3 and the national benchmark of 100. Conversely, rates for hospital admission for Chronic Obstructive Pulmonary Disease (COPD) was 144.5 in the MSOA, significantly higher than the national benchmark.
- 3.1.18. A higher proportion of residents within the Rochdale 017 MSOA were considered to be disabled at the time of the 2021 Census compared to the Borough and national averages. Furthermore, of those who were classified as disabled – a higher proportion of people had their day-to-day activities limited by this disability. For example, within the Rochdale 017 MSOA, 9.8% of disabled residents had their activities limited compared to 9% within the Borough and 7.3% across the country. This is demonstrated in **Table 3.3** below.

² Office for Health Improvement & Disparities (2023) Local Health – Small Area Public Health Data – Rochdale -017 MSOA [Online]
Available from: <https://fingertips.phe.org.uk/profile/local-health/data#page/1/qid/1938133184/pat/402/par/E08000005/ati/3/are/E02001148/yr/5/cid/4/tbm/1>

Table 3.3 – Residents with a disability³

Disability	Rochdale 017 MSOA (%)	Rochdale (%)	England (%)
Disabled under the Equality Act: Day-to-day activities limited a lot	9.8	9.0	7.3
Disabled under the Equality Act: Day-to-day activities limited a little	11.2	10.1	10.0
Disabled under the Equality Act	21.0	19.0	17.3
Not disabled under the Equality Act: Has long term physical or mental health condition but day-to-day activities are not limited	5.9	5.8	6.8
Not disabled under the Equality Act: No long term physical or mental health conditions	73.1	75.1	75.9
Not disabled under the Equality Act	79.0	81.0	82.7

- 3.1.19. In terms of child health, child obesity levels in the MSOA vary considerably across different age groups. The three-year average of overweight (including obese) children in Reception year in 2019/20 to 2021/22 was 25.4% in the MSOA, a rate that is higher than both the Borough (24.7%) and England-wide rates (22.6%). A similar trend was evident for children in Year 6, with the prevalence of overweight (including obese) children remained higher than the national average at 39.5% compared to 35.8% across England.

DEPRIVATION

- 3.1.20. The English Indices of Deprivation (EID 2019) enables comparisons to be made for a range of deprivation indicators at the small area level. The small areas, or neighbourhoods, are known as lower level super output areas (LSOAs) which on average contain around 1,500 people. There are 32,844 of these neighbourhoods across England as a whole.
- 3.1.21. The EID 2019 provides an overall index of multiple deprivation which is based on seven separate deprivation domains. Each deprivation domain is weighted, as shown below:
- **Income deprivation** – with a weighting of 22.5%;
 - **Employment deprivation** – with a weighting of 22.5%;
 - **Education, skills and training deprivation** – with a weighting of 13.5%;
 - **Health deprivation and disability** – with a weighting of 13.5%;
 - **Crime** – with a weighting of 9.3%;
 - **Barriers to housing and services** – with a weighting of 9.3%; and
 - **Living environment deprivation** – with a weighting of 9.3%.
- 3.1.22. The Site is located within Rochdale 017A, an LSOA which forms part of the Castleton ward. **Figure 3.2** below shows the boundary of the LSOA and the relevant deprivation ranking for the area surrounding the site.

³ ONS (2023) 2021 Census – TS038 - Disability

3.1.23. **Table 3.4** provides an overview of how the Rochdale 017A LSOA performs against each of the domains of deprivation.

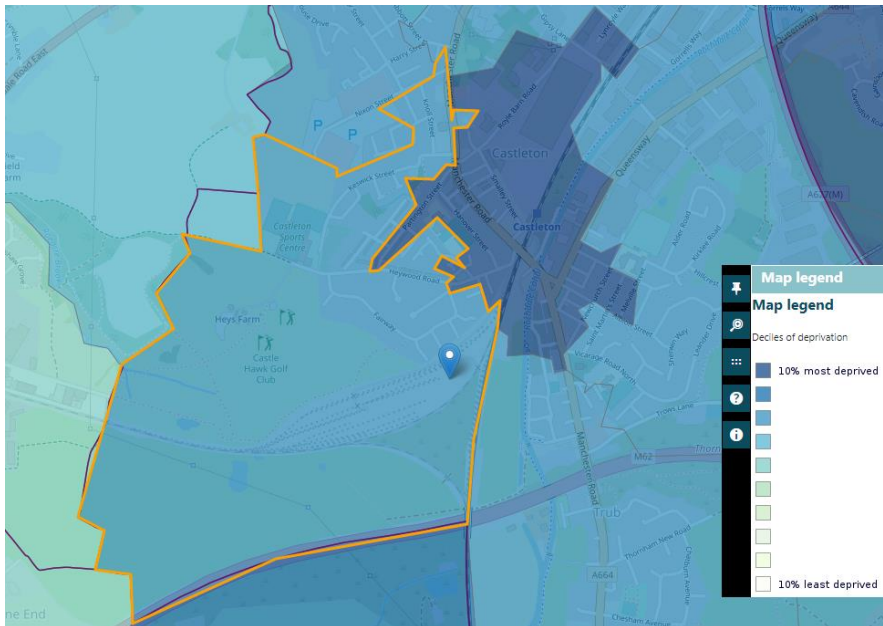


Figure 3.2 – Overall deprivation ranking in Rochdale 017A including approximate site location.

