

Malkiln Masterplan

Health Impact Assessment



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Maltkiln Masterplan Health Impact Assessment

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Prepared by J. Trevatt

Signature
Julia Trevatt

Printed Name

Reviewed by P.Wales

Signature
Prudence Wales

Printed Name

Approved by L. Jowett

Signature
Lucie Jowett

Printed Name



Table of Contents

Acronyms / Abbreviations.....	ii
Executive Summary	iii
1 Introduction.....	4
1.1 Background	4
1.2 Report Structure	4
1.3 Other Documents	4
2 The Masterplan Framework and Site Context	5
2.1 The Site	5
2.2 The Site Context.....	5
2.3 The Proposed Masterplan	5
3 HIA Scope and Methodology	6
3.1 Introduction	6
3.2 Requirement for HIA and Guidance Considerations	6
3.3 Defining Health and Health Determinants	6
3.4 Assessment Scope	7
3.5 Baseline Assessment Methodology	8
3.6 Consultation.....	9
3.7 Limitations and Assumptions	10
4 Policy Context.....	11
4.1 Introduction	11
4.2 National Legislation and Planning Policy	11
4.3 Local Planning Policy and Guidance	12
5 Local Population and Health Characteristics	15
5.1 Introduction	15
5.2 Local Study Area Baseline	15
5.3 Population.....	15
5.4 Health Overview	17
5.5 Wider Determinants of Health	20
5.6 Health Profile Summary.....	27
5.7 Assessment Receptors and Vulnerable Groups	28
6 Health Impact Assessment.....	29
6.1 Introduction	29
6.2 Housing Design and Affordability	29
6.3 Access to Health and Social Care Services and Other Social Infrastructure.....	32
6.4 Access to open space and nature;	34
6.5 Air Quality, Noise and Neighbourhood Amenity	37
6.6 Accessibility and Active Travel	38
6.7 Crime Reduction and Community Safety	40
6.8 Access to Healthy Food.....	42
6.9 Access to Work and Training	44
6.10 Social Cohesion and Inclusive Design	46
6.11 Minimising the Use of Resources	48
6.12 Climate Change.....	49
7 Summary and Conclusions	53



Acronyms / Abbreviations

Health Impact Assessment	HIA
Humber and North Yorkshire Integrated Care board	ICB
North Yorkshire Council	NYC
Study Area	SA
New Maltkiln Settlement Development Plan Document	DPD
New Maltkiln Settlement Development Plan Document	DPD IDP
Infrastructure Deliver Plan	
Official Census and Labour Market Statistics	NOMIS
National Planning Policy Framework	NPPF
Office for Health Inequalities and Disparities	OHID
Primary Care Network	PCN
Planning Practice Guidance	PPG
Welsh Health Impact Support Unit	WHIASU
World Health Organisation	WHO



Executive Summary

This Health Impact Assessment (HIA) has been prepared by Stantec to support the submission of a Masterplan Framework (hereafter referred to as the “Proposed Masterplan”) at Maltkiln, Harrogate (hereafter referred to as “the Site”) which has been produced collaboratively with the Council and stakeholders.

An HIA is required under the Proposed Development Plan Document for New Settlement (Maltkiln), Policy NS3.

The HIA aims to:

- Identify potential positive and negative health impacts of the Proposed Masterplan
- Promote health equity and wellbeing throughout future design and delivery.
- Recommend mitigation measures to reduce adverse effects and enhance benefits

The assessment aligns with national and local planning policy, including the National Planning Policy Framework (2024). It adapts the recognised assessment methodology from the Healthy Urban Design Unit (HUDU) Rapid HIA Tool. This assessment approach has been agreed through consultation with public health officers.

Key Findings

Positive Health Outcomes: The Proposed Masterplan is expected to have predominantly positive health impacts, particularly through the provision of at least 3,000 dwellings (including accessible units built to Building Regulation M4(2) and M4(3) standards), enhanced green infrastructure and improved access to green spaces achieving at least 10% minimum Biodiversity Net Gain, sustainable design features that encourage active travel and reduce carbon emissions, and provision of mixed-use community spaces and flexible working spaces and childcare and education facilities. These measures are expected to support an inclusive, healthy living environment and improve access to secure housing and nature, needs that have been identified from the baseline assessment.

Neutral Health Outcomes: The Proposed Masterplan is expected to deliver some neutral health impacts, by posing negligible change to air quality and noise, potential exceedance of capacity for local healthcare provision, and negligible change to community safety and crime reduction. Some health impacts are considered with limited certainty due to the level of detail expected in a Proposed Masterplan, and thereby expected to deliver uncertain effects, including the absence of detailed building design to assess energy and water efficiency, climate resilience features, and absence of waste and recycling management measures.

Negative Health Outcomes: At this stage, no negative health outcomes have been identified. Key recommendations have been made in order to secure the above positive and neutral health outcomes identified. If these are not implemented at future Outline and Reserved Matters applications there may be risk that negative health outcomes may occur.



1 Introduction

1.1 Background

- 1.1.1 This Health Impact Assessment (HIA) has been prepared by Stantec UK to support the submission of a Masterplan Framework (the 'Proposed Masterplan') for Maltkiln, Harrogate (the 'Site') which has been produced collaboratively with the Council and stakeholders.
- 1.1.2 This HIA seeks to identify the potential beneficial and adverse effects of the Proposed Masterplan on the wider determinants of human health and demonstrate how the Proposed Masterplan will enhance beneficial effects through its design and delivery, in a manner proportionate to the size and characteristics of the Proposed Masterplan.

1.2 Report Structure

- 1.2.1 The HIA is structured as follows:
- Section 2: Proposed Masterplan and Site Context – description of the site and development
 - Section 3: HIA Approach and Methodology – outline of assessment methodology
 - Section 4: Policy Context – summary of relevant planning policy
 - Section 5: Local Health Characteristics – description of baseline health conditions
 - Section 6: Health Impact Assessment – assessment of health impacts in relation to the Proposed Masterplan
 - Section 7: Summary and Conclusions – overview of the assessment recommendations and concluding remarks.

1.3 Other Documents

- 1.3.1 Other reports and statements have been prepared to support the planning application, which relate to impacts on the wider determinant of health, including technical assessments on air quality, contamination, and transport. This report cross-references those documents as they provide greater detail on the assessment of impacts, clarification on the Proposed Masterplan and proposed mitigation. Documents referred to include: the Sustainability Appraisal and Equalities Analysis documents within the DPD.



2 The Masterplan Framework and Site Context

2.1 The Site

- 2.1.1 The Site is located between York and Harrogate, centred around Cattal Station, and east of the A1(M) with a total Site area of approximately 344 ha of land.
- 2.1.2 The majority of the Site comprises largely of open arable farmland on gently undulating ground. Parts of the site is occupied by a large commercial nursery to the east of Station Road, the Victoria pub adjacent to Cattal station, and a small number of individual residential dwellings, associated with large gardens and horse paddocks dispersed across the Site.
- 2.1.3 The Site is predominantly located within Flood Zone 1. However, there are small, localised areas, most along Kirk Hammerton Beck which traverses the Site in a broad west to east direction, which fall within Flood Zones 2 and 3. No development is proposed within the small areas at risk of flooding^{1,2}.

2.2 The Site Context

- 2.2.1 The northern portion of the Site is bounded by the A59 with adjoining agricultural land bordering the southern, eastern and western boundaries. Adjacent land use comprises of arable farmland defined by hedgerows and scattered field boundary trees, field ponds and small parcels of plantation woodland.
- 2.2.2 The village of Green Hammerton lies to the north-east of the Site, with Kirk Hammerton to the east and Whixley to the north-west, beyond the A59. These villages include a limited range of services and facilities including primary schools, doctors' surgery, post office, public houses and community facilities.
- 2.2.3 The site has direct access to the highway network with the A59 located north of the Site and the A1237 York ring road to the east, and the A1(M) to the west.

2.3 The Proposed Masterplan

- 2.3.1 The development will consist of a mixed-use residential led settlement of at least 3,000 dwellings and associated uses including education, employment, health, retail and hospitality, with other services and facilities.

¹Harrogate Borough Council (2016) Level 1 Strategic Flood Risk Assessment

² Environment Agency (2025) [Map – Flood map for planning – GOV.UK](#)



3 HIA Scope and Methodology

3.1 Introduction

- 3.1.1 This chapter sets out the methodological approach of this HIA, including the requirement for an HIA, assessment scope and how health is defined for the purposes of the HIA.
- 3.1.2 The HIA has adapted the methodology developed by the Healthy Urban Development Unit (HUDU) which is nationally recognised for use in HIA to create healthy, sustainable communities. The assessment framework is based on the HUDU Rapid Health Impact Assessment Matrix.

3.2 Requirement for HIA and Guidance Considerations

- 3.2.1 The objectives of HIA are as follows:
- To identify the potential positive and negative health impacts associated with the construction and operation of the development;
 - To identify opportunities for improving health and promoting health equality; and
 - To identify opportunities to mitigate negative impacts on health and reduce health inequalities.
- 3.2.2 The Local Planning Authority is North Yorkshire Council. The requirement for a HIA has been identified under the Proposed Masterplan Plan Document for New Settlement (Maltkiln), Policy NS3.

3.3 Defining Health and Health Determinants

- 3.3.1 The established definition of health from the World Health Organisation (WHO) is that “Health is a state of complete physical, social and mental wellbeing and not simply the absence of disease or infirmity.”³ This assessment uses the WHO definition of health, recognising that a broader understanding of health and wellbeing, as well as illness and disease (mortality and morbidity), is useful.
- 3.3.2 This definition of health reflects the understanding that an individual’s inherited traits interact with lifestyle, community, environmental, social, and economic factors as well as a much wider range of issues to determine their health outcomes, as shown in Figure 3.1. Some impacts may be direct, obvious, or intentional and others indirect, difficult to identify and unintentional. The purpose of the HIA is to anticipate and mitigate for these effects.

³ World Health Organisation (1946, entered 1948) Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York.



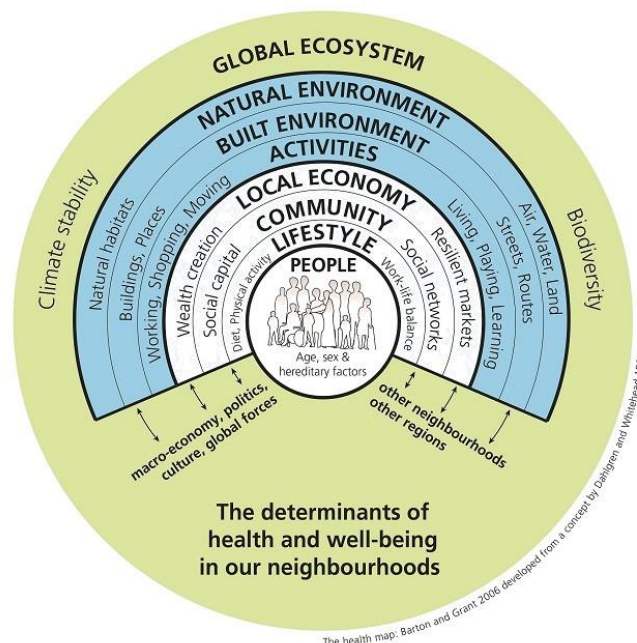


Figure 3.1 The Health Map - wider determinants of health and wellbeing (Barton and Grant, 2006 - adapted from Dahlgren and Whitehead, 1991)

3.4 Assessment Scope

- 3.4.1 A prospective, desktop HIA has been deemed to be appropriate and proportionate to the Proposed Masterplan in line with the requirement set out above. This is to reflect the stage at which the proposals are developed to. It is expected that more detailed (in particular rapid) HIA methodologies may be required at future planning stages.
- 3.4.2 Both the Sustainability Appraisal⁴ and Equalities Analysis conducted as part of the Proposed Development Plan Document for New Settlement (Maltkiln) have been reviewed and key findings have been integrated into this assessment where relevant. This includes reflecting sustainability objectives identified relevant to health and wellbeing, and aligning baseline study areas.
- 3.4.3 The HUDU Rapid HIA Matrix⁵ provides criteria that the Proposed Masterplan has been assessed against to identify the impact it will have on health and wellbeing. This takes the form of 50 detailed design questions. In order to make this relevant to the Proposed Masterplan the key criteria within the HUDU Rapid HIA Matrix have been summarised under each theme, and then responded to qualitatively within the assessment.
- 3.4.4 For each theme, an assessment has been completed to establish the baseline of the existing situation, an evidence base around health impacts associated with a health priority, and identification of likely effects (adverse and beneficial). Recommendations for mitigation and monitoring have also been made.

⁴ North Yorkshire Council (2024) [Sustainability Appraisal report](#)

⁵ NHS UK (2019) [HUDU Rapid HIA Tool October 2019](#)



3.4.5 The HUDU Rapid HIA Matrix contains 11 wider determinants of health, each determinant contains several questions focussed on key planning issues that relate to health and wellbeing. This tool has been used determine the scope of the assessment. The 11 wider determinants of health are:

- Housing quality and design;
- Access to healthcare services and social care services and other social infrastructure;
- Access to open space and nature;
- Air quality, noise and neighbourhood amenity;
- Accessibility and active travel;
- Crime reduction and community safety;
- Access to healthy food;
- Access to work and training;
- Social cohesion and inclusive design;
- Minimising the use of resources; and
- Climate change.

3.4.6 All themes are considered of relevance to the Proposed Masterplan and have been used to inform the rapid HIA.

3.4.7 In order to inform the recommendations a number of best practice documents have been consulted including: the National Design Guide⁶, the National Model Design Code⁷, the Planning Healthy-weight Environments report⁸, the Secured by Design Homes Guide⁹, and the Managing takeaways near schools toolkit for local authorities paper¹⁰.

3.5 Baseline Assessment Methodology

Study Area

3.5.1 Health impacts arise from many different determinants of health and distribution of effects varies by determinant. Furthermore, data is not always available at the same scale, all of which necessitates a range of study areas to be considered in HIA for baseline data collection and analysis.

3.5.2 The Study Area for the baseline conditions assessment includes the communities that will be directly and indirectly affected by the Proposed Development and therefore has been determined as the area of the former Harrogate Borough Council. This is to provide an

⁶ UK Government (2021) [National design guide.pdf](#)

⁷ UK Government (2021) [National Model Design Code: Part 2 - Guidance Notes](#)

⁸ Town and Country Planning Association (2014) [PHWE Report Final2.pdf](#)

⁹ Police Crime Prevention Initiative (2025) [RESIDENTIAL GUIDE 2025 27325.pdf](#)

¹⁰ National Institute for Health and Care Research (2024) [Managing takeaways near schools: a toolkit for local authorities](#)



overview of local health issues and to align with the appraisals reference in paragraph 3.4.2. In the case that Study Area baseline health data is not available, the wider North Yorkshire district will be utilised.

- 3.5.3 Additionally, a Healthcare Study Area of those GPs that include the Site within their catchment area has been provided, as these practices will be most impacted by new residents.

Data Sources

- 3.5.4 The following data sources have been used to inform the baseline conditions:

- Office for National Statistics (ONS) NOMIS;
- Indices of Multiple Deprivation (IMD) (2019);
- Office for Health Improvement and Disparities (OHID) (2021) Local Health Profiles;
- Sport England Active Lives Survey (2024);
- Department of Health & Social Care (2024) Fingertips: National General Practice Profiles;

3.6 Consultation

- 3.6.1 As part of developing the approach to this HIA feedback was sought from NYC Public Health on the suggested approach to the assessment. The below outlines this feedback and how it has been responded to within the HIA:

- *Will the HIA include recommended trigger points for review to reflect that it's an iterative process? This is something we would like to see, for example, review when housing mix is proposed:* The HIA outlines at which stage specific considerations are expected to be considered (either at Outline or future Reserved Matters Applications) for each recommendation under the HUDU themes.
- *Are you proposing to use a quality assurance standard? This is something we would encourage:* **Appendix A** includes how this HIA responds to the WHIASU performance assurance framework. This includes an explanation of why standards may not be able to be met at this stage.
- *Could we please include recommendations rather than considerations and identify how the developer/ developers should respond to the recommendations and where possible identify a key stage of the application process?:* Under each theme recommendations have been made for how future Outline or Reserved Matters Application can integrate DPD and, where appropriate, other approaches to achieve the health impact identified. This includes some key recommendations on considerations or design interventions that would be expected.

- 3.6.2 Following engagement with Public Health colleagues, the HIA approach has been refined to ensure it is iterative, quality-assured, and provides clear recommendations linked to key stages of the planning process.



3.7 Limitations and Assumptions

3.7.1 The following assumptions and limitations are relevant to this HIA:

- Limited data availability as not all of the baseline data presented was available at the Study area level.
- It is difficult to predict with certainty the long-term health effects of the Proposed Masterplan especially for specific groups and therefore this assessment is primarily based on professional judgement, alongside best practice guidance.
- No specific community engagement has been undertaken regarding this Health Impact Assessment.
- It is noted in the baseline and assessment that the assessment of GP capacity has been undertaken with publicly available data at the time of writing. Further engagement may be needed to refine this at future outline and reserved matters applications.