Table 3.4 – Overview of domains of deprivation and relevant performance

Domain of Deprivation	Rochdale 017A (Rank out of 32,844 where 1 is most deprived)
Overall IMD Rank	9,217
IMD % Decile	28% most deprived
Income Rank	10,846
Income % Decile	33% most deprived
Employment Rank	7,942
Employment % Decile	24% most deprived
Education, Skills and Training Rank	12,147
Education % Decile	37% most deprived
Health Deprivation and Disability Rank	8,525
Health % Decile	26% most deprived
Crime Rank	2,466
Crime % Decile	8% most deprived
Barriers to Housing and Services Rank	25,384
Barriers to Housing % Decile	23% least deprived
Living Environment Rank	12,333
Living Environment % Decile	42% most deprived

3.1.24. With regards to health deprivation, the local neighbourhood performs poorly – being within the 26% most deprived communities in the country. This is highlighted in Figure 3.3 below.

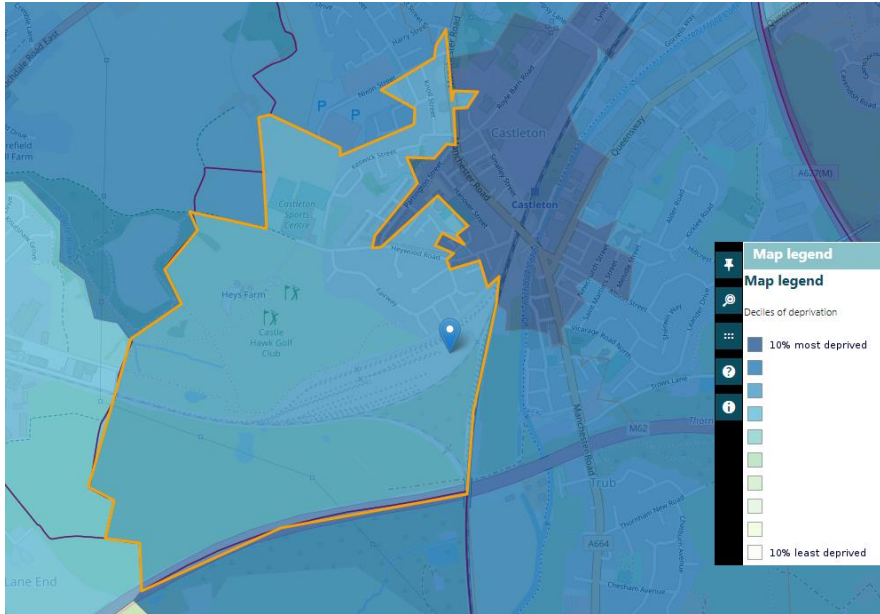


Figure 3.3 – Health deprivation and disability domain at Rochdale 017A

SELF ASSESSMENT OF HEALTH

- 3.1.25. The 2021 Census asked residents to self-assess their level of health, with possible responses ranging from ‘very bad’ to ‘very good’. It is a useful, but subjective, measure of health levels that supplements other sources of health data. **Table 3.5** shows how residents perceive their health conditions across different spatial levels, from ward level to national level.
- 3.1.26. Residents in Castleton ward generally considered themselves to have similar levels of health to the counterparts in the borough and England overall. Within Castleton ward, 78.0% of residents themselves to be in ‘very good’ or ‘good’ health, which is slightly lower than the Borough average (79.8%), the North West (82.2%) and the national average (80.4%).
- 3.1.27. Simultaneously, there was a higher percentage of residents at ward (6.8%) and Borough (6.4%) level that considered themselves to be in ‘bad’ or ‘very bad’ health, compared to the North West average (5.2%) and England as a whole (6.2%).

Table 3.5 – Self-Assessment of Health⁴

General health	Castleton (%)	Rochdale (%)	North West (%)	England (%)
Very good health	44.5	46.9	47.7	48.5
Good health	33.5	32.9	32.7	33.7
Total of very good and good health	78.0	79.8	82.2	80.4
Bad health	5.2	5.0	4.8	4.0
Very bad health	1.6	1.4	1.4	1.2
Total of bad and very bad health	6.8	6.4	5.2	6.2