4 Policy Context

4.1 Introduction

- 4.1.1 The Proposed Masterplan is situated within the administrative boundaries of North Yorkshire Council (NYC). Policies relevant to these administrative areas and national policies are set out below.

4.2 National Legislation and Planning Policy

Health and Social Care Act 2022

- 4.2.1 The Health and Social Care Act (2012)¹¹ introduced a duty upon local authorities to “take such steps as it considers appropriate for improving the health of the people in its area”. This can include requiring a Health Impact Assessment (HIA) for policies, plans and projects. Some elements of this Act have been updated with the introduction of the Health and Social Care Act 2022.

Care Act 2014

- 4.2.2 The Care Act (2014)¹² introduced a duty upon local authorities to provide or arrange services that prevent people from developing care and support needs, or delay the progression of conditions such that people would need ongoing care and support. Local authorities should provide or arrange services that would help reduce needs and provide people with the means to recover.

National Planning Policy Framework (NPPF)

- 4.2.3 The National Planning Policy Framework (NPPF)¹³ which was revised in December 2024 (with minor amendments in February 2025) identifies the key principles in relation to health that local planning authorities should consider. In particular, Chapter 8 ‘Promoting healthy and safe communities’ states that decisions should aim to achieve the following key features to a healthy and safe community, these include:
- a. *“Promote social interaction, including opportunities for meetings between people who might not otherwise come into contact with each other – for example through mixed-use developments, strong neighbourhood centres, street layouts that allow for easy pedestrian and cycle connections within and between neighbourhoods, and active street frontages;*
 - b. *Are safe and accessible, so that crime and disorder, and the fear of crime, do not undermine the quality of life or community cohesion – for example through the use of attractive, well-designed, clear, and legible pedestrian and cycle routes, and high-quality public space, which encourage the active and continual use of public areas; and*
 - c. *Enable and support healthy lifestyles, especially where this would address identified local health and well-being needs – for example through the provision of safe and accessible*

¹¹ UK Parliament (2012) [Health and Social Care Act 2012](#).

¹² UK Parliament (2014) [Care Act 2014](#).

¹³ UK Government (2012) [National Planning Policy Framework](#)



green infrastructure, sports facilities, local shops, access to healthier food, allotments and layouts that encourage walking and cycling.”

- d. *green infrastructure, sports facilities, local shops, access to healthier food, allotments and layouts that encourage walking and cycling.”*

National Planning Practice Guidance

- 4.2.4 The National Planning Practice Guidance (PPG, live document) supports the NPPF health and wellbeing objectives. It states that health, wellbeing, and health infrastructure should be considered in plan making and decision making, recognising the causal relationship between health and wellbeing and the built and natural environment.

4.3 Local Planning Policy and Guidance

North Yorkshire Council Plan (2025-2029)

- 4.3.1 The North Yorkshire Council Plan¹⁴ sets out the council’s vision, ambitions and priorities for the four years and the approach undertaken to achieve them. The plan is underpinned by four key themes, each with supporting priority actions:

- Support thriving places and empowered communities that live, work, visit and do business in North Yorkshire.
- Develop more sustainable and connected places across North Yorkshire.
- Ensure the people of North Yorkshire are safe, healthy and living well.
- Maximise the potential of North Yorkshire’s people and communities

New Settlement (Maltkiln) Development Plan Document 2025 (DPD)

- 4.3.2 The Maltkiln DPD¹⁵ sets out the strategic framework for the creation of a new sustainable settlement in north Yorkshire with the overarching aim to deliver up to 4,000 homes alongside employment space, schools, green infrastructure, and transport links, with a strong emphasis on long-term community wellbeing.

- 4.3.3 The DPD includes detailed policies on design quality, affordable housing, biodiversity net gain, infrastructure delivery, as well as incorporates a sustainability appraisal report containing key population baseline data. While all policies within the Maltkiln DPD are tailored to support the delivery of this Proposed Development, and are therefore considered relevant, the following policies are particularly pertinent in the context of the HIA and ensuring positive health and wellbeing outcomes for future residents:

- Policy NS1: Development Framework
- Policy NS3: Master-Planning Design Principles
- Policy NS5: Net Zero Carbon Movement and Active Travel

¹⁴ North Yorkshire Council (2025) [North Yorkshire Council Plan 2025-2029](#)

¹⁵ Harrogate Borough Council (2022) [New Settlement Maltkiln Development Plan Document](#)



- Policy NS9: Supporting Inclusive Flexible Working and Living
- Policy NS12: Green and Blue Infrastructure
- Policy NS14: Open Space and Sport Provision
- Policy NS22: Housing Mix and Density
- Policy NS23: Affordable Housing
- Policy NS24: Specialist Housing
- Policy NS26: Local Centre
- Policy NS27: Employment
- Policy NS28: Education Provision
- Policy NS29: Social and Community Facilities
- Policy NS30: Sustainable Travel and Connectivity
- Policy NS35: Street Hierarchy

North Yorkshire Council (JSNA) & Harrogate Borough Profile (2021)

4.3.4 The Joint Strategic Needs Assessment (JSNA)¹⁶ shares information about the factors affecting population health, wellbeing, and social care needs, based on 2021 Census data. The North Yorkshire County profile summarises the county and a smaller-scale, Harrogate Borough profile¹⁷ (with which the Site falls within) provide the following key insights:

- Harrogate Borough is the least deprived district in North Yorkshire but has some areas of disadvantage leading to worse health outcomes. There is an 11-year gap in life expectancy between wards within the Borough and eight wards where more than one-in-five children grows up in poverty.
- The population in Harrogate Borough is ageing. By 2030, there will be a 25% increase in the population age 65+ and a 7% decrease in the working age group. This will lead to increased health and social care needs with fewer people available to work in health and care roles.
- The excess winter deaths index is at its lowest level for more than a decade, with 40 'excess' deaths in the winter of 2018/19 compared with the preceding summer and following spring.
- Smoking rates in Harrogate Borough are similar to England but highest among a group of similar areas. As the leading cause of preventable disease, it is important to continue efforts to minimise smoking. The proportion of adults that are overweight or obese is 57%, and whilst lower than the England average, remains high.

¹⁶ North Yorkshire Council (2021) [North Yorkshire Council \(JSNA\) 2021](#)

¹⁷ North Yorkshire Council (2021) [Harrogate Borough Profile 2021](#)



North Yorkshire Council Joint Local Health and Wellbeing Strategy 2023-2030

4.3.5 The Joint Local Health and Wellbeing Strategy¹⁸ sets out a seven-year vision for improving health and wellbeing across North Yorkshire. Its overarching ambition is '*For all residents of North Yorkshire to have a fair chance of living a fulfilling life, free from preventable ill health – adding years to life and life to years.*' The strategy is underpinned by the following key principles:

- Reducing health inequalities
- Collaborative working across sectors
- Community engagement and co-production
- Digital inclusion and innovation
- Workforce development and volunteering
- Accessibility of services

4.3.6 The strategy is the third iteration and responds to challenges including the COVID-19 pandemic, cost of living crisis, and persistent health inequalities. The strategy aligns with national frameworks including Core20PLUS5, a national approach aimed at reducing health inequalities.

North Yorkshire Council Housing Strategy 2024-2029

4.3.7 This is the first Housing Strategy¹⁹ of North Yorkshire Council (2024 to 2029) which sets out a vision for good quality, affordable, and sustainable homes that meets the needs of all communities across North Yorkshire. The strategy is structured around three key themes: supporting vulnerable groups and meeting diverse housing needs, tackling housing market challenges and enabling regeneration, and improving housing quality, safety, and sustainability. Priority actions supporting these three themes which are relevant to the HIA are as follows:

- **Theme 1:** Supporting older people with updated Extra Care models and home adaptations; meeting supported housing needs for people with disabilities, care leavers, mental health issues, and refugees.
- **Theme 2:** Growing the supply of affordable housing through aiming for 802 new affordable homes annually and supporting regeneration and neighbourhood renewal including brownfield development and key worker housing.
- **Theme 3:** Improving housing quality and safety, especially in council-owned stock.

¹⁸ North Yorkshire Council (2023) [Joint Local Health and Wellbeing Strategy 2023-2030](#)

¹⁹ North Yorkshire Council (2024) [North Yorkshire Council Housing Strategy 2024-2029](#)



5 Local Population and Health Characteristics

5.1 Introduction

- 5.1.1 This section outlines the population and health characteristics of the communities around the Proposed Masterplan site, relevant to the assessment topics. The purpose is to gain an understanding of the overall health of the population, identify sensitivities that could be affected by the Proposed Masterplan, identify receptors within the local area that may be affected, and in particular any vulnerable groups that may be inequitably affected by the development.

5.2 Local Study Area Baseline

5.3 Population

Population Overview

- 5.3.1 According to the Census for England Wales (2021), the Study Area has an estimated resident population of 9,377, while the wider North Yorkshire District has a population of 627,600 people²⁰.

Population Projection

- 5.3.2 The population of the Study Area is projected to increase from 168,834 in 2025 to 179,100 by 2035, representing an increase of 6.08%. This growth rate is notably higher than both the regional average increase of 3.68% and the national projected increase of 4.51%.
- 5.3.3 By 2035, the proportion of children (aged 0-15 years) within the Study Area is projected to see a 7.22% decrease from 2025. Then, those aged 16-24 years is projected to see a 3.61% decrease. The adult population (ages 25-49) is projected to increase by 8.57% within the Study Area. The proportion of those aged 50 to 64 years is projected to decrease by 7.56%. Lastly, the population of those aged above 65 years are projected to increase by 26.84%²¹. These projections suggest a predominantly ageing population.

Age

- 5.3.4 Within the Study Area, 60.5% of the population are of working age (16-64 years), which is slightly lower than the Yorkshire district average (62.3%) and to the national average (63.0%). The proportion of children (aged 0-15 years) (14.7%) is also lower than the district average and national average (18.5%). The proportion of those aged 65 years and older, however, is much higher at 25.0%, compared to 19.0% in the district and 18.3% nationally²².

Ethnicity and Religion

- 5.3.5 The leading ethnicity in the Study Area is White (96.6%), which is also the leading ethnicity within the North Yorkshire district (96.7%) and nationally (81.0%). Within this category, 94.4%

²⁰ NOMIS (2025a), [Census 2021. TS007 - Age by single year.](#)

²¹ NOMIS (2025b), [Populations projections – local authority based by single year of age.](#)

²² NOMIS (2025c), [Census 2021. TS008B – Age by broad age bands.](#)



of the Study Area identify as White British. The second leading ethnicity within the Study Area are those identifying as mixed, multiple ethnicities or other ethnic group, making up 2.1%. Whilst this is higher than the district average (1.6%), it is well below the national average (5.2%). Those identifying as Asian account for 0.9% of the Study Area population, which is below the district (1.4%) and national averages (9.6%). Again, this is similar to those identifying as Black within the Study Area (0.3%) being lower than the district (0.4%) and national averages (4.2%)²³.

- 5.3.6 In the Study Area, the majority of the population (58.3%) identify as Christian. This is similar to the district (55.6%) and the national average (46.3%), identifying Christianity as the leading religion group. Those reporting to have no religion account for 34.5% of the Study Area's population, with similar trends in the district (36.9%) and nationally (36.7%). Buddhist (0.3%) and Muslim (0.5%) populations are comparable to district averages (0.3% and 0.5% respectively) but below national averages (0.5% and 6.7%). Jewish, Hindu, and Sikh groups are the smallest religion groupings within the Study Area and together make up 0.3% of the population, which is lower than the district (0.5%) and national averages (3.2%). Lastly, those identifying with 'other religion' account for 0.4%, in line with the district average (0.4%) but below the national average (0.6%)²⁴.

Disability

- 5.3.7 In the Study Area, 15.2% of the population are classified as disabled under the Equality Act 2010, which is slightly lower than the district (17.5%) and national averages (17.3%). The remaining 84.8% of the population are not classified as disabled, which is marginally higher than the district (82.5%) and national (82.7%) averages²⁵.

Deprivation (IoD)

- 5.3.8 The Indices of Deprivation (IoD) 2025²⁶ is published by the Ministry of Housing, Communities and Local Government (MHCLG) and provides a relative measure of deprivation for areas in England. The IoD provides local authority summaries of deprivation, ranking all 317 local authorities in England from the most deprived (rank 1) to the least deprived (rank 317).
- 5.3.9 In addition, the IoD provides a more refined picture of deprivation across England, presenting deprivation levels at Lower Super Output Area (LSOA) level. The Index of Multiple Deprivation (IMD) component of the IoD is the official measure of relative deprivation in England and is based on 39 separate indicators, organised across seven distinct domains of deprivation which are combined and weighted to calculate the IMD.
- 5.3.10 The Proposed Masterplan falls within three LSOAs, Harrogate 016C, ranked 21,767 out of 33,755 LSOAs in England in 2021, placing it among the 64.5% most deprived neighbourhoods nationally; Harrogate 016D, ranked 23,931, placing it within the 70.9% most deprived neighbourhoods; and Harrogate 016E, which ranked 21,622, and is in the 64.1% most deprived LSOAs, as shown in Table 5.1 below.

Table 5.1: Indices of Multiple Deprivation for the LSA of the Proposed Masterplan

²³ NOMIS (2025d), [Census 2021. TS021 – Ethnic group.](#)

²⁴ NOMIS (2025e), [Census 2021. TS030 – Religion.](#)

²⁵ NOMIS (2025f), [Census 2021. TS038 – Disability.](#)

²⁶ UK Government (2019) [English indices of deprivation 2019 – GOV.UK](#)



	English Indices of Deprivation (IMD)	Income	Employment	Education, skills and training	Health and disability	Crime	Barriers to housing and services	Living environment
Harrogate 16C	8	9	9	8	9	10	2	3
Harrogate 16D	7	10	10	9	10	10	1	2
Harrogate 16E	6	9	10	8	9	8	1	2



5.3.11 As shown in Table 5.1, the Study Area is amongst the least deprived nationally in most indicators of deprivation, ranking the least deprived in “Income, Employment, Health and Disability, and Crime”. However, all three areas experience the highest levels of deprivation for “Barriers to housing and services” and the “Living environment” compared to the nation, highlighting significant deprivation in the domain for housing. Additionally, Harrogate 16E is marginally more deprived than the other two areas (Harrogate 16C, D).

5.4 Health Overview

Overall General Health

5.4.1 In the Study Area, 86% of the population self-reported having either ‘good’ (32.9%) or ‘very good’ (54%) health. This is slightly above the district (82%) and national (82.2%) averages. Only 2.6% of the Study Area population reported having ‘bad’ (1.9%) or ‘very bad’ (0.76%) health which is far below the district (4.7%) and national (5.2%) averages.

Physical Health Characteristics

5.4.2 As shown in Table 5.2 below, the North Yorkshire District in which the Study Area is located within has better average scores for nearly all key physical characteristics of health which includes male and female life expectancy and mortality rate for all causes when compared to the regional and national scores. Only the “hip fractures in people aged 65 and over” physical characteristic is similar to the national average²⁷.

²⁷ Department of Health & Social Care (2025) Local Authority Health Profiles. Available at: [Local Authority Health Profiles - Data | Fingertips | Department of Health and Social Care](#)



Table 5.2: Physical Health Characteristics

Indicator	Year	North Yorkshire District	Yorkshire and the Humber region	England
Life Expectancy				
Life expectancy at birth for males (3-year range)	2021-23	80.3	78.1	79.1
Life expectancy at birth for females (3-year range)	2021-23	84.0	82.1	83.1
Morbidity				
Hip fractures in people aged 65 and over (per 100,000 population aged 65 and over)	2023/24	101.2	114.2	117.0
Mortality				
Under 75 mortality rate from all causes	2023	299.1	379.7	341.6
Under 75 mortality rate from all cardiovascular diseases (per 100,000 population aged under 75)	2024	59.0	87.2	74.3
Under 75 mortality rate from cancer (per 100,000 population aged under 75)	2024	99.7	126.0	117.9
Killed and seriously injured (KSI) rate on England's roads	2024	72.1	109.1	89.8
Key				
	Better than the England average			
	Similar to the England average			
	Worse than the England average			
	Not Compared			
* Value is modelled or synthetic estimate				

Source: OHID²⁸.

²⁸ Department of Health & Social Care (2025) Local Authority Health Profiles. Available at: [Local Authority Health Profiles - Data | Fingertips | Department of Health and Social Care](#)



Mental Health and Behaviour Risk Factors

- 5.4.3 North Yorkshire district has better averages across some mental health and behavioural risk indicators compared to the region and country. However, it has significantly higher suicide rates and hospital admissions for alcohol-related conditions. See Table 5.3 detailed below.