SUMMARY

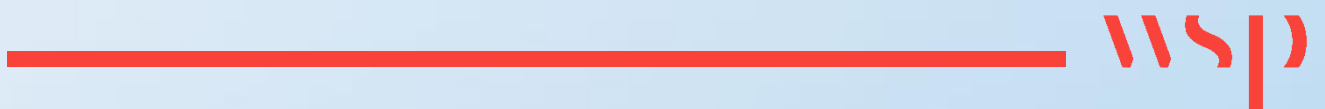
- 3.1.28. Both males and females within Rochdale have a lower life expectancy at birth compared with North West and national life expectancies. Linked to this, there was also a higher mortality rate for under 75s across the Borough compared to averages across the North West and England overall.
- 3.1.29. A higher proportion of Rochdale residents were overweight or obese and a lower proportion of adults were physically active compared to regional and national rates. Similarly, children in Rochdale at both Reception and Year 6 age groups were more likely to be overweight and obese than other children across the North West and England overall.
- 3.1.30. There were, however, some positive Borough-wide health conditions including a lower rate of hospital admissions for alcohol related conditions compared to the North West average. The Borough also had a higher diabetes and dementia diagnosis rates and a lower rate of suicide deaths per 100,000 population.
- 3.1.31. Focussing on the neighbourhood encapsulated by the Rochdale 017 MSOA, life expectancies remained in-line with the Borough wide rates – however this was below the national life expectancy.
- 3.1.32. Causes of mortality at the neighbourhood level were most pronounced with regards to stroke and circulatory diseases – both of which were significantly higher than national rates of mortality for these causes.
- 3.1.33. The MSOA had a higher rate of people who were considered to be disabled at the time of the 2021 Census (making up 21% of the population). The self-assessment of health also included as part of the 2021 Census found that a lower proportion of the Castleton ward considered themselves to be in 'very good' or 'good' health and as a result of this, a higher proportion assessed themselves as being in 'bad' or 'very bad' health.

⁴ ONS (2023) 2021 Census – TS037 – General Health

- 3.1.34. The local neighbourhood (Rochdale 017A) is within the 28% most deprived LSOAs in England. With regards to the health deprivation and disability domain, the local area was ranked within the 26% most deprived neighbourhoods in the country. This mirrors the results of the health indicators reviewed as part of this baseline assessment.

4

SOCIAL INFRASTRUCTURE



4 SOCIAL INFRASTRUCTURE

INTRODUCTION

- 4.1.1. In preparing this HIA, WSP has undertaken a desktop audit of the healthcare facilities in the local area within a 1.6km (one mile) radius of the site, which is considered to be a reasonable walking distance. In addition to this, GPs within the Canalside Primary Care Network (PCN) have also been considered.

GP SURGERIES

- 4.1.2. The site is located within an area where primary health care is coordinated by the Canalside PCN, which is overseen by the Heywood, Middleton and Rochdale Integrated Care Partnership. The PCN comprises six GP practices, with the nearest practice to the site being the Castleton Health Centre which has the lowest full-time equivalent (FTE) GP to patient ratio of all practices across the PCN.
- 4.1.3. As shown in **Table 4.1**, the PCN is serviced by around 32 FTE GPs. With a total of 40,868 registered patients, this means that the PCN has an overall FTE GP to patient ratio of 1:1,292.

Table 4.1 – GP practices within the Canalside PCN (as of 31 December 2022)⁵

Practice name ⁶	Accepting new patients?	Number of Registered Patients	FTE GPs	GP to patient Ratio
Wellfield Health Centre	Yes	13,213	8.03	1: 1,646
Castleton Health Centre	Yes	9,901	12.37	1: 800
The Hive Health Centre	Yes	5,479	4.56	1: 1,202
The Kingsway Practice	Yes	3,637	1.18	1: 3,088
Kirkholt Medical Practice	Yes	4,026	3.15	1: 1,279
Middleton Health Centre	Yes	4,612	2.35	1: 1,962
Total		40,868	31.64	1: 1,292

- 4.1.4. The HUDU recommends that GP surgeries have a GP: patient ratio of no more than 1:1,800. Using the latest available data published by the NHS, it is evident that the PCN is below this recommended standard. Furthermore, the closest practice to the Site (Castleton Health Centre) has a low FTE GP to patient ratio at 1:800. This implies that there will be capacity locally to accommodate new patients throughout the wider PCN.

DENTISTS

- 4.1.5. There is one dentist within one-mile of the Site, as outlined in **Table 4.2** below.

⁵ NHS (2023) General Practice Workforce – December 31 2022 [Online] Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/general-and-personal-medical-services/31-december-2022>

⁶ NHS (2023) Find a Service – GPs [Online] Available from: <https://www.nhs.uk/service-search/find-a-gp/results/OL11%203BZ>

Table 4.2 – Dentist within one-mile of the Site⁷

Name of Dental Practice	Accepting new patients?
Better Dental Rochdale	Accepting new patients

- 4.1.6. The Site is located approximately 0.5 miles from the Better Dental Rochdale clinic, which at the time of writing, is currently accepting new private patients.

PHARMACIES

- 4.1.7. There are two pharmacies within a one-mile radius of the Site as outlined below:

- Well Castleton - Manchester Road; and
- Well Castleton - Elizabeth Street.

- 4.1.8. More broadly, within three miles of the Site there is a total of 41 pharmacies⁸.

HOSPITALS

- 4.1.9. The nearest NHS hospital to the site is the Rochdale Infirmary, approximately 2.6 miles from the Site. Rochdale Infirmary provides a range of hospital services including a 24/7 Urgent Care Centre, short stay inpatient Clinical Assessment Unit, Oasis Unit for acute medical patients with dementia, day surgery, X-ray and blood testing, antenatal services, early pregnancy unit, outpatient clinics, and a new specialist Eye Unit.