Table 5.1: Mental Health and Behaviour Risk Factors

Indicator	Year	North Yorkshire District	Yorkshire and the Humber region	England
Mental Health				
Emergency hospital admission rate for intentional self-harm (per 100,000 population)	2023/24	101.2	114.2	117.0
Suicide rate (per 100,000 population aged 10 and over)	2022-24	14.1	12.7	10.9
Estimated dementia diagnosis rate (65+ years) (%)	2025	60.0	68.2	65.6
Lifestyle				
Percentage of physically active adults	2023/24	69.9	66.3	67.4
Percentage of overweight or obese adults	2023/24	61.5	67.2	64.5
Percentage of obesity in Year 6 children	2024/25	19.3	24.1	22.2
Smoking prevalence in adults (%)	2024	-	12.2	10.4
Hospital admission rate for alcohol-related conditions (per 100,000 population)	2023/24	527	548	504
Key				
	Better than the England average			
	Similar to the England average			
	Worse than the England average			
	Not Compared			

Source: OHID.



5.5 Wider Determinants of Health

Physical Activity

- 5.5.1 Physical activity levels across North Yorkshire District are broadly in line with regional and national averages. Sport England statistics show that 65% of adults meet the recommended 150 minutes of activity per week, which is similar to the national (64%) and higher than the regional (62%) average. Inactivity levels show that 24% of adults are classified as inactive, relatively lower compared to the regional (27%) and national (25%) averages²⁹.

Healthcare Capacity

- 5.5.2 Table 5.4 provides details of all GP provision in the LSA including the number of registered patients and the number of Full-Time-Equivalent (FTE) GPs (excluding locums and trainee GPs) at each practice as of 17th November 2025. This is the latest data available at the time of writing. For this assessment the postcode YO26 8EB has been used to identify the most directly impact surgeries.
- 5.5.3 It should be noted that this is a rapid desk-top assessment largely based on publicly available data. Therefore, it is a crude assessment of likely capacity and demand and further engagement at future project stages will be required with the Humber and North Yorkshire Integrated Care board (ICB) to determine demand and onsite and offsite responses needed.
- 5.5.4 Using the above approach the most relevant Primary Care Network has been identified as the Knaresborough and Rural PCN, and therefore all surgeries within this PCN have been included in the baseline. Although only Springback Surgery (operating across its Green Hammerton and Tockwith Sites) includes the Site within its catchment area. It is recognised that those within active travel standards up to 5km are most relevant.
- 5.5.5 Additionally, as discussed in the Infrastructure Delivery Plan contained within the New Settlement Maltkiln DPD (DPD IDP), the Springbank Surgery is most likely to be impacted by any increase in population due to the Masterplan. A worst case scenario is assumed of all new residents requiring registration with a local GP.
- 5.5.6 It is noted that the DPD suggests that a new GP Surgery will be needed to be provided within the new settlement in order to meet the health needs of the population of the new settlement and this will be required at an early in the development phase.
- 5.5.7 To determine whether existing GP provision is under or over-capacity, GP to patient ratios for the selected practices have been compared to the HUDU standard of 1 GP for every 1,800 people.
- 5.5.8 From this high level assessment it is determined that the most directly impacted GP's surgeries would not be able to adequately absorb new patient demand.

Table 5.1: Listed GP surgeries within Knaresborough and Rural PCN

NHS GP code	Practice name	Walking distance (km)	FTE GP	Patient size	GP / Patient ratio	Over / Under Capacity?	Accepting new patients?
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²⁹ Sport England (2024) [Active Lives | Results](#)



B82057	Springbank Surgery (Green Hammerton & Tockwith)	2.42	5.83	7,528	1 FTE GP per 1,291 patients	Undercapacity	Yes
B82060	Eastgate Medical Group	10.21	8.3	12,975	1 FTE GP per 1,563 patients	Undercapacity	Yes
B82069	Beech House Surgery	10.76	3.3	7,649	1 FTE GP per 2,318 patients	Overcapacity	Yes
B82067	Stockwell Road Surgery	10.92	4.0	8,619	1 FTE GP per 2,154 patients	Overcapacity	Yes
B82032	Church Lane Surgery (Boroughbridge)	12.82	3.5	12,428	1 FTE GP per 3,551 patients	Overcapacity	Yes
B82004	Nidderdale Group Practice	29.1	7.4	11,125	1 FTE GP per 1,503 patients	Undercapacity	Yes

Source: NHS³⁰ OnTheGoMap³¹

5.5.9 Table 5.2 lists other health facilities within the active travel standards, with the exception of hospitals.

5.5.10 The North Yorkshire Health and Wellbeing Board, Pharmaceutical Needs Assessment 2025-2028³² overall concludes that North Yorkshire as a whole has good access to pharmacies. Regarding Harrogate in particular the following points are noted:

- **Harrogate continues to have good access to community pharmacy services.** Most residents can reach a pharmacy within a 20-minute walk, and there is adequate choice of providers for routine and urgent needs.
- **Pharmacy opening hours and service coverage are generally sufficient Monday to Friday.** Weekend and evening provision is more limited, but not identified as a significant gap for Harrogate at present.
- **Recent pharmacy closures elsewhere in North Yorkshire have not directly impacted Harrogate.** The area has not experienced the same gaps in provision seen in Scarborough or Catterick Garrison, where 100-hour pharmacies have closed

5.5.11 Regarding dentistry, the latest available Yorkshire and Humber Dental Commissioning End of Year Report 2023/2024³³ suggests that there are a number of challenges in the region (which

³⁰ NHS (2025a) [Find a GP - NHS](#)

³¹ OnTheGoMap (2025) [How far did I run? – Create running maps with On The Go Map](#)

³² North Yorkshire Health and Wellbeing Board (2025) [Pharmaceutical Needs Assessment 2025 to 2028](#)

³³ Yorkshire and Humber Dental Commissioning End of Year Report 2023/2024 [16c-YH-Dental-Commissioning-Report-2023-24.pdf](#)



are also reflected nationally) regarding access to, recruitment of and funding arrangements for dentists. The England averages for adults and children accessing dentists services is 43% and 56% respectively. the Humber and North Yorkshire stand at 42.8% and 54%. suggesting a slightly worse performance for children's access and similar to average for adults. Both of these show a marked improvement since 2022.

- 5.5.12 From this high level assessment it is determined that the most directly impacted dental surgeries would not be able to adequately absorb new patient demand, and that all pharmacies and dental surgeries are not located within active travel standards (up to 5km).

Table 5.2: Listed Pharmacies and Dental surgeries listed in closest proximity to the Site

Type	Name	Walking distance (km)	Accepting NHS patients?
Pharmacy	Boots, Knaresborough	9.9	Yes
Pharmacy	Day Lewis Pharmacy	10.9	Yes
Dental Surgery	Knaresborough Dental Surgery	10.6	No
Dental Surgery	York Place Dental Practice	10.7	No
Dental Surgery	The Dental Hub Wetherby	14.3	No

Source: NHS³⁴ NHS³⁵ OnTheGoMap³⁶

Healthy Food Environments

- 5.5.13 In North Yorkshire, 61.5% of adults aged 18 and over are classified as overweight or obese, which is lower than the regional average of 67.2% and the national average of 64.5%. Among Year 6 children, 19.3% are classified as obese, also far below the regional average of 24.1% and the national average of 22.2%³⁷.
- 5.5.14 The percentage of adults meeting the 5 a day; fruit and vegetable consumption recommendation within North Yorkshire is 37.9%. This is much better than the regional (30.1%) and national (31.3%) averages³⁸.
- 5.5.15 The nearest convenience shops are the Whixley Village Shop and the Green Hammerton Village Shop and Cafe, both located within a 2km walking distance, as well as the Nisa Local convenience store in Tockwith, located approximately 5.29km walking distance. Additionally, the nearest eat-in options to the Site are The Victoria restaurant adjacent to Cattal Station, as well as the Anchor Inn in Whixley and The Bay Horse Inn in Green Hammerton, both located within 2km walking distance of the Site and within active travel standards.

³⁴ NHS (2025b) [Find a pharmacy - NHS](#)

³⁵ NHS (2025c) [Find a dentist - NHS](#)

³⁶ OnTheGoMap (2025) [How far did I run? – Create running maps with On The Go Map](#)

³⁷ Department of Health and Social Care (2025a) [Local Authority Health Profiles - Data | Fingertips | Department of Health and Social Care](#)

³⁸ Department of Health and Social Care (2025b) Local Authority Health Profile [Your indicator lists](#)



- 5.5.16 The closest supermarkets to the Site are the M&S Simply Food located at Wetherby Service Area, which is approximately 10 km, and the ALDI and M&S Foodhall in Knaresborough, approximately 8.7 and 9.7 km respectively. These are not located within active travel standards and are likely accessed by private vehicle or bus services more frequently than alternative modes of travel³⁹.

Green Infrastructure, Open Space and Play Space

- 5.5.17 According to the Fields in Trust Green Space Index 2025, a minimum of 24 ha of green space per 1,000 people is recommended to support recreation, sport, play, and overall well-being. All three Lower Super Output Areas (LSOAs) that the Study Area falls within do not meet the minimum standard, with Harrogate 016C offering approximately 5.35 ha; Harrogate 016D providing approximately 7.09 ha; and lastly, Harrogate 016E with approximately 5.69 ha. Additionally, the Middle Layer Super Output Area (MSOA) that the Study Area falls within indicates that 15-25% of the population do not live within a 10-minute walking distance of greenspace in 2025.
- 5.5.18 The Sustainability Appraisal report within the DPD further identifies the Site currently has inadequate access to outdoor sports facilities and parks but has the potential to develop substantial areas of green space, sports facilities and parks.
- 5.5.19 The DPD has therefore outlined that future proposals need to meet the Accessible Natural Greenspace Standards and safeguard minimum provision by requiring the New Settlement to provide sport, open and green space, recreational facilities and parks to meet needs arising from the development.

Social Infrastructure and Local Facilities

- 5.5.20 The nearest local facilities are provided by the two nearest villages, Whixley and Green Hammerton, offering facilities such as village and retail shops, community spaces such as the Green Hammerton Library, village halls, and churches. The range of nearby social infrastructure accessible by foot is limited and likely demands transport for access to wider facilities such as the Tockwith Sports Hall, located approximately 5.8 km away.
- 5.5.21 The Study Area falls within two primary school catchment areas and a secondary school catchment area. Table 5.3 outlines the educational facilities within these catchments, detailing their educational level, walking distance from the Site, current student roll, and overall capacity in 2023/24. Notably, all nearby education facilities are located farther than a 2 km walking distance, thereby not within active travel standards from the Site.
- 5.5.22 It is noted that the DPD IDP, suggests that two new primary schools, each with nursery provision, are to be provided within the Site in order to meet the education and childcare needs of the population of the new settlement and this will be required early in the development phase.
- 5.5.23 As described in the DPD IDP, the Development is not projected to generate a sufficient number of pupils to warrant the need for secondary education provision on-site. However, land has been provisioned for the potential provision of secondary school space if needed.

³⁹ OnTheGoMap (2025) [How far did I run? – Create running maps with On The Go Map](#)



Table 5.3: Education facilities listed in closest proximity to the Site

Type or level	Name	Walking distance from Study Area (km)	Number of School Places	Number of Pupils on Roll	Over / Under Capacity?
Primary	Green Hammerton Church of England	2.3	119	97	Undercapacity
Primary	Kirk Hammerton Church of England	2.6	84	53	Undercapacity
Secondary	Boroughbridge High School	12.9	763	446	Undercapacity

Source: GOV.UK⁴⁰ OnTheGoMap⁴¹

Transport and Active Travel

5.5.24 According to the 2021 Census for England and Wales, 48.6% of residents in the Study Area commute to work by car or van which is similar to the national average (48.4%) and lower than the district average (54.1%). A large proportion of the Study Area work mainly from home (44.7%) which is greater than the district (29.9%) and national (31.5%) averages. Only 4.6% of the Study Area population use active transport (walking or cycling) to get to work which is far below the district (11.8%) and national (9.7%) averages. Lastly, public transport usage to travel to work is the lowest with 0.9%, much below the district (2.0%) and national (8.2%) averages⁴².

5.5.25 The Transport Assessment within the Maltkiln DPD identifies the New Settlement will be provided opportunities of public transport such as bus and rail connections to York, Harrogate, and Leeds. However, it has forecasted a potential issue in providing adequate train service capacity with the increased population of the Study Area. The current train line predominantly features sections of single track and currently is performing at maximum capacity (frequency of service). At this rate, without a large rail infrastructure project, it is anticipated that the current rail infrastructure cannot support the growing population, however as set out in the Sustainability Appraisal report, other modes of sustainable transport will be promoted to mitigate this.

Economic Activity

5.5.26 Detailed economic activity and industrial profile data is not available at the Lower Super Output Area (LSOA) level. As a result, the data for the Study Area has been derived from a Mid Layer Super Output Area (MLSOA), Harrogate 016, which encompasses the Study Area. While this provides a useful overview, it should be noted that this data is applicable to a broader geographic area than the Study Area.

⁴⁰ GOV.UK (2024b) [School capacity, Academic year 2023/24 - Explore education statistics - GOV.UK](https://www.gov.uk/explore-education-statistics)

⁴¹ OnTheGoMap (2025) [How far did I run? – Create running maps with On The Go Map](https://onthego.com/)

⁴² NOMIS (2025i), [Census 2021. TS061 – Method used to travel to work.](https://www.nomis.co.uk/census/2021/ts061)



- 5.5.27 Out of the 7,435 usual residents in the Study Area aged 16 or over, 59.7% are economically active (excluding full-time students) with 58.5% of whom are in employment. This is slightly higher than the district (57.5%, 55.7%) and national levels (58.6%, 55.7%). Additionally, 1.2% of the economically active population in the Study Area are unemployed, which is far below the district (1.8%) and national (2.9%) averages.
- 5.5.28 Within the Study Area, 39% of the usual residents aged 16 or over are economically inactive, which is lower than the district average (41.1%) but comparable to the national average (39.1%). Of this total, 24.3% are retired, 6.7% are students, 3.9% are looking after the home or family, and 5.9% are long-term sick or disabled⁴³.
- 5.5.29 The leading industries in the industrial profile area include wholesale and retail trade (supporting employment of approximately 656 jobs amounting to 14.8% of all employment); human health and social work activities (supporting employment of approximately 499 jobs amounting to 11.3% of all employment); and professional, scientific and technical activities (supporting employment of approximately 445 jobs amounting to 10% of all employment)⁴⁴. Table 5.4 provides an overview of workforce jobs by industry.

Table 5.4: Workplace Employment by Industry

Industry	Harrogate 16 (MLSOA)	North Yorkshire District	England
A: Agriculture, Forestry and fishing	6.0	3.7	0.8
C: Manufacturing	6.6	8.1	7.3
D: Electricity, gas, steam and air conditioning supply	0.5	0.6	0.6
E: Water supply; Sewerage, Waste management and Remediation activities	0.8	0.6	0.7
F: Construction	7.8	8.7	8.7
G: Wholesale and retail trade; repair of motor vehicles and motorcycles	14.8	14.9	15.0
H: Transport and storage	3.4	3.5	5.0
I: Accommodation and food service activities	3.3	6.4	4.9
J: Information and communication	4.0	2.9	4.7
K: Financial and insurance activities	4.0	2.6	3.8
L: Real estate activities	2.3	1.5	1.6

⁴³ NOMIS (2025f), [Census 2021. TS066 – Economic activity status](#)

⁴⁴ NOMIS (2025j), [Census 2021. TS060 - Industry](#)



M: Professional, scientific and technical activities	10.0	6.5	6.7
N: Administrative and support service activities	5.2	4.7	5.3
O: Public administration and defence; compulsory social security	5.2	7.6	5.8
P: Education	9.2	8.9	9.9
Q: Human health and social work activities	11.3	13.6	14.6
Arts, entertainment, recreation & other services	5.6	4.8	4.6

Community Safety and Crime Reduction

- 5.5.30 The Site falls within the Knaresborough Rural Police Force Area. Data from the police force portal shows that over the last 12 months, there were - crimes across the police force area, with the majority of these being violence and sexual offences (33%) and anti-social behaviour (20%). Other remaining crimes include vehicle crimes, burglary, public order, and criminal damage and arson.
- 5.5.31 Hotspot mapping for September 2025 (the most recent month with publicly available data) shows that one public order crime had taken place within Cattal Station located immediately north of the Site⁴⁵.