SCHOOLS

- 4.1.10. State schools located within the one and three mile distances are detailed in **Table 4.3** and **Table 4.4** below. This demonstrates that there are 6 primary schools within one mile of the site and 17 secondary schools within three miles of the site. The schools within these distances (based on average travel to school distances in the North West in 2020⁹) were identified using Department for Education data available online as of August 2022¹⁰.

⁷ NHS (2023) Find a Service – Dentists [Online] Available from: <https://www.nhs.uk/service-search/find-a-dentist/results/OL11%203BZ>

⁸ NHS (2023) Find a Service – Pharmacies [Online] Available from: <https://www.nhs.uk/service-search/pharmacy/find-a-pharmacy/results/OL11%203BZ>

⁹ ONS (2021) Statistical dataset – Region and Rural-Urban Classification. Table nts9908 [Online] Available from: <https://www.gov.uk/government/statistical-data-sets/nts99-travel-by-region-and-area-type-of-residence>

¹⁰ UK Government (2023) Get Information about Schools [Online] Available from: <https://get-information-schools.service.gov.uk/Establishments/Search?tok=8UKVLzCn>

Table 4.3 – Primary schools within one mile of the site

School name	Approximate miles from site	Ofsted rating	Capacity	Student population	Surplus/ deficit
St Edward's Church of England Primary School	0.25	Good	364	365	-1
St Gabriel's Roman Catholic Primary School	0.34	Good	210	196	+14
Castleton Primary School	0.44	Good	450	325	+125
Totals			1,024	886	+138

Table 4.4 – Secondary schools located within three miles of the site

School name	Approximate miles from site	Ofsted rating	Capacity	Student population	Surplus/ deficit
Matthew Moss High School	0.93	No rating	1,200	1,125	+75
Edgar Wood Academy	1.40	No rating	900	111	+789
Newhouse Academy	1.48	No rating	1,050	963	+87
Cardinal Langley Roman Catholic High School	1.72	Good	1,200	1,199	+1
St Anne's Church of England Academy	1.73	Requires improvement	900	784	+116
Holy Family Roman Catholic and Church of England College	1.73	Good	750	750	0
St Cuthbert's RC High School	1.80	Requires improvement	1,200	1,127	+73
Oulder Hill Leadership Academy	1.99	No rating	1,500*	Unknown	Unknown
Kingsway Park High School	2.09	No rating	1,330*	Unknown	Unknown
Falinge Park High School	2.56	Good	1,338	1,357	-19
North Chadderton School	2.64	Good	1,512	1,582	-70
Middleton Technology School	2.85	Good	1,350	1,349	+1
Totals			11,400	10,347	+1,053
<i>*School capacity figures not included in overall calculations as it is not known what the current number of students is at these schools</i>					

4.1.11. In addition to the schools listed within the tables above, there are four schools within three miles of the Site that provide special needs education to both primary and secondary aged students. This includes the Newlands School, Redwood, Brownhill School and Willow View School.

4.1.12. There are two independent schools within three miles of the site. This includes:

- Beech House School (catering to students from nursery to Secondary school age); and
- Rochdale Islamic Academy (across two campuses catering to Secondary aged girls and boys).

- 4.1.13. For primary schools with one-mile of the Site, it is evident that there is current capacity, with considerable capacity also evident for Secondary schools within three-miles of the Site.
- 4.1.14. With regards to primary schools, when considering the site in the context of its relevant school planning area (formerly known as the Rochdale Township school area, now known as the Central and South-West Rochdale school areas), there is forecasted capacity until 2026. This is evidenced through data presented in the Department for Education's Annual School Capacity Survey results, published in March 2022¹¹. As shown in **Table 4.5**, the school planning areas combined will have a surplus of 153 primary school places by the year 2025/2026.
- 4.1.15. This capacity will likely be further increased beyond this period through the development of the proposed school at the former Car Craft Site on Nixon Street. This will coincide with this development as the houses proposed will be built out in phases, meaning the number of primary school aged children will also take some time to accumulate in the local area to make use of this school.

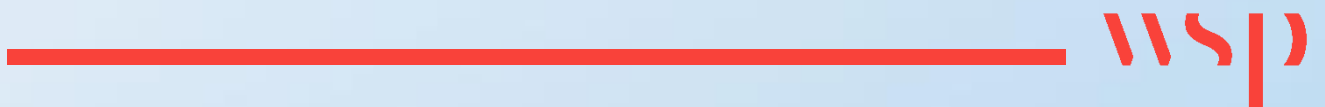
Table 4.5 – School place planning estimates in Rochdale borough

Year	Pupil forecasts (Central Rochdale and South-West Rochdale school areas)	Estimated capacity (Central Rochdale and South-West Rochdale school areas)	Surplus/deficit school places
2022/23	5,423	5,695	+272
2023/24	5,483	5,695	+212
2024/25	5,514	5,695	+181
2025/26	5,542	5,695	+153

¹¹ Department for Education (2022) Academic Year 2020/21 School Capacity. Data table 'School place planning estimate' [Online]
Available from: <https://explore-education-statistics.service.gov.uk/find-statistics/school-capacity/2020-21>

5

ASSESSMENT OF HEALTH IMPACTS



5 ASSESSMENT OF HEALTH IMPACTS

- 5.1.1. In this section of the HIA, we set out both the temporary and permanent health impacts of the development proposals for the site. The Healthy Urban Planning Checklist recommends the assessment of potential health impacts under four main thematic areas, as follows:
- Healthy housing;
 - Active travel;
 - Healthy environment; and
 - Vibrant neighbourhoods.
- 5.1.2. In evaluating the health impacts of the scheme, this HIA addresses the questions raised by the Healthy Urban Planning Checklist for each of these thematic areas and classifies the net impacts of the scheme in terms of whether they are 'positive', 'negative' or 'neutral'. The findings that have been arrived at through the use of the Checklist are summarised below, in **Table 5.1** (temporary impacts) and **Table 5.2** (permanent impacts).
- 5.1.3. Where a question within the Checklist has been assessed as 'not applicable' to the Proposed Development, this has been highlighted within the assessment tables.

TEMPORARY HEALTH IMPACTS

5.1.4. **Table 5.1** below outlines the identified health impact for each of the questions relevant to temporary impacts.

Table 5.1 – Temporary health impacts

Question	Evidence	Health impact	Health impact following mitigation
11. How does the proposal minimise construction impacts such as dust, noise, vibration and odours?	A Construction Environmental Management Plan (CEMP) will be prepared to ensure any impacts relating to dust, noise, vibration and odours are minimised. This will be secured by a suitably worded planning condition.	Neutral	Neutral
25. How does the proposal include commercial uses and provide opportunities for local employment and training, including temporary construction and permanent 'end-use' jobs?	The Proposed Development is entirely residential and therefore there is no employment associated with the operation of the development. However, the construction of the Proposed Development would generate turnover and temporary employment for construction firms and related trades. As detailed in the Socio-economic Benefits Report which accompanies this application, the Proposed Development is anticipated to generate 370 person years of temporary construction employment over the construction phase. Of this employment, there will be opportunities for local people to partake in the construction phase of the scheme contributing to local employment initiatives. The investment made for the Proposed Development will also eventuate in a number of indirect and induced expenditure. As a result, it will also generate a number of off-site jobs which could be taken up by local people.	Positive	Positive

PERMANENT HEALTH IMPACTS

5.1.5. **Table 5.2** below outlines the identified health impact for each of the questions relevant to permanent impacts. This assessment should be read in conjunction with the Building for a Healthy Life Assessment included within the Design and Access Statement prepared by Escape Urbanists which accompanies the planning application.

Table 5.2 – Permanent health impacts

Question	Evidence	Health impact	Health impact following mitigation
1. How does the proposal meet all the standards for daylight, sound insulation, private space and accessible and adaptable dwellings?	The Applicant, Kellen Homes is a national house builder that delivers a very high standard of housing which meet the necessary daylight, sound insulation, private space and accessible and adaptable dwellings standards. The Noise Assessment prepared for this planning application sets out recommendations to ensure adequate sound insulation in both properties and rear gardens.	Positive	Positive
2. How does the proposal provide accessible homes for older or disabled people?	As set out in the Design and Access Statement, homes within the neighbourhood will need to be easily reached, entered and used by everyone regardless of age and physical ability. At the national level, Building Regulations (Part M, Volume 1) specify three categories of accessibility. These are as follows: - M4(1) Category 1: Visitable Dwellings - M4(2) Category 2: Accessible & Adaptable Dwellings - M4(3) Category 3: Wheelchair User Dwellings The homes proposed as part of the scheme will meet the M4(1) category. They will also all be houses, meaning that they could be accessed from the ground floor, meaning they could be accessible to older or disabled people who are visiting or living in these units in the future.	Neutral	Given the constraints of the site, it is not possible to design all dwellings to meet the M4(2) and M4(3) regulations. Whilst the dwellings will enable ground floor access and meet M4(1) standards – it is considered overall that a neutral effect would remain.
3. How does the proposal ensure that every non-ground floor dwelling is accessible by	The proposed dwellings are all houses and there are therefore no non-ground floor dwellings. On this basis, all dwellings will be accessible to accommodate ambulance trolleys.	Positive	Positive