Housing

- 5.5.32 The Study Area features a mix of housing types, with detached homes being the most common, accounting for 55.3% of all housing in the area. This is significantly higher than the district (33.8%) and the national (22.9%) averages. The second most prevalent type are semi-detached homes, making up 28.5% of the housing stock, which is below the district average of 32.3% and national average of 31.5%. Terraced housing represents 13% of the Study Area, which is also lower than both the district (20.7%) and the national (23%) averages. Lastly, the less common housing types, such as purpose-built blocks, flats or tenements; part of a converted building; part of a converted or shared house; and commercial properties, collectively account for 3.2% of the housing stock, which is significantly lower compared to 13.1% in the district and 22.6% nationally⁴⁶.
- 5.5.33 Homeownership in the Study Area is higher than both district and national averages, with 75.9% of residents owning their homes, compared to 68.6% in the district and 61.3% nationally. The second most common tenure is private renting, accounting for 14% of

⁴⁵ Police.uk (2025) [Knaresborough Rural | Police.uk](#)

⁴⁶ NOMIS (2021k), [Census 2021. TS044 – Accommodation Type](#)



households in the area. This is below the district average (18.5%) and the national average (17.1%)⁴⁷.

5.5.34 Most dwellings in the Study Area have 1-2 persons in the household (64.2%). This is less than the district (70.3%) but comparable to the national average (64.1%)⁴⁸.

5.5.35 As set out in the Housing and Economic Development Needs Assessment supporting the Local Plan, the NPPF standard method for assessing housing needs across the North Yorkshire district identified the need amounts to 4,115 housing per annum with 2,458 affordable homes needed per annum. The assessment also indicates a need for a range of different sized homes, around 45% of them to have at least 3 bedrooms.

Air Quality

5.5.36 The Site is not located within an Air Quality Management Area (AQMA) for all pollutant types⁴⁹.

5.5.37 The primary source of air pollution near the Site is road traffic emissions, particularly from vehicles using the adjacent local highway network, the A59 to Harrogate or York. The construction and operation phase of the Proposed Development is likely to generate more private vehicle and HGV trips, thereby anticipating a slight increase in particulate and nitrogen dioxide emissions.

Flood Risk

5.5.38 The Masterplan Framework document identifies the Site being predominantly located within Flood Zone 1. However, some lower lying zones along Kirk Hammerton Beck are within Flood Zones 2 and 3. The Masterplan identifies that some small areas around the Site are also susceptible to surface water flooding.

5.5.39 There are no surface water sewers within or surrounding the Site.

5.6 Health Profile Summary

5.6.1 The baseline conditions relevant to the Development can be summarised as follows:

- **Population:** The Study Area has a resident population of 9,377 which is projected to increase notably greater than district and national trends. Additionally, the proportion of children and working-age groups is lower than district and national averages.
- **Deprivation:** The Site lies within Harrogate 016C, 016D, 016E LSOAs which all have lower than average levels of deprivation when compared to areas nationally, performing well in areas such as income, employment, health and disability, and crime. However, the areas experience the highest levels of deprivation in relating to barriers to housing and services. This domain includes indicators regarding connectivity to retail, education, health, employment and leisure, as well as housing affordability, overcrowding, homelessness, broadband speed and patient to GP ratios.

⁴⁷ NOMIS (2021), [Census 2021, TS054 - Tenure](#)

⁴⁸ NOMIS (2021m), [Census 2021, TS017 – Household size](#)

⁴⁹ DEFRA (2025). [AQMA Interactive Map](#)



- **Health Profile:** Residents in the Study Area generally enjoy good physical and mental health, with higher life expectancy for both men and women, lower mortality and obesity rates. However, the population experiences notably higher suicide rates and emergency hospital admissions for alcohol-related conditions.
- **Transport and Travel:** The Site is not within active travel standards of key amenities including schools, a supermarket, a medical centre, and a pharmacy. Further, levels of active travel are significantly lower than national and district averages. Public travel options are provisioned including bus and rail connections to York, Harrogate, and Leeds. The Study area is also well served by the local highway network.
- **Education and Healthcare:** Six GP surgeries are within the Knaresborough and Rural PCN and thereby include the Site within their catchment, although all but one are located over 10 km away. The Site is within two primary schools and a secondary school in their catchment area.
- **Housing:** Housing is predominantly detached, followed by semi-detached housing. Home ownership is significantly higher than the district and national averages.
- **Economic Profile:** The proportion of economically active residents and people in employment are consistent with district and national trends, with leading industries in wholesale and retail trade, and human health and social work activities.

5.7 Assessment Receptors and Vulnerable Groups

5.7.1 The following receptor and vulnerable population groups have been identified as the most likely to experience impacts as a result of the Proposed Masterplan. The WHIASU population group checklist has been used to inform this list⁵⁰:

- Construction workforce;
- Future users of the Site
- Neighbouring residents;
- Children and young people;
- Older people;
- General adult population;
- People on low income;
- People with long term health conditions;
- People with mental health conditions;
- People with physical, sensory or learning disabilities/difficulties; and
- Pedestrians and cyclists.

⁵⁰ WHIASU (2020) [WHIASU Population Groups Checklist.pdf](#)



6 Health Impact Assessment

6.1 Introduction

- 6.1.1 The tables below set out the potential health and wellbeing impacts associated with the Proposed Masterplan using the HUDU 'Rapid Health Impact Assessment Tool' (2019).⁵¹

6.2 Housing Design and Affordability

- 6.2.1 Access to decent and adequate housing is critically important for health and wellbeing, especially for the very young and very old. Environmental factors, overcrowding and sanitation in buildings as well as unhealthy urban spaces have been widely recognised as causing illness. Post-construction management also has impact on community welfare, cohesion and mental wellbeing. The affordability of housing, especially for those with lower-incomes or facing economic hardship is important for health and wellbeing. Affordable housing is linked to improved health equity by ensuring that everyone has a fair chance to achieve optimal health. Additionally, affordable housing contributes to overall community wellbeing by reducing homelessness and improving access to essential services.
- 6.2.2 The way housing is managed after construction also plays a key role in supporting community wellbeing, social cohesion, and mental health. Affordability is a crucial factor, especially for individuals and families on lower incomes or experiencing financial hardship. Providing genuinely affordable housing helps to promote health equity by giving everyone a fair opportunity to lead a healthy life. Moreover, it supports wider community wellbeing by reducing homelessness and improving access to essential services.
- 6.2.3 These principles, outlined in the HUDU HIA Matrix, ensure inclusivity, resilience, and enhanced quality of life for all residents. By prioritising high standards of housing design and the integration of affordable housing, developments can foster vibrant and cohesive communities, reduce health disparities, and support healthier lifestyles for current and future generations.

The groups likely to be impacted by this determinant:

- All Future residents;
- Elderly residents
- Children
- Residents with disabilities or long-term conditions

Key Considerations:

- Accessible and adaptable homes

⁵¹ NHS London Healthy Urban Development Unit (2017) HUDU Planning for Health: Healthy Urban Planning Checklist. Available at: [HUDU Rapid HIA Tool October 2019](#)



- Homes that address needs of older population e.g. specialist housing, extra care housing and sheltered housing
- Proposals that promote good design, space standards and orientation
- A range of appropriate tenures and sizes that respond to local needs
- Energy efficient, warm and damp-free homes

Assessment of Masterplan

- 6.2.4 The Proposed Masterplan provides for at least 3,000 dwellings, in line with Policy NS1 within the DPD. A mix of homes will be provided in varied sustainable neighbourhoods. As set in the baseline, the NPPF standard method for assessing housing needs across the North Yorkshire district identified the need amounts to 4,115 housing per annum with 2,458 affordable homes needed per annum. The assessment also indicates a need for a range of different sized homes, around 45% of them to have at least 3 bedrooms. The Proposed Masterplan would be instrumental in meeting this need.
- 6.2.5 The delivery of the residential dwellings is phased broadly across the 12 project phases, allowing adaptation and responsiveness to specific local need, including the consideration of the proportions of affordable, adaptable and accessible housing (M4(2) & M4(3)) and any specialist housing required. As referenced above, access to a range of appropriate, affordable and varied housing is needed to contribute long-term health at a population level.
- 6.2.6 The proposal will feature a distinctive urban form shaped by the site's natural topography and best practice in urban design. Developing clear neighbourhood identities can help foster social cohesion and a sense of belonging which can contribute to stronger mental health, and physical health through social interaction.
- 6.2.7 The masterplan includes six broad character areas:
- **Maltkiln Centre:** A vibrant, higher-density local centre serving as the heart of the community.
 - **Maltkiln Common:** A rural fringe neighbourhood, with a lower-density neighbourhood.
 - **Beck Park:** Naturalistic edges, maximise water feature, lower density frontage
 - **Lingfield Park:** Medium to high-density housing with strong frontage.
 - **Roman Road:** Medium-density development, with strong frontages.
 - **A59 Frontage:** a rural, naturalistic green buffer, with development to be screened from the A59.
- 6.2.8 These six broad character areas have fed into four distinct neighbourhoods: Giltswaite, Thornville, The Grange, and Gelsthorpe. Each area will utilise varied materials and architectural styles to foster a strong sense of place. Site-wide and area-specific design codes will be developed to guide future applications, ensuring high-quality construction and locally influenced character.
- 6.2.9 At this stage in the Masterplan the exact level of affordable, accessible and adaptable housing (normally built to M4(2) or M4(3) standards), affordable housing or specialist provision (such as those for older people) is not able to be specified. However, it is expected that future Outline and Reserved Matters Applications will meet local policy requirements or,



where appropriate, establish appropriate levels of provision in collaboration with the Local Planning Authority.

- 6.2.10 Whilst the detailed design of residential dwellings including internal and external space standards does not comprise part of the Proposed Masterplan, it is noted that it is expected that in order to meet the requirements of Policy NS9 of the DPD and the most recent iteration of the NPPF, the development should offer flexible workspace within every residential property, and within each property, space should be provided to allow residents to choose to work from home, and high-speed broadband access should be provided to every dwelling.
- 6.2.11 It is expected that at Future Outline and Reserved Matters applications that high energy standards will be met, including adhering to elements such as Future Homes Standards to meet policy requirements. This level of detail is not available at this stage.
- 6.2.12 Overall, it is considered that the Proposed Masterplan is considered to have a **positive** effect on the determinant Housing Design and Affordability given its role in meeting local housing need, and the intentions of the Proposed Masterplan to provide responsive, high-quality housing with distinctive characteristics. The considerations listed below are recommended to be embedded at future planning stages to achieve this outcome.

Recommendations For Future Outline and Reserved Matters Applications

- In alignment with Policy NS22 it is expected that final mixes of homes proposed at future planning stages should reflect policies in the Local Plan and be made in reference to the latest evidence base and housing need (including M4(2) & M4(3) standards). This will be finalised at Reserved Matters Application.
- In alignment with Policy NS22 it is expected that the final percentage of affordable homes provided at future planning stages will be determined through negotiation with the Local Planning Authority and reflect local needs. It is expected that affordable housing will meet M4(2) standards. This is expected to be finalised at Reserved Matters Application.
- In alignment with Policy NS24 at future planning stages the quantity, location and design of any specialist housing considered will be delivered in consultation with the Local Planning Authority's specialist housing team. This is expected to be finalised at Reserved Matters Application. This would include consideration of elements such as extra care housing.
- In alignment with Policy NS7 energy efficient housing will be delivered through requirements to meet a minimum of the Future Homes or Building Standards. An outline Energy and Sustainability Strategy is expected to be put forward at Outline Application stage, and finalised at Reserved Matters Application. This would include elements such as approach to elements such as heat pumps and use of renewable energy sources.
- All dwellings should endeavour to meet Nationally Described Space Standards and meet local or national private outdoor space requirements, and if this is not viable clear justification needs to be provided. Recommendations are expected to be put forward at Outline Application, and finalised at Reserved Matters Application.
- A clear Sustainability and Energy Strategy should be provided at Future Planning Stages outlining how homes can be heated and ventilated effectively. An outline Energy and Sustainability Strategy is expected to be put forward at Outline Application, and finalised at Reserved Matters Application.



6.3 Access to Health and Social Care Services and Other Social Infrastructure

- 6.3.1 Strong, vibrant, sustainable and cohesive communities require good quality, accessible public services and infrastructure. Encouraging the use of local services is influenced by accessibility, in terms of transport and access into a building, and the range and quality of services offered. Access to good quality health and social care, education (primary, secondary and post-19) and community facilities has a direct positive effect on human health. Opportunities for the community to participate in the planning of these services has the potential to impact positively on mental health and wellbeing and can lead to greater community cohesion.
- 6.3.2 As outlined in the HUDU HIA Matrix, developments that prioritise access to health and social care services and other social infrastructure contribute to healthier, more cohesive communities. By encouraging proactive self-care and supporting lifelong learning and workforce development, planners can contribute to improved health outcomes and enhanced quality of life for all residents.

The groups likely to be impacted by this determinant:

- Future users of the Site
- Neighbouring residents;
- Children and young people;
- Older people;
- General adult population;
- People on low income;
- People with long term health conditions;
- People with mental health conditions;
- People with physical, sensory or learning disabilities/difficulties; and

Key Considerations:

- Providing accessible health, community and leisure facilities
- Provision of other social infrastructure including education facilities
- Opportunities for community uses and co-located services

Assessment of Masterplan

- 6.3.3 The Proposed Masterplan incorporates a Local Centre at its heart, designed to deliver a comprehensive range of community services and facilities, including:
- Central Mobility Hub
 - Healthcare Facilities



- Office Space
 - Convenience Stores
 - Food and Beverage Uses
- 6.3.4 The location of the local centre prioritises accessibility for residents via walking and cycling, and provides direct connections to public transport (notably Cattal Railway Station), in accordance with Policy NS3. The co-location of services within the Local Centre is intended to foster community cohesion and identity, with adjacent education uses enabling shorter, active travel journeys between key destinations.
- 6.3.5 Health Facilities: Baseline data indicates that nearby GP surgeries are operating at or above capacity (HUDU Formula), suggesting that the additional population generated by the Masterplan cannot be sustainably absorbed by existing primary care facilities. Provision of dedicated health space within the Masterplan is therefore essential to mitigate this impact, aligning with the healthcare demand assessed in the New Settlement Maltkiln DPD Infrastructure Delivery Plan (DPD IDP). The DPD IDP suggests a GP surgery/ pharmacy up to 900 sqm (0.6 ha) based on 3,000-4,000 new homes but notes that this remains under discussion.
- 6.3.6 The current phasing suggests that primary healthcare provision can grow the increasing demand from the future Site population, with the provision of a temporary local centre in Phase 1 (which could include satellite healthcare provision to cater for an early on-site population), with further space for community facilities in Phase 3 and Phase 8. At this stage, operational agreements and financing structures remain to be agreed as it is too early in the development lifecycle to determine this and this will need to be determined in conjunction with NHS viability and estate planning.
- 6.3.7 As only the ICB is responsible for commissioning local health services, further engagement will be required at future project stages (Outline and Reserved Matters) with the Humber and North Yorkshire Integrated Care Board (ICB) to determine demand and appropriate onsite and possible offsite health needs. This will include any mitigations measures for secondary and acute care given the scale of the site.
- 6.3.8 In regard to dentists and pharmacy at Masterplan stage no specific provision has been allocated, although healthcare space in the Local Centre could be provisioned if demand is demonstrated. The baseline suggests that there is limited provision of dentists in the local area. It is important to note that the ICB is responsible for commissioning viable services and ultimate delivery of this may be outside the hands of future applicants. The baseline suggests that there is good local provision of pharmacies, however, it would be recommended that this is pursued to enable active travel standards for access for future residents.
- 6.3.9 Community Facilities: The Local Centre, Sports Hub, and a range of open spaces will enable a diverse array of community facilities and activities to serve both future residents and neighbouring residents. This is in line with expectations within the DPD IDP.
- 6.3.10 Social Infrastructure (Including Education): The need for education provision is identified in the baseline. The Masterplan phases include primary schools (Phase 2 and Phase 10) and provisioned land for a secondary school. It is noted that one of these primary schools is expected to include nursery provision. If it is considered that the safeguarded secondary provision site is not required to serve the needs of Maltkiln, then off-site financial contributions will be required, including extra provision of places at Boroughbridge High School, thereby the safeguarded site will be released for other uses.



Overall Health Impact

- 6.3.11 The health impact for this determinant is assessed as neutral. While new community infrastructure (office space, amenity uses, sports hub) offers clear benefits, the primary impact of new healthcare, education facilities and community facilities is to mitigate the effects of population growth and the delivery of some elements relies on multiple third party agreements. This assessment may be revisited and revised to positive at future Outline and Reserved Matters stages, depending on the level of provision agreed.

Recommendations for Future Outline and Reserved Matters Applications

- If viable, and if a need is identified GP surgery should be co-located with a dentist and pharmacy, in line with Policy NS29 of the DPD. This will be determined at Reserved Matters Applications regarding the Local Centre.
- It is recommended that future Outline and Reserved Matters applications include detailed engagement, for example with phased floorspace forecasts to ensure expansion of healthcare allocations are in line with expected demand. This would be required at Outline Matters Application, and finalised at the relevant Reserved Matters stage.
- Ongoing engagement is required to ensure provision matches demand, including for early years provision. There may also need to be engagement specifically regarding any offsite mitigation required for early occupants. This would be required at Outline Matters Application, and finalised at the relevant Reserved Matters stage.
- North Yorkshire Council will continue to engage with stakeholders to determine the precise requirements, timing, and delivery mechanisms for social and community infrastructure. As well as to develop opportunities to co-locate complementary facilities (health centres, libraries, day care, nurseries) and provide flexible floorspace This would be required at Outline Matters Application, and finalised at the relevant Reserved Matters stage.
- To ensure inclusivity, at relevant Reserved Matters Applications accessibility regarding all health, education and community facilities needs to be considered. This should provide high-quality, multi-functional spaces catering to abilities. These spaces must be flexible, physically accessible, and available to the community. For example, community facilities should be designed for accessibility, with elements such as ground-floor toilets, adequate lighting and lifts & ramps.

6.4 Access to open space and nature;

- 6.4.1 Providing secure, convenient and attractive open/green space can lead to more physical activity and reduce levels of heart disease, strokes and other ill-health problems that are associated with both sedentary occupations and stressful lifestyles. There is growing evidence that access to parks and open spaces and nature can help to maintain or improve mental health. Open/green spaces provide venues for social interaction which can foster community ties and social support. Additionally, the provision of parks and open spaces can offer the space for recreational activities that can enhance social wellbeing.
- 6.4.2 The patterns of physical activity established in childhood are perceived to be a key determinant of adult behaviour; a growing number of children and young people are missing out on regular exercise, and an increasing number of children and young people are being diagnosed as obese. Access to play spaces, community or sport facilities such as sport pitches can encourage physical activity. There is a strong correlation between the quality of open space and the frequency of use for physical activity, social interaction or relaxation.



- 6.4.3 Aligned with the HUDU HIA Matrix, developments that prioritise access to open space and nature ensures inclusivity for all users while supporting active lifestyles and recreation. Integrating these spaces within developments can promote healthier living environments and enhance the overall quality of life for residents.

The groups likely to be impacted by this determinant:

- Future residents;
- Neighbouring residents

Key Considerations:

- Proposals enhance, provide or retain existing open and natural spaces
- Access to existing open and natural spaces is improved
- Proposals meet green space standards
- Spaces are accessible and inclusive
- Proposals consider how spaces will be managed and maintained

Assessment of Masterplan

- 6.4.4 The Proposed Masterplan sets out how existing field boundaries and trees are to be retained wherever possible and expected to form the basic framework of the green blue network. Details on space dimensions and design to be provided at the Reserved Matters stage.
- 6.4.5 In line with Policy NS2 of the DPD, strategic green gaps are to be implemented across the development to ensure natural spaces are retained, in line with Policy NS2 and consistent with NPPF standards. Land within the southern area of the strategic green gap is expected to be retained for biodiversity enhancement. Existing watercourses and natural ponds are also expected to be preserved to help establish the wilder wetland landscape, as required by Policy NS3 of the DPD. Details on space dimensions and design to be provided at the Reserved Matters stage.
- 6.4.6 In addition, the proposal expects to provide additional natural/semi natural open space, amenity green spaces, green corridors, community growing spaces, sports hub and play areas. The Proposed Masterplan describes the main areas of open space include Beck Park, Lingfield Park, Maltkiln Common, and smaller plots of open space.
- 6.4.7 The expected provision of open space and access to nature is laid out strategically throughout the development to enable inclusive access to all residents and consist of a range of different functions to suit a diverse range of needs, in alignment with Policy NS12 of the DPD.
- 6.4.8 As identified in the baseline assessment, the local area does not meet the minimum green space provided to residents, and that 15-25% of the local population do not live within a 10-minute walking distance of greenspace. The sustainability appraisal for this development also identifies that the site currently has inadequate access to outdoor sports facilities and parks. This highlights how instrumental the proposal is in meeting this need.
- 6.4.9 The Proposed Masterplan sets out the commitment to a Landscape and Ecological Management Plan to ensure the establishment and management of these spaces/habitats, as



well as a commitment to meet the minimum of 10% Biodiversity Net Gain. Both will be provided and set out at the Reserved Matters stage.

Overall Health Impact

- 6.4.10 Overall, the Proposed Masterplan is considered to have a positive effect on the determinant of improving access to open space and nature for future residents of the development. This is given the existing population is deprived of sufficient access to open space and nature in which the proposal sets out how this need may be met. The considerations listed below are recommended to be embedded at future planning stages to ensure this outcome.

Recommendations For Future Outline and Reserved Matters Applications

- In alignment with Policy NS2 as well as the NPPF, land covered by the Strategic Green Gap designation is required to be kept free from development to protect the rural setting, achieve biodiversity net gain, and protect respective Conservation Areas. This development plans to maintain the strategic green gap on the eastern edge of the settlement and is illustrated in the proposal, but details on management of this space is to be finalised at the Reserved Matters stage.
- In alignment with Policy NS12, green blue infrastructure is required to be provisioned with reference to the Building with Nature standards, including the incorporation of SuDS and incorporating opportunities to bring nature closer to children. These are suggested by the proposal but detailed design is expected finalisation at the Reserved Matters stage.
- Policy NS13 requires that the development incorporates strategic design to deliver a minimum biodiversity net gain of 10%. A settlement wide Biodiversity Net Gain strategy is to be submitted and expected with the Outline Planning Application. Although not required by Policy within the DPD, a Landscape and Ecological Management plan is expected to also be submitted and likely at the Reserved Matters stage.
- As set out in the Provision for Open Space and Village Halls Supplementary Planning Guidance and in Policy NS14 of the DPD, open spaces are required to be provisioned on-site that are of high-quality design; embedding water and energy efficient standards; cater to a range of uses; and are publicly accessible and inclusive. Detailed design to ensure quality is expected within the Reserved Matters stage. This would include consideration of accessibility features such as benches, toilets and bins.
- In accordance with the National Design Guide, the following are recommended considerations when designing open space and providing access to nature. These are to be considered within the Outline Application stage:
- Open spaces should be designed to be a range of sizes and different locations; different functions to suit a diverse range of needs; offer opportunities for formal and informal play, exercise and rest. It is recommended that historically underrepresented groups are engaged in the future design of these spaces, such as young people and in particular women and girls.
- The development may consider a plan to integrate sustainable drainage, an ecological management plan, shading design throughout the development, and community food production to help achieve biodiversity net gain.



6.5 Air Quality, Noise and Neighbourhood Amenity

- 6.5.1 The quality of the local environment can have a significant impact on physical and mental health. Pollution caused by construction, traffic and commercial activity can result in poor air quality, noise nuisance and vibration. Poor air quality is linked to incidence of chronic lung disease and heart conditions and asthma levels of among children and young people and the elderly. Noise pollution can have a detrimental impact on health resulting in sleep disturbance, cardiovascular and psycho-physiological effects.
- 6.5.2 Aligned with the HUDU HIA Matrix, developments that incorporate good design to enhance air quality and lessen noise impacts, can enhance the liveability and attractiveness of a place, contributing to a higher level of health and wellbeing of residents.

The groups likely to be impacted by this determinant:

- Future residents;
- People with or at risk of pre-existing health conditions;
- Construction workforce.

Key Considerations:

- Proposals minimise construction impacts including dust, noise, vibration and odours
- Proposals minimise air and noise pollution during operation

Assessment of Masterplan

- 6.5.3 The consideration of the management of construction impacts in relation to dust, noise, vibration, and odour has not been made within Proposed Masterplan Framework, and there are no specific policies designed to govern this within the DPD. This would be expected to be managed through existing NYC and general construction best practice policies, such as providing a Construction Environment Management Plan at Outline stage, and adhering to standards from the Institute of Air Quality Management
- 6.5.4 It can be expected that future residents at the development are considered unlikely to be exposed to pollution concentrations above negligible levels from road traffic emissions, given that the baseline assessment identifies the study area to not be situated within a AQMA zone.
- 6.5.5 The development minimises noise and some air pollution caused by traffic and commercial uses through the provision of a network of green infrastructure and trees to mitigate noise. The specific location and square metre area of features are expected to be finalised at the Reserved Matters stage. The overall vision of for the Proposed Masterplan is that it will be a place where people are not dependent on the car, and this will be underpinned by a network of safe and attractive walking and cycling routes to key facilities, further reducing these impacts.

Overall Health Impact

- 6.5.6 Overall, the Proposed Masterplan is considered to have a neutral effect in regard to Air Quality, Noise, and Neighbourhood Amenity. This is given the area is previously not within a AQMA zone, and the absence of consideration of construction impacts at this stage limits certainty of a positive impact.



- 6.5.7 This neutral impact is predicated on the expectation that any future Outline and Reserved Matters Application will provide adequate and agreed mitigation for any air and noise impacts.

Recommendations For Future Outline and Reserved Matters Applications

- There is an absence of policies explicitly related to noise, vibration, air quality, and odour in the DPD. However, a Noise, Dust and Vibration Assessment should be conducted to identify the most significant sources of construction-related impacts on the development. A Construction Environmental Management Plan (CEMP) should then accordingly be committed to outline the control measures to mitigate the identified impacts that follow industry best practice. The implementation will be set out in the Reserved Matters stage.
- It should be made clear at Outline stage how any impacts from the Energy Hub will be mitigated and how commercial traffic is expected to be managed the employment sites in order to mitigate any safety issues.

6.6 Accessibility and Active Travel

- 6.6.1 Accessibility and active travel play a crucial role in fostering healthier communities. Convenient access to a range of services and facilities minimises the need to travel and provides greater opportunities for social interaction. Buildings and spaces that are easily accessible and safe also encourage all groups, including older people and people with a disability, to use them. By prioritising walking, cycling, and public transport over private vehicle use, developments can reduce air pollution, encourage physical activity, and mitigate the risks of chronic illnesses like obesity and diabetes and improve mental health.
- 6.6.2 These principles, emphasised in the HUDU HIA Matrix, contribute to equitable access to services while promoting inclusivity. By embedding accessibility and active travel into planning, developments can improve physical and mental health outcomes while creating vibrant, adaptable spaces that align with climate and sustainability goals. This approach forms a foundation for healthier lifestyles and long-term community wellbeing.

The groups likely to be impacted by this determinant:

- Future residents;
- Older people;
- People with physical or sensory disabilities/difficulties.

Key Considerations:

- Proposals promote healthy street principles
- Proposals enable and prioritise walking and cycling, and reduce car use
- Proposals are well connected to existing active travel and public transport networks
- Proposals allow those with disabilities and/or accessibility issues to access key Site uses

Assessment of Masterplan

- 6.6.3 Detailed in the Masterplan Framework, the mobility hub network with pedestrian and cycle pathways has been incorporated to encourage active travel across the settlement and to the



surrounding neighbourhoods and wider region. These are in line with Policy NS5 of the DPD and would improve access to nearby services and facilities and reduce private vehicle trips. This is instrumental for the study area given the baseline assessment identified the proportion of those using active travel is considerably below national and district averages.

- 6.6.4 To enhance protection of vulnerable road users and encourage active travel, the proposal also includes a range of management interventions in line with Policy NS35 of the DPD. These include road management measures with all local streets subjected to a 20mph speed limit and roads designed with pedestrians and cyclists the same, if not greater, priority than vehicular traffic. However, detailed design features to enhance safety such as dropped kerb crossings and tactile paving are not mentioned in the DPD or Masterplan and should be implemented at the Reserved Matters stage.
- 6.6.5 As identified in the baseline assessment, existing public transport are the bus and rail connections with forecasted concern for limited capacity of the existing railway infrastructure. The Proposed Masterplan plans to improve public transport connectivity through the provision of new bus routes and stops within the settlement, as set out within Policy NS34 of the DPD. Bus services are expected to provide access with regular frequency to both Boroughbridge and Wetherby where additional education and employment sites are located. In order to ensure the implementation of this further engagement is needed between NYC and local bus operators to secure exact bus routes is needed, and this sits outside of the control of future Applicants.
- 6.6.6 The Proposed Masterplan identifies a number of inclusive design features to enable those with disabilities and accessibility issues to access key Site uses (amenities within the local centre areas), in line with Policy NS33. Key features include upgrading Cattal railway station to have disabled access, a new rail bridge with lift access, and footbridges with lift accesses.

Overall Health Impact

- 6.6.7 Overall, the proposal is considered to have a positive effect on the determinant accessibility and active travel given the design of the Proposed Masterplan around existing public transport provision, as well as the new active travel routes and new bus services which will be instrumental for improving the need of connectivity as identified in the baseline assessment. However, without new major railway infrastructure development and with the train operating at maximum capacity already, the railway station may not fully meet the demands of the growing population. The considerations listed below are recommended to be embedded at future planning stages to ensure this outcome.

Recommendations For Future Outline and Reserved Matters Applications

- In alignment with the requirements of Policy NS5 of the DPD, the design of cycle infrastructure that meets the five core principles in Local Transport Note and achieves a minimum 70% and no critical fails on Cycle Level of Service and Junction Assessment Tool assessments is recommended and to be finalised at the Reserved Matters application stage.
- Policy NS35 requires residential streets are designed to reduce speeds and prioritise active travel modes, this is expected to be provisioned by filtered permeability design, accommodate segregated cycle infrastructure, and provide wide pedestrian pavements. Such detailed design cannot be provided currently but can be expected at the Reserved Matters application stage.
- The National Model Design Code recommends features such as low kerbs, dropped kerb crossings, tactile paving, and separately marked pavements to further enhance safety of



vulnerable road users and encourage active travel. This may be implemented and finalised at the Reserved Matters stage.

- In alignment with Policy NS34, the provision of bus services within the new settlement to nearby neighbourhoods, as well as providing bus stop infrastructure and passenger waiting facilities is required. The Proposed Masterplan provides some detail of bus routes and locations of bus stops, but details are expected to be finalised at the Reserved Matters stage after discussion between NYC and local bus operators find agreement on proposed bus services.
- Policy NS33 require inclusive accessibility to be provided at Cattal railway station, including for users of wheelchairs, mobility scooters and those with pushchairs. Detailed design of these disabled access points such as lift access will be set out at Reserved Matters stage.
- As a proportion of housing will be designed and expected to meet M4(3) accessibility standards, as set out in Policy NS22 of the DPD, the proposal will support a diverse range of occupants and be inclusive across different ages and abilities. However, at this stage the Masterplan cannot provide that level of detail and is expected to be finalised at the Reserved Matters stage.

6.7 Crime Reduction and Community Safety

- 6.7.1 Thoughtful planning and urban design that promotes natural surveillance and social interaction can help to reduce crime and the 'fear of crime', both of which impacts on the mental wellbeing of residents. As well as the immediate physical and psychological impact of being a victim of crime, people can also suffer indirect long-term health consequences including disability, victimisation and isolation because of fear. Community engagement in development proposals can lessen fears and concerns.
- 6.7.2 Aligned with the HUDU HIA Matrix, developments that place emphasis on crime reduction and community safety contribute to the health and wellbeing, particularly mental wellbeing of residents, and will enhance the overall quality of life for residents.

The groups likely to be impacted by this determinant:

- Future residents;
- Neighbouring residents.

Key Considerations:

- Proposals promote secure design
- Proposals consider multi-use buildings and public spaces
- The local community has been involved in the development of the Proposals

Assessment of Masterplan

- 6.7.3 The Proposed Masterplan illustrates the provision of shared amenity and different open spaces which will promote opportunities for relaxation and improve feelings of openness and safety, in line with Policy NS3 of the DPD.



- 6.7.4 In alignment of Policy NS3 of the DPD, provision of secure cycle shelters will also improve community safety, though details of locations and capacity are to be finalised at the Reserved Matters stage.
- 6.7.5 The layout of the settlement, as indicated by the Proposed Masterplan, demonstrates a connected network of pedestrian and vehicular routes which clearly distinguish between public and private spaces, thereby providing privacy and security for residents.
- 6.7.6 Key communal areas illustrated in the Masterplan such as play spaces, pedestrian routes, and community gardens are overlooked by residential dwellings to support passive surveillance.
- 6.7.7 At the current stage of the Proposed Masterplan, the detailed design of features that are informed by secure design guidelines including the provision of strategic street lighting and gated gardens are not possible. These will be instrumental in improving public safety and reducing fear of crime, but may only be implemented at the Reserved Matters application stage.

Overall Health Impact

- 6.7.8 Overall, the proposed development is considered to have a neutral effect on the determinant Crime Reduction and Community Safety given the passive secure designs such as open spaces and distinguishing between private and public spaces. The considerations listed below are recommended to be embedded at future planning stages to ensure a more secure settlement outcome.