a lift that can accommodate an ambulance trolley?			
4. How does the proposal provide dwellings with adequate internal space, including sufficient storage space and separate kitchen and living spaces?	The Applicant, Kellen Homes, is a national house builder that delivers a very high standard of housing providing residents with sufficient living and storage space. Each of the proposed dwellings has separate kitchen and living spaces.	Positive	Positive
5. How does the proposal encourage the use of stairs by ensuring that they are well located, attractive and welcoming?	The proposed dwellings are all houses and there will not be any blocks of flats with stair cores. The upper floors of all properties will be accessed by stairs.	Neutral	Neutral
6. How does the proposal provide affordable family sized homes?	The proposal includes 191 residential units, of which 15% (29 units) will be affordable housing. A further 36% (69 units) will be available for private rent and the remaining 49% (93 units) will be for private sale. The proposals include houses with a mix of bedrooms, ranging from two to four-bedroom properties. Importantly, the affordable housing includes nine two-bedroom units and 20 three-bedroom units. This will proactively respond to the need to provide affordable family sized homes in the local area.	Positive	Positive
7. How does the proposal promote cycling and walking through measures in a travel plan, including adequate cycle parking and cycle storage?	The developer is committed to encouraging travel via sustainable modes through the implementation of a Travel Plan aiming to reduce travel via the private car. The proposed scheme will provide a network of pedestrian and cycle infrastructure throughout the site and there will be space available for all residential properties to store bicycles. In addition to this, the Bee Cycle Network has been integrated within the designs for the site and will connect to the north easterly tip of the layout via a pathway through the East Lincolnshire Rail land, and to connect with the Public Right of Way (PRoW) in the northwest of the layout.	Positive	Positive

	Furthermore, a Welcome Pack will be distributed to future residents at the site, which will include extensive information to encourage the uptake of active travel and public transport.		
8. How does the proposal include traffic management and calming measures, as well as safe and well-lit pedestrian and cycle crossings and routes?	Dropped kerbs and tactile paving will be provided across the development. In addition to this, traffic calming improvements will be provided throughout the Site. An accessibility plan is included within the Design and Access Statement which shows the street hierarchy and also pedestrian / cycle routes through the site. These will be well-lit to enhance safety and to further promote their use.	Positive	Positive
9. How does the proposal connect public realm and internal routes to local and strategic cycle and walking networks and public transport?	The site will link with existing and proposed pedestrian and cycling infrastructure to ensure that future residents use active and public transport rather than the private car. As mentioned above, this includes the provision of links within the Site to the emerging Bee Cycle Network. The Site is well located to make the most of the Castleton Local Centre Corridor currently under construction as part of the Bee Cycle Network initiative. The scheme includes a route linking Castleton to Rochdale, providing major improvements for those making journeys on foot or by bike in Castleton local centre. The expected completion date for the works is Summer 2023, meaning that this will be operational by the time new residents move to the Site. In addition to this, Phase 2 of the improvements will see cyclists protected from general traffic on a dedicated cycle track including a number of junction improvements to provide safe crossing points. These upgrades will be completed in Autumn 2024.	Positive	Positive
10. How does the proposal seek to minimise car use by reducing car parking provision, supported by the controlled parking zones, car free development and car clubs?	The Transport Assessment prepared by Eddisons sets out that the Proposed Development will be highly accessible by non-car travel modes such as walking, cycling and public transport. This will help to minimise car use. In addition to this, the Assessment highlights that a Travel Plan will be provided to further highlight how future residents will be encouraged to reduce the need for travel by private cars. The beneficial co-location of the Site in proximity to the proposed train station will also assist in reducing unnecessary car-based travel as the transit-oriented development will enhance the potential use of the train services.	Positive	Positive

12. How does the proposal minimise air pollution caused by traffic and energy facilities?	Activities during the construction phase will be controlled through the provision of a Construction Environmental Management Plan to minimise any potential impacts, including those relating to dust. The Construction Environmental Management Plan will be secured through a condition to the planning application. As set out within the Air Quality Assessment prepared by E3P, assuming good practice dust control measures are implemented, the residual significance of potential air quality impacts from dust generated by earthworks, construction and track-out activities was predicted to be not significant. For the operation phase of the development, the Air Quality Assessment identified that there could be potential impacts due to road traffic exhaust emissions associated with vehicles travelling to and from the Site. Through a review of dispersion models however, it was found that the effects of this would be negligible upon future residents at the Site. In addition to this, the Proposed Development will be supported by a Travel Plan to encourage sustainable modes of travel, further reducing the use of private vehicles.	Neutral	Neutral
13. How does the proposal minimise the impact of noise caused by traffic and commercial uses through insulation, site layout and landscaping?	A Noise Assessment has been undertaken by E3P. It identified that the railway noise exposure levels on the eastern part of the Site fall between the 'Low' and 'Medium' risk categories. Based on this, and the potential for additional noise generation from the new railway use at the Site, a range of mitigation measures have been recommended including: • Acoustic fencing • High specification double glazing • Acoustically treated means of ventilation • Dense plasterboard in bedrooms if in roof spaces • External walls to have sound insulation performance of no less than 50 dB Rw. Through these interventions, noise caused by the railway and other traffic uses will be minimised.	Neutral	Neutral