Recommendations For Future Outline and Reserved Matters Applications

- The Proposed Development should consider implementation of designs informed by Secured by Design Homes Guide and the National Model Design Code, with some listed below. The details of such design would be finalised at the Outline Application stage. It is recommended that at this stage engagement is undertaken with a Secure by Design officer.
- Provision of street lighting in residential areas and shared amenity spaces. This is likely to be considered at Outline application stage, and finalised at Reserved Matters application.
- Careful consideration of tree planting adjacent to footpaths with tree management strategies in place to manage dense canopies that may the effectiveness of street lighting. This is likely to be considered at Outline application stage, and finalised at Reserved Matters application.
- Well-defined entrances and pedestrian routes that are wide and predominantly straight, separating public and private spaces. This is likely to be considered at Outline application stage, and finalised at Reserved Matters application.
- Settlement layout to avoid blank elevations, as well as isolated or concealed areas. This is likely to be considered at Outline application stage, and finalised at Reserved Matters application.



6.8 Access to Healthy Food

- 6.8.1 Access to healthy and nutritious food can improve diet and prevent chronic diseases related to obesity. People on low incomes, including young families, older people are the least able to eat well because of lack of access to nutritious food. They are more likely to have access to food that is high in salt, oil, energy-dense fat and sugar. Opportunities to grow and purchase local healthy food and limiting concentrations of hot food takeaways can change eating behaviour and improve physical and mental health.
- 6.8.2 Aligned with the HUDU HIA Matrix, developments that prioritise access to healthy food will support healthier lifestyles and may help to reduce the prevalence of various diseases including heart disease and obesity. This approach forms a foundation for healthier lifestyles and long-term community wellbeing.

The groups likely to be impacted by this determinant:

- Future residents;
- Neighbouring residents;
- Young children.

Key Considerations:

- Proposals consider onsite food uses including a range of options such as allotments, orchards and community farms as well as retail options
- Proposals consider affordable and social enterprise uses
- Proposals avoid over concentration of hot food takeaways

Assessment of Masterplan

- 6.8.3 The Proposed Masterplan illustrates the provision of community gardens and allotments throughout the development, in line with Policy NS3 within the DPD. The Proposed Masterplan details the locations of several community gardens to be provided throughout the development. As set out in the baseline assessment, the provision of fresh food from supermarkets are located outside active travel standards of the development.
- 6.8.4 The proposal features a mix of retail and community facilities within the local centre of the development, including shops such as food and beverage outlets. Although the baseline assessment identifies existing access to nearby food and drink outlets/shops, providing diverse healthier food options will meet NPPF and Town and Country Planning Association (TCPA) guidance⁵² and is in alignment with Policy NS1 within the DPD. At this stage of the Proposed Masterplan, the exact identification of future occupants of the local centre, including the specified composition of shops providing food and beverage cannot be provided. Finalisation is expected at the Reserved Matters Application.
- 6.8.5 Increasing options for access to healthy food in reasonable active travel distances, through interventions such as food growing, as well as retail options as part of the Proposed

⁵² Town and Country Planning Association (2014) [PHWE_Report_Final2.pdf](#)



Masterplan is indicated as being needed through the baseline analysis. The Proposed Masterplan responds to this need.

Overall Health Impact

- 6.8.6 Overall, the Proposed Masterplan is considered to have a positive effect on the determinant Access to Healthy Food given its role in providing on-site access to fresh, healthier food options when current, existing supermarkets are located outside active travel standards, as well as the provision of retail/outlets that will offer diverse food options. The considerations listed below are recommended to be embedded at future planning stages to achieve this outcome.

Recommendations For Future Outline and Reserved Matters Applications

- In alignment with Policy NS3, the provision of several allotments and community gardens to facilitate local healthy food production is expected. The quantity and location are expected to be detailed at the Outline Application stage, and its design finalised at Reserved Matters Application. It is expected that at Reserved Matters Application a Management Strategy for these facilities will be developed to demonstrate ongoing stewardship.
- In alignment with Policy NS26, a proposal to set out how the provision of retail and services in the local centre of the development will be secured from first occupation; the stewardship arrangements in perpetuity; and how demand will be monitored will be put forward in the Reserved Matters Application.
- In accordance with the TCPA's guidance⁵³, the following design measures are key recommendations to promote a healthier food environment, and are to be finalised within Reserved Matters Application stages:
 - Provision of shops/markets that sell diverse food choices within active travel distances, including potential units specified for social enterprises.
 - Leisure centres, workplaces, schools and hospitals with catering facilities have a healthier food offer for staff, students, or customers.
- Provision of food-growing spaces and opportunities to households, for example roof or communal gardens, or allotments.
- As recommended by National Institute for Health and Care Research (NHR) research and toolkit⁵⁴, establishing and implementing takeaway management zones (zones that manage planning applications for new hot food takeaways in the vicinity of schools) is encouraged and associated with improving public health and wellbeing and is designed to meet government policy aims to halve childhood obesity by 2030. Such management is enacted at the level of local authority policy adoption but should be held in consideration and may be included within the Outline and Reserved Matters Application.

⁵³ Town and Country Planning Association (2014) [PHWE_Report_Final2.pdf](#)

⁵⁴ National Institute for Health and Care Research (2024) [Managing takeaways near schools: a toolkit for local authorities](#)



6.9 Access to Work and Training

- 6.9.1 Employment and income are key determinants of health and wellbeing. Unemployment generally leads to poverty, illness and a reduction in personal and social esteem. Works aids recovery from physical and mental illnesses. Access to training opportunities can lead to higher levels of job security and stable employment reduces stress and anxiety, contributing to better mental health.
- 6.9.2 Aligned with the HUDU HIA Matrix, developments that prioritise access to work and training opportunities contribute to healthier, more cohesive communities. By supporting lifelong learning and workforce development, planners can help create environments where residents thrive socially, economically and personally.

The groups likely to be impacted by this determinant:

- Future residents and users of the site;
- Construction workforce;
- General working adult population.

Key Considerations:

- There is access to local employment opportunities during construction and operation, including managed or affordable workspaces
- Childcare facilities have been considered on Site

Assessment of Masterplan

- 6.9.3 As illustrated in the Proposed Masterplan and in line with Policy NS3 of the DPD, the proposed local centre is expected to feature office space and shops to serve as on-site employment opportunities. Further, the local centre will be located directly adjacent to Cattal railway station, providing future residents access to wider regional employment opportunities. At this stage of the Masterplan, the specified location, space dimensions, and design of workspace provision cannot be provided but is anticipated to be finalised at the Reserved Matters Application stage.
- 6.9.4 Additionally, two areas designated for employment uses are shown on the Proposed Masterplan on the land use plan, with the specification that the layout and arrangement of these blocks must be designed to be in-keeping with the locality of the area. It is important for the vibrancy and identity of a local area that jobs are provided near to where people live and play. This not only is beneficial for the local community, but also provides those working there with potential health benefits such as shorter commutes. At this stage, it is not known what the exact uses and end tenants would be within these uses. This is in line with Policy NS27 in the DPD.
- 6.9.5 Furthermore, temporary construction jobs and training opportunities, as indicated within the DPD (Policy NS27) are not specified in the Masterplan at this stage though may be detailed in the Outline Application. Provision of training opportunity for the construction workforce will prove useful as the baseline assessment identifies the construction workforce in the area to be considerably lower than average compared to national and district averages.
- 6.9.6 Two primary schools are to be provided, one with nursery provision, with details finalised at the Reserved Matters Application. This will be crucial in meeting the need for nearby childcare



and primary education provision as set out in the baseline assessment that all nearby education facilities are located outside of active travel standards from the development. Whilst the detailed design of childcare provision including location and space dimensions does not comprise part of the Proposed Masterplan, it is noted that it is expected delivery in Phase 2 and in Phase 10, in alignment of the requirements of Policy NS29 of the DPD.

- 6.9.7 The Proposed Masterplan indicates the provision of work-enhancing opportunities, including offering work from home space and high-speed broadband access within each dwelling, as well as flexible co-working space and small-scale commercial opportunities within the local centre, in accordance with the requirements of Policy NS9 of the DPD and the most recent iteration of the NPPF. As identified in the baseline assessment, the proportion of those working from home is significantly greater in the study area compared to national and district averages, the Masterplan's provision of flexible working space and broadband access will help meet increased demand.

Overall Health Impact

- 6.9.8 Overall, it is considered that the Proposed Masterplan is to have a positive effect on the determinant access to work and training given its role in meeting increased work and childcare demand through providing a range of flexible workspaces from on-site employment opportunities, office spaces within the local centre, work from home space, and fast speed broadband, as well as the provision of childcare facilities. The considerations listed below are recommended to be embedded at future planning stages to achieve this outcome and address the provision of training opportunity needed.

Recommendations For Future Outline and Reserved Matters Applications

- In alignment with Policy NS26 and NS27, the provision of business, commercial, and flexible working space is required. It is expected at Outline stage that this will align with the 5 ha required within the DPD. The detailed design including accessibility, and waste requirements within the development is expected to be provided at the Reserved Matters Application stage.
- The provision of Ultrafast Fibre to the Premises (FttP) broadband is required by Policy NS27 of the DPD and greater level of detail of the necessary associated infrastructure to enable high-speed broadband will be issued in the Reserved Matters Application.
- The Proposed Masterplan does not include specific detailed opportunities for employment, skills and training on Site, outside from the allocation of uses on site that are likely to generate these elements. It is therefore recommended that at Outline application an Economics Assessment is undertaken to understand the level of employment expected to be generated during construction and operation, and a subsequent Employment and Skills Plan is developed to detailed how local and regional residents may benefit from these opportunities. This will be finalised at Reserved Matters Application in development with NYC.
- In alignment with Policy NS29 of the DPD, nursery provision has been identified as being required within the development and is expected to be delivered in Phase 2 of construction. Details including size are expected finalisation in the Reserved Matters Application.



6.10 Social Cohesion and Inclusive Design

- 6.10.1 Friendship and supportive networks in a community can help to reduce depression and levels of chronic illness as well as speed recovery after illness and improve wellbeing. Fragmentation of social structures can lead to communities demarcated by socio-economic status, age and/or ethnicity, which can lead to isolation, insecurity and a lack of cohesion.
- 6.10.2 Voluntary and community groups, properly supported, can help to build up networks for people who are isolated and disconnected, and to provide meaningful interaction to improve mental wellbeing. Planning proposals should be developed in consultation with differentiated community groups (such as children, young people, residents, families, businesses, faith groups, community organisations). They should be involved in the planning of the project from the beginning and throughout the life cycle of the project.
- 6.10.3 These principles, emphasised in the HUDU HIA Matrix, contribute to social cohesion and inclusive design. By embedding these principles into planning, developments can enhance inclusivity amongst all residents and promote the feeling of connectiveness. This approach forms a foundation for healthier lifestyles and long-term community wellbeing.

The groups likely to be impacted by this determinant:

- Future residents;
- Neighbouring residents;
- Older people;
- Children and young people;
- People with physical, sensory or learning disabilities/difficulties.

Key Considerations:

- How have health inequalities been considered through the development of Proposals
- Proposals connect existing communities and avoid severance
- There are opportunities for social interaction for a range of ages and abilities
- Opportunities for local voluntary and community services have been considered

Assessment of Masterplan

- 6.10.4 In regard to key priorities or inequality concerns identified by public stakeholders, the Masterplan Framework Document is expected to undergo public consultation in 2026. Previous consultation on the Proposed Development involved extensive engagement, including public consultation on the planning application and the DPD which has also undergone public examination.
- 6.10.5 The Proposed Masterplan demonstrates a strong commitment to connecting with existing communities through its layout and active travel strategy in line with Policy NS3 of the DPD, featuring pedestrian, cycling, recreational, and public transport networks to promote connections to nearby settlements and the wider region. These sustainable transport modes provided will be crucial in supporting movement of the growing population as the baseline



assessment indicates the existing rail infrastructure is already performing at maximum capacity.

- 6.10.6 As illustrated in the Proposed Masterplan and in line with Policy NS29 of the DPD, the proposed local centre is expected to provide a mix of uses and a community hub to promote social cohesion. The baseline assessment identifies the need for nearer community facilities and spaces for social interaction, indicating the Masterplan is instrumental for meeting this need. Despite offering community services, the proposal does not clearly identify opportunities for the local voluntary sector. The Proposed Masterplan identifies that key design elements that promote social cohesion, such as community growing space, neighbourhood and local equipped play areas, sports hub, local centre and schools are located centrally and all within an 1000m isochrone. This suggests a level of connectivity designed to encourage social interaction.
- 6.10.7 As identified in the Proposed Masterplan features inclusive design features for all ages and abilities such as wheelchair access provision at Cattal railway station. Other inclusive design features for social cohesion across different ages and abilities, in line with Policy NS29 of the DPD, is demonstrated in the Proposed Masterplan's proposed local centre including healthcare facilities, convenience stores and a community hub. Detailed design specifications of these elements can only be expected finalisation in the Reserved Matters Application stage.

Overall Health Impact

- 6.10.8 Overall, the Proposed Masterplan is considered to have a positive effect on the determinant Social Cohesion and Inclusive Design. The Proposed Masterplan sets out an overall strategic vision of the Site that is designed to encourage accessibility and connectivity between elements that encourage a range of social interaction.
- 6.10.9 It is noted that certain inclusive design features for different ages and interests are evident, however, the level of detail addressing the local centre and community hub provided at this stage of the Masterplan limits certainty regarding social cohesive design.
- 6.10.10 It would not be appropriate at this stage to identify specific opportunities for the local voluntary and community sector. However, it is expected that at future Outline and Reserved Matters stages that statutory and non-statutory engagement with the local community will be undertaken which will include these groups.

Recommendations For Future Outline and Reserved Matters Applications

- In accordance with Policy NS3 and NS29 and NS33, a mixed-use local centre to provide inclusive, day-to-day needs of residents across all ages and abilities is expected, including flexible co-working spaces, education facilities, shops, community services, and other amenities. The exact composition of the local centre and building design will be finalised at the Reserved Matters stage.
- Further in line with Policy NS3, minimising private vehicle-use and encouraging public transport and active travel connections across the settlement and to the wider neighbourhoods and region should be delivered. The strategic promotion of a walkable neighbourhood (aiming for a design of the 15-minute neighbourhood for social cohesion), is to be set out at the Outline Application stage.
- Aside from local DPD policy requirements, additional consideration from the Spatial Planning for Health framework should be considered and provided across the Outline Application stage:



- Improve neighbourhood walkability by enhancing street connectivity; mixing land uses that is more conducive to non-motorised transport; and designing a compact residential development layout.
- Incorporate mixed densities to support diverse housing types.
- Provide community gardens and food-growing spaces to promote social cohesion and interaction among residents.
- As designs finalise it is expected that opportunities regarding local voluntary and community sector will emerge, for example involving local groups in ongoing Management and Stewardship strategies.

6.11 Minimising the Use of Resources

- 6.11.1 Reducing or minimising waste including disposal, processes for construction as well as encouraging recycling at all levels can improve human health directly and indirectly by minimising environmental impact, such as air pollution.
- 6.11.2 These principles, outlined in the HUDU HIA Matrix, ensure an enhanced quality of life for all residents. Lower resource consumption can lead to fewer emissions which can improve local air and water quality. Cleaner environmental promote healthier communities by reducing respiratory and cardiovascular diseases. Reducing the use of resources can also help mitigate climate change which can decrease the frequency and severity of extreme weather events that can cause injuries and health issues.

The groups likely to be impacted by this determinant:

- Future residents

Key Considerations:

- Proposals evidence best use of existing land
- Sustainable design techniques, including recycling have been integrated

Assessment of Masterplan

- 6.11.3 The Proposed Masterplan will deliver at least 3,000 dwellings. While the detailed housing mix will be confirmed at a later stage, the scheme is expected to be built at varying densities and include a variety of dwelling types, including homes built to M4(3) of the Building Regulations standards, and in line with Policy NS3 and NS22 and NS23 of the DPD. This approach is considered to make best use of land, as well as reduce barriers and address the significant need for affordable housing identified in the baseline assessment.
- 6.11.4 At this stage of the Proposed Masterplan, detailed design of the residential dwellings is unavailable, limiting the certainty regarding energy-efficient design and ensure material use and consumption is minimised, as set out in Policy NS7 and NS8 of the DPD. Furthermore, measures to encourage recycling and efficient waste management across the settlement have not yet been considered or detailed. This is reserved for future determination at the Reserved Matters stage.
- 6.11.5 The inclusion of SuDS features interspersed throughout the settlement may help minimise water demand and its prospective locations are detailed the Proposed Masterplan; however their detailed design is expected finalisation at the Reserved Matters stage. Other water-



saving measures such as rainwater harvesting or grey water recycling systems are not indicated at this stage but may be considered in future at the Outline Applications stage.

Overall Health Impact

- 6.11.6 Overall, the Proposed Masterplan is considered to have an uncertain effect on minimising resource use, due to the expected absence of detailed planning of energy efficiency, waste management, and construction material use at this stage in the lifecycle of the development. These aspects must be finalised across the Outline and Reserved Matters stages. However, given its compact, walkable neighbourhood design and shared facilities to reduce energy demand it is expected that this will be uprated at future, iterative HIA's.

Recommendations For Future Outline and Reserved Matters Applications

- In alignment with Policy NS7 of the DPD, the design of buildings and residential homes in the settlement should integrate energy efficient systems and be above the minimum carbon emission standards expected as required through the Building Regulations. This with the energy hierarchy strategy should be implemented in future design at the Reserved Matters stage.
- In alignment with Policy NS8, a site-wide emissions audit and a whole life-cycle emissions assessment based on a nationally recognised standard, such as BS EN 15978, and methodology, such as RICS Whole Life Carbon Assessment for the Built Environment, should be demonstrated and set out at the Reserved Matters stage. Elements of how the use of resources will be maximised should be included with the considerations below.
- The National Design Guide R1 Energy Hierarchy guidance is recommended to improve energy efficiency across the settlement design; this includes detailed strategies such as:
 - Passive design measures considering form, orientation, fabric design of dwellings;
 - Utilising energy efficient mechanical and electrical systems, including heat pumps (an alternative to conventional high carbon heating), heat recovery, and LED lights.
- National Design Guide R2 guidelines should also be considered to minimise waste of materials at the construction stage from consideration of selecting locally sourced or high thermal performing materials; designs based on typical dimensions to reduce material wastage; and new construction techniques to improve resource efficiency. Such implementation of detailed building design is expected finalisation at the Reserved Matters stage.

6.12 Climate Change

- 6.12.1 There is a clear link between climate change and health. Climate change exacerbates health inequalities in several ways, disproportionately affecting vulnerable populations, for example, pre-existing health conditions are often more prevalent in disadvantaged communities which makes them more susceptible to the adverse effects of climate change. Local areas should prioritise policies and interventions that 'reduce both health inequalities and mitigate climate change' because of the likelihood that people with the poorest health would be hit hardest by the impacts of climate change. Climate change is potentially a significant threat to public health and may widen inequalities in health.
- 6.12.2 Planning is at the forefront of both trying to reduce carbon emissions and to adapt urban environments to cope with higher temperatures, more uncertain rainfall, and more extreme weather events and their impacts such as flooding. Poorly designed homes can lead to fuel



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

- 6.12.3 As outlined in the HUDU HIA Matrix, sustainable practices not only support biodiversity and resource efficiency, but also improve living conditions. By prioritising climate change mitigation, developments can address health disparities, enhance resilience to environmental challenges, and create healthier, more equitable spaces for current and future generations.

The groups likely to be impacted by this determinant:

- Future residents;
- Neighbouring residents;
- People with long term health conditions;
- People with or at risk of pre-existing health conditions.

Key Considerations:

- Proposals incorporate renewable energy
- Buildings and public spaces respond to climate change including changing temperature and consider elements including ventilation
- Natural climate change management is integrated including Sustainable Urban Drainage and biodiversity

Assessment of Masterplan

- 6.12.4 The Masterplan includes a Green Infrastructure Plan that prioritises the retention and reinforcement of existing woodland, hedgerows, and mature trees. These features provide carbon sequestration benefits, enhance biodiversity, and contribute to climate adaptation by reducing urban heat island effects. Additional planting and habitat creation will be incorporated to strengthen ecological networks and deliver net biodiversity gain, in accordance with Policy NS10 of the DPD.
- 6.12.5 An indicative drainage strategy has been prepared, factoring in climate change allowances for increased rainfall intensity. Sustainable Drainage Systems (SuDS) are proposed throughout the site to manage surface water and reduce flood risk and will be instrumental in meeting Policy NS11 of the DPD and address flood risk concern as identified in the baseline assessment.
- 6.12.6 However, the Masterplan does not currently detail the integration of renewable energy technologies (i.e. on-site vehicle charging opportunities) or high energy-efficiency standards (i.e. low-carbon heating systems) within future development. It is expected that dwellings will meet or exceed current Building Regulations and align with Policy NS7, but this level of detail will only be provided at the Reserved Matters Application stage.
- 6.12.7 The site's relative lack of connectivity to existing public transport networks presents a challenge for reducing transport-related emissions. Without significant investment in sustainable transport infrastructure, there is a risk that private car use will increase, alongside the use of heavy goods vehicles (HGVs) during construction and operation phases. This could exacerbate greenhouse gas emissions and air quality impacts. Measures to mitigate



these effects, such as improved active travel routes, provision for electric vehicle charging, and engagement with transport providers including the proposed new bus route, should be embedded in future planning stages.

Overall Health Impact

- 6.12.8 The Proposed Masterplan is considered to have an uncertain effect on the Climate Change determinant. While strong measures for green infrastructure and drainage are evident, the absence of detailed renewable energy and climate resilient building design options at this stage limits certainty. These will need to be addressed at the Outline and Reserved Matters stages to ensure a positive outcome at future HIA's.

Recommendations For Future Outline and Reserved Matters Applications

- In alignment of Policy NS3, the settlement is expected to feature climate-resilient features:
 - Residential dwellings to be provided with water saving facilities, design that minimises overheating, and public spaces are shaded and protected from flooding.
 - Areas at risk of river or surface water flooding are provided with green blue infrastructure.
 - Development layout should minimise the need to use or own private vehicles and promote walkable neighbourhoods.
 - At this stage of the Masterplan, details of residential building design cannot be provided and can only be provided at the Reserved Matters Application stage. Similarly, details on the active travel network and green blue infrastructure are to also be provided across the Outline and Reserved Matters stages.
- In alignment with Policy NS5, the development is required to include site-wide transport infrastructure following the sustainable hierarchy of road users which promotes walking foremost and restricts private vehicle use the most. Details of these active travel networks may be provided at the Outline Application stage. To further mitigate private vehicle use, the provision of electric vehicle charging points by dwellings (minimum 7kW) or the settlement centre (minimum 150kW) is recommended and can only be finalised at the Reserved Matters stage.
- In alignment with Policy NS7, the settlement is expected to construct homes and buildings above the minimum carbon emission standards. Further, prior to being mandated through the Building Regulations, any buildings not designed to achieve the Future Homes or Future Building Standards should demonstrate how they achieve a minimum 20% reduction in carbon emissions relative to Building Regulations Part L Requirements, expected at the time of construction. Considering detailed design of dwellings and an energy strategy are not available, detailed implementation may only be finalised at the Reserved Matters Application stage.
- In alignment with Policy NS8, a life cycle emissions strategy must be demonstrated and is to be provided at the Reserved Matters stage.
- In accordance with Policy NS11, the incorporation of SuDS and blue infrastructure to address flood risk and drainage is recommended. While the Masterplan includes indicative proposals and identifies locations, finalised details on design will be provided by the Reserved Matters stage.



- In accordance with Policy NS13, a strategy delivering at least 10% biodiversity net gain must be implemented by connecting existing habitats, maintaining wildlife corridors, and targeting enhancements for specific species. The Masterplan sets out initial principles, with detailed works to be confirmed at the Outline stage.
- As recommended by the National Design Guide, the following design features should be considered to promote climate-resilience within the settlement:
 - Climate change and associated weather events are placing increasing pressure on water supply. Water saving facilities such as rainwater harvesting, dual potable and grey water recycling systems are recommended.
 - Designing public areas that provide shade and shelter for future users of the site, including the provision of deciduous trees which additionally reduce heat island effect are to be strongly considered.
 - Passive design strategies to minimise overheating such as insulation of the external envelope and thermal mass in buildings; the management of solar gain; and providing ventilation features are an important consideration.
 - These design features may only be included and finalised at the Reserved Matters stage alongside the residential building design specifications.



7 Summary and Conclusions

- 7.1.1 This HIA has reviewed the Proposed Masterplan to identify potential health impacts, demonstrate how health considerations have been incorporated into the proposals, and to identify opportunities for securing measures that could bring health and wellbeing enhancements in the future delivery of development.
- 7.1.2 The method and scope of the HIA has been tailored to be proportionate to the scale and nature of the Proposed Masterplan. The assessment makes use of the matrix of the HUDU tool to identify health impacts. The completed matrix also cross references other documents submitted with the planning application that are relevant to the HIA, and that contain greater detail on technical assessment and/or proposed mitigation.
- 7.1.3 As shown in Section 6, the Proposed Masterplan is considered to have an overall positive effect in relation to wider determinants of health, with the majority of effects being assessed as positive, with little posing neutral or mixed effects.
- 7.1.4 It is important to note that it is expected and recommendation that HIA's are conducted at future Outline Application and Reserved Matters Applications to embed healthy design outcomes.

- 7.1.5 The HIA found the following effects:

Positive Effects

- 7.1.6 The majority of health determinants assessed were found to have positive impacts, including:
- 7.1.7 The expected delivery of at least 3,000 dwellings, including those built to M4(2) and M4(3) standards supporting a diverse resident population of different ages and abilities.
- 7.1.8 Achievement of a minimum 10% Biodiversity Net Gain through retained hedgerows and trees, strategic green gap designations, and a green blue infrastructure network to improve local area's access to green space.
- 7.1.9 Provision of socially cohesive and shared community spaces such as a local centre, retail shops, sports hub, play areas, and community growing gardens to enhance community wellbeing.
- 7.1.10 Development of connected active travel networks and new public bus routes to promote sustainable travel and reduce private vehicle usage.
- 7.1.11 Provision of flexible working spaces and childcare facilities to support families and the working adult population.

Neutral or Uncertain Effects

- 7.1.12 Several determinants were assessed as neutral, often due to the outline nature of the application or absence of direct provision:
- 7.1.13 Despite the provision of active travel and public transport access, existing rail infrastructure is indicated to already be conducting at maximum capacity/frequency and may not be able to support and absorb the impact of the whole residential population.



- 7.1.14 Recycling measures have not yet been considered however it will be addressed at the Reserved Matters stage.
- 7.1.15 Construction-related impacts regarding noise, air quality, vibration, dust, and odour are possibly expected but have not been considered. A Construction Environmental Management Plan is recommended.
- 7.1.16 Detailed design features for dwellings and buildings for improving energy efficiency standards and incorporating climate resilient features are not sufficiently provided to assess effects, however this will be addressed at Reserved Matters stage.

7.1.17 Mitigations Recommended

Table 7.1 Mitigation

Theme	Impact	Recommendations
Housing Design and Affordability	Positive	Confirm housing mix composition and the number of homes to be designed to meet M4(2) and M4(3) standards. Outline Energy and Sustainability Strategy is expected at Outline and finalised at Reserved Matters.
Access to Health and Social Care Services and Other Social Infrastructure	Neutral	Detailed engagement with third-party stakeholders and detailed design expected at Outline Matters and finalised at Reserved Matters.
Access to Open Space and Nature	Positive	Biodiversity Net Gain Strategy and a Landscape and Ecological Management Plan should be conducted.
Air Quality, Noise and Neighbourhood Amenity	Neutral	Noise, vibration, and air quality assessment should be conducted, with the following implementation of a CEMP for mitigation measures.
Accessibility and Active Travel	Positive	Provide detailed level of design on accessibility features being provisioned across the settlement. Consult with NYC and local bus operators to confirm bus routes and services.
Access to Healthy Food	Positive	Consider implementation of Takeaway Management Zones and include it within Outline Matters.
Access to Work and Training	Positive	Develop an Employment and Skills Plan with NYC at the detailed design stage.



Maltkiln Masterplan Health Impact Assessment

Summary and Conclusion

Social Cohesion and Inclusive Design	Positive	Confirm the number of homes to be designed to meet M4(2) and M4(3) standards.
Minimising the Use of Resources	Neutral	Develop a Waste Management Plan outlining procedures for waste collection, handling, and disposal during both construction and operation.
Climate Change	Uncertain	Provide detailed level of design on climate resilient features and energy/water efficient measures in building design. Outline Energy and Sustainability Strategy is expected at Outline and finalised at Reserved Matters.
Recommendations for Future HIAs	N/A	Throughout the assessment recommendations are made on how determinants should be further considered within future planning (outline and reserved matters) stages. It is recommended that iterative HIA's are produced that reference previous findings and data collection. It is recommended that an HIA is submitted alongside any Outline application and reviewed at Reserved Matters Applications for re-submission.
Recommendations for Monitoring	N/A	It is recommended that NYC planning and public health teams consider proportionate monitoring mechanisms for health outcomes that align with existing best practice, such as air quality monitoring, infrastructure use (e.g. cycle path usage) and ongoing engagement with the Local ICB for demand.



Appendix A WHIASU Quality Assurance Framework





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WALES

Iechyd Cyhoeddus
Cymru
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Wales



WHIASU

Wales Health Impact
Assessment Support Unit
Uned Gymorth Asesu
Effaith ar Iechyd Cymru

Quality Assurance Review Framework for Health Impact Assessment (HIA)

Liz Green, Lee Parry-Williams, Nerys Edmonds
With contribution from Steinhora Jonsdottir

Wales Health Impact Assessment Support Unit (WHIASU),
Public Health Wales (PHW) • Revised March 2020





Contents

Acknowledgements

Executive Summary

Introduction

Purpose

Methodology

Health Impact Assessment: An Overview

Why do we need a Quality Assurance Review Framework for HIA?

Guidance on Using this HIA Quality Assurance Review Framework

The HIA Quality Assurance Review Framework and Explanatory notes

Resources/Feedback

Appendix One – Review Criteria Matrix

Section 1

Section 2

Section 3

Section 4

Section 5

Section 6

Review
summary

Appendix Two – Explanatory Notes

Section 1

Section 2

Section 3

Section 4

Section 5

Section 6

Acknowledgements

Executive Summary

Introduction

Purpose

Methodology

Health Impact Assessment: An Overview

Why do we need a Quality Assurance Review Framework for HIA?

Guidance on Using this HIA Quality Assurance Review Framework

The HIA Quality Assurance Review Framework and Explanatory Notes

Resources/Feedback

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About the Wales Health Impact Assessment Unit

The Wales Health Impact Assessment Support Unit (www.whiasu.wales.nhs.uk) is part of the Policy, Research and International Development Directorate of Public Health Wales. It was established in 2001 to improve health and address inequalities in Wales. The unit has provided a mechanism to harness the collective efforts and knowledge of all sectors, policy areas and communities in developing and advancing both “Health in All Policies” approaches and policy and practice underpinning health impact assessment (HIA) in Wales.



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Executive Summary

In Wales, Health Impact Assessment (HIA) practice has been developing for over 15 years. Wales has become internationally respected in the field of HIA due to a focus on participatory methods, health inequalities, a holistic vision of health and wellbeing, cross sector engagement, support for community led HIAs, and an ability to inform policy at a local and national level¹.

This Quality Assurance Review Framework is a critical appraisal tool for HIA. It sets out to ensure that HIA practice in Wales continues to reflect the important values, standards and approaches that have underpinned the development of HIA practice in the country to date.

The Framework has been written to support and guide individuals and organisations to undertake a quality assurance review of a Health Impact Assessment and has been designed as a standalone document. It aims to provide guidance for both commissioners and reviewers of HIAs. It is set against the Welsh policy and practice context and supplements the Welsh HIA guidance 'HIA: A Practical Guide'².

The framework has been based on the extensive experience gained through the practice of HIA by the Wales Health Impact Assessment Support Unit (WHIASU), literature on effectiveness and quality in HIA, and engagement and review by a wide range of HIA practitioners, academics and policy officers who will utilise the framework as part of their work.

It aims to:

- Provide a common framework and understanding of what a high quality HIA looks like
- Raise the standard of HIAs carried out in Wales
- Ensure that the evidence used to inform decisions that affect health and wellbeing is robust and inclusive
- Aid a wide range of commissioners, practitioners and decision makers to form an opinion on any HIA and its output(s)

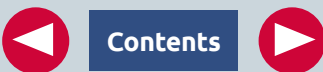
The HIA Quality Assurance Review Framework contains:

- Guidance on how to undertake a quality assurance review of a HIA using the framework
- A framework with criteria which need to be demonstrated in a high quality, credible and robust HIA.
- Explanatory notes
- Signposts to useful resources and support

On completion, it will give a clear picture and analysis of the contents of a HIA. The reviewers will be able to form an opinion on the completed HIA and its associated report, and the level of trust and confidence they can place in the content, findings and process. The reviewers will be able to give clear feedback to those who requested the review or directly to the author.

¹ British Medical Association Wales. Response to Stage One of Public Health (Wales) Bill 2016.

² Wales Health Impact Assessment Support Unit. **Health Impact Assessment: A Practical Guide.** (2012a)



Acknowledgements

Executive Summary

Introduction

Purpose

Methodology

Health Impact
Assessment:
An Overview

Why do we need a
Quality Assurance
Review Framework
for HIA?

Guidance on Using this
HIA Quality Assurance
Review Framework

The HIA Quality
Assurance Review
Framework and
Explanatory Notes

Resources/Feedback

Introduction

The publication of this Quality Assurance Review Framework is an important step forward in the journey of development for Health Impact Assessment nationally and internationally. It aims to strengthen the practice and use of HIA in Wales in order to maximise the benefits and minimise the risks to health and wellbeing of a wide range of cross sector policies, programmes, services and developments.