14. How does the proposal retain or replace existing open space and in areas of deficiency, provide new open or natural space, or improve access to existing spaces?	The site is currently inaccessible to the public. Through its development however, there will be the opportunity to provide open space for both existing communities and future residents to enjoy. In addition to this, the proposal will provide 3.29 hectares of public open space which will be accessible to new and existing neighbouring residents. The landscape scheme comprises mainly of two proposed public open spaces; a rectangular public open space within the middle of the residential area, and a larger western public open space that will remain part of the green belt and provide a green buffer along the western urban edge of Castleton.	Positive	Positive
15. How does the proposal set out how new open space will be managed and maintained?	The proposals include the provision of open space which will be managed and maintained by a private management company. This will ensure that the site will not go into disrepair and will make responsibility for the space clearly defined.	Neutral	Neutral
16. How does the proposal provide a range of play spaces for children and young people?	As noted above, the landscape scheme comprises two proposed public open spaces. The central rectangular public open space will contain a local equipment area for play (LEAP), seating and railway themed network of linear footpaths made of hoggin gravel and timber edging. In addition to this, the proposed open space will incorporate a wetland habitat which may provide for further informal play and exploration by young people.	Positive	Positive
17. How does the proposal contribute to nature conservation and biodiversity?	An ecological assessment of the site was completed by Ascerta and forms part of this planning application submission pack. The objectives of this assessment were to identify whether there are any features of conservation value on the site and to provide recommendations for the protection, mitigation and enhancement of the biodiversity of the site. The Proposed Development includes the incorporation of green corridors that run to the north and south of the site connecting the rural landscape with the green corridors associated with the railway networks. These corridors enhance on-site biodiversity by retaining habitats and providing safe corridors for the movement of wildlife whilst helping to reduce the perceived scale and density of the development.	Positive	Positive

	In evaluating the ecological assessment of the existing site and the inclusions within the Proposed Development, the ecological assessment and biodiversity net gain calculation has concluded that a positive contribution to nature conservation and biodiversity is anticipated.		
18. How does the proposal provide opportunities for food growing, for example by providing allotments, private and community gardens and green roofs?	All of the proposed dwellings will have a private garden of approximately 106 sqm per plot, which could be used by the occupants for food growing. The proposal does not include the provision of allotments or community gardens, although this is not considered necessary given all properties will have a private garden. Kellen Homes have recently also provided 25 new allotments for local residents within their Don Street, Middleton scheme which has positively contributed to the Borough's ability to support food growing across the local authority.	Positive	Positive
19. How does the proposal reduce surface water flood risk through sustainable urban drainage techniques, including storing rainwater, use of permeable surfaces and green roofs?	The Environment Agency (EA) Flood Maps show that the Site is within Flood Zone 1, defined as having a low risk of fluvial flooding. Whilst residential development is considered to be a 'more vulnerable' classification when considering floor risks – a Surface Water Drainage Feasibility has been considered in accordance with Design & Construction Guidance adopted in March 2020 and requirement H3 of the Building Regulations. As set out within the Flood Risk Assessment & Drainage Feasibility report prepared by Campbell Reith, the use of soakaways/infiltration systems as a sustainable urban drainage technique has been assessed as being feasible for the Site. Furthermore, an ecological wetland is proposed as part of the scheme which will be supplied with water from the surrounding land drainage and the proposed sustainable urban drainage systems (SuDS) management train will intercept water at source from the roofs and pavements and direct the collected water into pipes and underground storage systems before discharging at agreed run-off rates into the wider network. This mechanism will therefore ensure that the development is not contributing to issues of flooding downstream or causing any wider impacts.	Neutral	Neutral
20. How does the design of buildings and spaces avoid internal and external	The design of buildings has adopted high-performance insulation to comply with the Building Regulations and to also ensure optimal thermal comfort during both summer and winter months.	Neutral	Neutral

overheating, through use of passive cooling techniques and urban greening?	Overheating within the public realm is also being addressed through the provision of trees throughout the development.		
21. How has the impact on healthcare services been addressed?	The Live Tables on Household Projections published by the ONS include estimations for the number of persons per household in each local authority across the UK. For Rochdale Borough, the projected number of persons per household for the year 2024 is 2.31. Based on this information, the proposed 191 dwellings would have an estimated population yield of 441. The audit of local healthcare facilities in Section 4 of this HIA identified that the NHS GP practices within the Canalside PCN have an average FTE GP to patient ratio of 1:1,292 – below the recommended GP: patient ratio of 1:1,800. In addition, practices are continuing to accept new patients. If all of the estimated population yield of the Proposed Development (441 people) registered at these local GPs it would bring the average GP: patient ratio to 1:1,306, which is still well below the recommended 1:1,800. In any case, it's considered unlikely that all residents at the site would register with these GPs, as some may remain registered with other existing GPs, or people moving from the local area could even already be registered with the local GPs. Furthermore, there is considerable capacity evident within the Castleton Health Centre which is closest to the Site.	Neutral	Neutral
22. How has the impact on primary and secondary education been addressed?	The additional demand for primary and secondary school places generated by the Proposed Development has been estimated using the primary yield factor of 0.25 and secondary yield factor of 0.1, which are quoted in Rochdale Borough Council Planning Committee reports (December 2020). On this basis, the proposed 191 dwellings would generate the following school places yield: • Primary school yield: 48; and • Secondary school yield: 19. <i>Primary</i> The audit of local schools in Section 4 of the Health Impact Assessment identified that there is a current surplus of 138 primary school places within one-mile of the Site. It is therefore likely that the new primary school aged children yielded from the development will be able to be catered for within the existing schools across the local area.	Neutral	Neutral

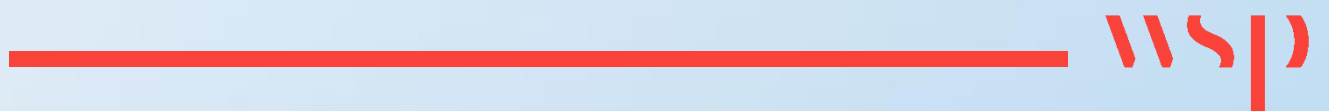
	Furthermore, it is anticipated that the 48 primary aged children to be yielded will be a worst-case scenario, given that there will likely be families already resident in the Rochdale borough who may move to the Proposed Development and have children already enrolled in a local school. <i>Secondary</i> The audit of local schools in Section 4 of the Health Impact Assessment identified that there is a surplus of 1,053 secondary school places at the secondary schools identified within three miles of the site. There would therefore be sufficient capacity to accommodate the additional demand for 19 secondary pupil places generated by the Proposed Development.		
23. How does the proposal contribute to new social infrastructure provision that is accessible, affordable and timely?	The Proposed Development is entirely residential, and no new social infrastructure is proposed.	Not applicable	Not applicable
24. How have opportunities for multi-use and the co-location of services been explored?	The Proposed Development is entirely residential and does not contain any other uses to allow the co-location of services.	Not applicable	Not applicable
26. How does the proposal promote the health and wellbeing of future employees by achieving BREEAM health and wellbeing credits?	The Proposed Development is entirely residential and there will not be any permanent staff at the site.	Not applicable	Not applicable
27. How does the proposal provide opportunities for local food shops?	The Proposed Development is entirely residential and no local food shops are proposed. However, future residents at the site will have easy access to a range of local food shops along Manchester Road. With regards to supermarkets/food stores, future residents will be able to access the Dale Supermarket (Manchester Road) and the Co-op Food (Grosvenor Street) within approximately 500 metre and 600 metre walking distances respectively from the northeast corner of the Site.	Neutral	Neutral

28. How does the proposal avoid an over concentration or clustering of hot food takeaways in the local area?	The Proposed Development is entirely residential and no hot food takeaways are proposed.	Not applicable	Not applicable
29. How does the design of the public realm maximise opportunities for social interaction and connect the proposal with neighbouring communities?	The proposal includes public open space of 3.29 hectares across green corridors, including a designated area of LEAP (as highlighted in criteria 16 above). By providing this within the Site, neighbouring residents will be able to make use of these spaces – maximising opportunities for existing and new residents to mix. Furthermore, the gifting of the land for the ELR and the potential use of this to include a station and a visitor centre will also help the Proposed Development connect with neighbouring communities as they will need to use the Site to access the transport improvements and any associated activities which may occur there through the visitor centre. The open space and train station will therefore act as focal points within the Proposed Development, bringing together new and existing communities.	Positive	Positive
30. How does the proposal allow people with mobility problems or a disability to access buildings and places?	As set out in the Design and Access Statement, the proposal recognises the importance of promoting accessibility throughout the site. This includes the design of dwellings to meet the M4(1) building regulation requirements. Furthermore, as stated within the Transport Assessment, existing footways on both sides of Fairway and Heywood Road are 2 metres in width, which allow for people with mobility issues to access the Site from the surrounding area.	Neutral	Neutral

5.1.6. As noted in **Table 5.1** and **Table 5.2**, the HIA has not identified any negative health impacts.

6

CONCLUSIONS



6 CONCLUSIONS

- 6.1.1. WSP has undertaken an HIA of the proposed residential development at Castleton Sidings, Castleton, Rochdale, which seeks to provide 191 dwellings.
- 6.1.2. In evaluating the health impacts of the scheme, the HIA has addressed the questions raised by the HUDU Healthy Urban Planning Checklist for each of four thematic areas, as follows:
- Healthy housing;
 - Active travel;
 - Healthy environment; and
 - Vibrant neighbourhoods.
- 6.1.3. The key findings from the HIA are summarised below.

ASSESSMENT OF HEALTH IMPACTS

- 6.1.4. WSP has assessed the health impacts of the scheme across four different thematic areas and 30 individual questions. Across the 30 individual questions we have sought to classify the nature of the impact on local health in terms of whether the provision represent a positive, negative or neutral effect. The results are summarised in **Table 6.1**.

Table 6.1 – Summary of health impacts

Theme	Positive impact	Negative impact	Neutral impact	Uncertain	Not applicable
Temporary effects	1	0	1	0	0
Permanent effects	13	0	11	0	4
Total	14	0	12	0	4

- 6.1.5. As outlined in **Table 6.1**, the Proposed Development would not give rise to any residual negative health impacts.
- 6.1.6. It is therefore anticipated that the Proposed Development would give rise to 14 positive health impacts and 12 neutral impacts. Overall, the Proposed Development is therefore considered to have a positive impact on health. Linking to the baseline assessment presented in Section 3 of this report, the socio-economic, environmental and overarching health benefits will be beneficial to reducing deprivation and poor health outcomes identified across the local area.



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