The Welsh Government (WG) has taken a long term policy interest and international lead in Health Impact Assessment (HIA) for well over a decade³. There has been a commitment to developing the use of HIA in policy and legislation to improve health and wellbeing and reduce inequalities. For example, the Wellbeing of the Future Generations (Wales) Act 2015⁴ and the Public Health (Wales) Act 2017⁵ share an ambition that Health Impact Assessment (HIA) and a 'Health in All Policies' approach are implemented more widely.

BOX 1: The Wellbeing of Future Generations (Wales) Act (2015)

“Wales faces a number of challenges now and in the future, such as climate change, poverty, health inequalities and jobs and growth. To tackle these we need to work together. To give current and future generations a good quality of life **we need to think about the long term impact of the decisions we make**”.

Welsh Government (2015) The Wellbeing of Future Generations (Wales) Act: The Essentials

The Public Health (Wales) Act 2017⁶ was passed by the Senedd and this will strengthen the role of HIAs in Wales by requiring Welsh Ministers to make regulations about the circumstances in which public bodies in Wales must carry out HIAs. Once the statutory regulations take effect (estimated to be in 2020/21) appraisal of the quality of HIAs completed in Wales will need to become more systematic in order to ensure that they have been undertaken to a high standard. This ambition needs to be supported by increasing the numbers of practitioners and policy makers from both health and other sectors who are skilled in conducting and quality assuring HIAs and who have access to high quality tools, training and guidance available to them.

³ Welsh Office. **Better Health, Better Wales**. 1998

⁴ Welsh Government. **Wellbeing of the Future Generations (Wales) Act**. 2015

⁵ Welsh Government. **Public Health (Wales) Act**. 2017

⁶ Welsh Government. **Public Health (Wales) Act**. 2017



Purpose

This document aims to set out a clear practical framework to support and guide people and organisations to review the quality of a Health Impact Assessment.

It aims to:

- Provide a common framework and understanding of what a high quality HIA looks like
- Raise the standard of HIAs carried out in Wales so that they are carried out robustly
- Ensure that the evidence used to inform decisions that affect health and wellbeing is robust and inclusive
- Ensure that people have opportunities to participate in decisions that affect their health and wellbeing via high quality HIAs
- Support decision making in respect of policies, projects, plans, planning applications or the commissioning and reconfiguration of services
- Ensure that health, wellbeing and inequalities have been considered in a holistic, systematic and robust manner
- Support Welsh Government and other designated Public Bodies to meet any requirements of the Public Health Bill (2016) and the Well-being of the Future Generations (Wales) Act (2016)
- Support Wales-wide commissioners, policy makers and practitioners in meeting their responsibilities to a high standard when they are required to undertake or review HIAs by providing a framework to critically appraise them
- Provide resources to support international HIA practitioners and commissioners in their work

Methodology

This Quality Assurance Review Framework for HIA has been developed over a two year period which has allowed the framework and the thinking behind it to evolve in response to practice based learning, delivery of training in HIA, a growing focus on wellbeing and long term impacts in Welsh Government policy, and collaboration with practitioners and experts in the field.

The process of development has included:

- A brief literature review on quality and effectiveness in health impact assessment practice
- Engagement and discussions with HIA and other Impact Assessment practitioners, academics and representatives from a wide range of sectors i.e. environmental health and planning
- The development of a draft quality review framework based on HIA knowledge and practice
- Testing and reviewing of the draft framework by HIA practitioners, academics, and cross sector practitioners in three engagement workshops
- Internal Public Health Wales Quality Assurance and governance processes

WHIASU has engaged with a range of HIA practitioners and experts in the development of the framework. This is in order to ensure that the presented criteria represent professional consensus about the content of robust HIAs. WHIASU and the participants have drawn on experience of assessing and marking HIAs carried out during training and have also used learning from other Quality Assurance tools and processes^{7 8}.

The framework is published as a working document that we expect to revise and update in the light of feedback and the evolving policy and research context. Initially, we propose to update the framework in 2020. A contact email is included at the end of this document for people to send in their feedback for areas of improvement.

⁷ Institute of Environmental Management and Assessment (IEMA). **Quality Mark Scheme**. IEMA, 2011

⁸ NHS Centre for Equality and Human Rights (CEHR). **Equality Impact Assessment Toolkit**. CEHR, 2012

Health Impact Assessment: An Overview

What is HIA?

Health Impact Assessment is a process that considers how the health and wellbeing of a population may be affected by a proposed action, be it a policy, programme, plan, project or a change to the organisation or delivery of a particular service.

The Gothenburg Consensus⁹ is widely accepted as the key definition of Health Impact Assessment (HIA):

Health impact assessment is:

“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”.

Health impact assessment is aimed at:

- Preventing harm to health and wellbeing
- Maximizing benefits to health and wellbeing
- Reducing health inequalities

It does this by providing a robust assessment of impacts and seeking to maximize health gain and minimize possible unintended consequences of policy decisions which may lead to risks to health and wellbeing.

The wider determinants of health, such as the model developed by Barton and Grant (2006)¹⁰ (see Figure 1 below) provide the broad assessment framework for HIA. In HIA the assessment is focused firstly on how the proposed project or policy might impact on the wider determinants of health. Secondly, HIA aims to tackle health inequalities and so focuses on the distribution of possible impacts in specific population(s). HIA assesses how the proposed project or policy might impact on different groups of people. Particular attention should be paid in an HIA to any groups that may experience health inequalities and inequities. HIA is based on a holistic view of health and wellbeing, so a HIA should consider physical, mental, social and community impacts.

WHIASU has published a **practical guide** to carrying out a HIA¹¹ which provides further information about the methodology used in HIA. The guide provides a reference point for the expectations for how a high quality HIA should be conducted and the approach to HIA in Wales.

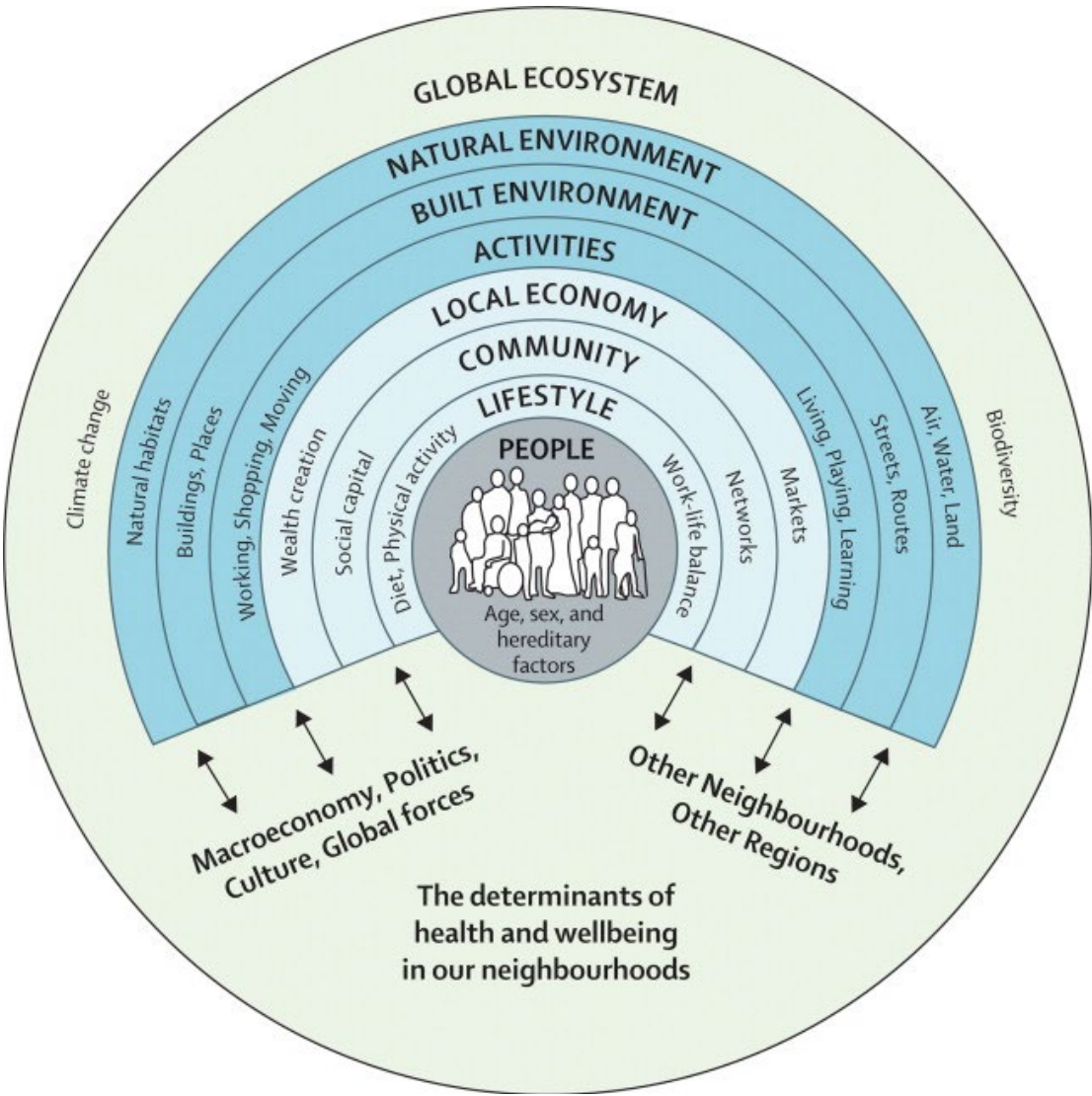
⁹ European Centre for Health Policy. **Health impact assessment: main concepts and suggested approach**. Gothenburg consensus paper. Brussels: WHO European Centre for Health Policy. 1999

¹⁰ Barton, H. and Grant, M. A health map for the local human habitat. **The Journal for the Royal Society for the Promotion of Health**, 126 (6). pp. 252-253. 2006

¹¹ Wales Health Impact Assessment Support Unit. Ibid. 2012a.

- Acknowledgements
- Executive Summary
- Introduction
- Purpose
- Methodology
- Health Impact Assessment: An Overview**
- Why do we need a Quality Assurance Review Framework for HIA?
- Guidance on Using this HIA Quality Assurance Review Framework
- The HIA Quality Assurance Review Framework and Explanatory Notes
- Resources/Feedback

Figure 1: Barton and Grant (2006). The Health Map



- Acknowledgements
- Executive Summary
- Introduction
- Purpose
- Methodology
- Health Impact Assessment: An Overview
- Why do we need a Quality Assurance Review Framework for HIA?
- Guidance on Using this HIA Quality Assurance Review Framework
- The HIA Quality Assurance Review Framework and Explanatory Notes
- Resources/Feedback

Why do we need a Quality Assurance Review Framework for HIA?

In Wales, HIA practice has been developing for over 15 years supported by the establishment of a dedicated HIA Support Unit in 2004¹². Wales has become internationally respected in the field of HIA due to a focus on participatory methods, health inequalities, a holistic vision of health, cross sector engagement, support for community led HIAs, and an ability to inform policy at a local and national level^{13 14 15 16} through the use of pragmatic Rapid HIAs. This Quality Assurance Review Framework sets out to ensure that HIA practice in Wales continues to reflect the important values, standards and approaches that have underpinned the development of HIA practice to date.

According to the Oxford English Dictionary ‘Quality’ is defined as *‘the standard of something as measured against other things of a similar kind; the degree of excellence of something’* and *‘general excellence and standard level’*¹⁷. ‘Quality assurance’ is defined as ‘the maintenance of a desired level of quality in a service or product, especially by means of attention to every stage of the process of delivery or production’¹⁸.

It is essential for the credibility and effectiveness of HIA that it is applied in a consistent and robust way and to a satisfactory standard. This can be ensured through a number of methods:

- The provision of high quality training, advice and support
- Consistent adherence to best practice guidance e.g. ‘Health Impact Assessment: A Practical Guide’¹⁹
- The use of quality assurance review tools for completed HIA reports
- Provision of evidence, resources, case studies, and e-learning²⁰
- Opportunities to share and develop best practice at workshops and conferences
- Opportunities to evaluate the effectiveness of HIA

Without quality assurance, HIAs may not reach their potential to influence policy and decisions for better health and wellbeing. Resource restraints within public bodies may limit high quality HIAs and there is the possibility that HIA could become a ‘tick box’ procedural exercise rather than providing high quality evidence to inform better long term

12 Wales Health Impact Assessment Support Unit website. www.whiasu.wales.nhs.uk (last accessed 20/3/2017)
 13 Welsh Assembly Government . **Welsh Transport Appraisal Guidance** (WelTAG). 2008
 14 Welsh Assembly Government . **Minerals Technical Advice Note** (MTAN) 2: Coal. 2009
 15 Welsh Government . **Planning Policy Wales Edition 9**. Chapter 4: Planning for Sustainability. 2016
 16 NHS Wales . **NHS Wales Infrastructure Investment Guidance**. March 2015
 17 Oxford English Dictionary. https://www.google.co.uk/search?client=safari&channel=ipad_bm&site=&source=hp&ei=QizSWKL2NsWRaJTmt9AL&q=definition+of+quality&oq=definition+of+qua&gs_l=mobile-gws-hp..1.0.0l5.2793.8566.0.9675.18.18.0.6.6.0.246.2512.5j11j2.18.0.....1.1.64.mobile-gws-hp..1.17.1523.3..41j46j0i131k1j0i46k1j0i70k1.PThX-3RQLRo#dobs=quality (last accessed 21/3/2017)
 18 Oxford English Dictionary website. <https://en.oxforddictionaries.com/definition/us/quality> (last accessed 21/3/2017)
 19 Wales Health Impact Assessment Support Unit . *ibid*. 2012a.
 20 Wales Health Impact Assessment Support Unit website. www.whiasu.wales.nhs.uk (last accessed 20/3/2017)

Acknowledgements

Executive Summary

Introduction

Purpose

Methodology

Health Impact
Assessment:
An Overview

Why do we need a
Quality Assurance
Review Framework
for HIA?

Guidance on Using this
HIA Quality Assurance
Review Framework

The HIA Quality
Assurance Review
Framework and
Explanatory Notes

Resources/Feedback

and preventative decision making to improve health and wellbeing and reduce any inequalities in the population.

WHIASU regularly provides training, advice and support to practitioners across local government, health and wellbeing, planning and other sectors. The WHIASU, International Association of Impact Assessment, the World Health Organisation and other websites provide access to case studies, resources and evidence on HIA²¹. International and national best practice standards exist for conducting and reporting Health Impact Assessment^{22 23 24}. These provide helpful guidance for those carrying out HIAs. However these standards do not provide guidance on reviewing both the processes and the final reports of HIAs to ensure that they are fit for purpose and comply with best practice.

Whilst there are a number of tools available to critically appraise academic and clinical papers²⁵, very few tools exist to review the quality of IAs or HIAs^{26 27}. Those that are available are either not specific to HIAs^{28 29 30} or they are focused on a specific type of project (e.g. Ben Cave and associates have developed a review package for HIA reports regarding development projects only³¹). Therefore, there is a need for a comprehensive framework which enables the

quality of an HIA to be rated and is suitable for a wider range of HIAs, including those assessing policies, projects, plans, services, developments and programmes.

A standardized form of quality assurance for HIAs will provide greater clarity regarding the criteria for conducting and completing an HIA in Wales. It will help ensure that the HIA is conducted in an interdisciplinary and inter-sectoral manner which takes into account the legal, policy, economic, social, environmental and cultural context of Wales.

HIAs are instigated and carried out in a number of ways. Organisations may carry out their own HIAs internally; engage a partner organisation to complete a HIA on their behalf, or they may commission an external agency. If agencies who are commissioned to carry out a HIA have a financial or other interest in the project that is the subject of the HIA then there may be a risk of bias which could result in an unbalanced process and reporting. The value framework that guides HIA practice (see Figure 2 below) means that data should be presented in a transparent, independent and balanced way. This review framework provides a methodology to assess a HIA critically and impartially and flag up any possible issues of bias in the assessment methods or reporting³².

21 See Section 10 for more details about these organisations and websites.

22 Bhatia R, Farhang L, Heller J, Lee M, Orenstein M, Richardson M and Wernham A. **Minimum Elements and Practice Standards for Health Impact Assessment**, Version 3. 2014

23 Harris, P., Harris-Roxas, B., Harris, E., & Kemp, L. **Health Impact Assessment: A Practical Guide**, Sydney, 2007: Centre for Health Equity Training, Research and Evaluation (CHETRE). Part of the UNSW Research Centre for Primary Health Care and Equity, UNSW. (last accessed 20/3/2017) http://www.globalgovernancewatch.org/docLib/20140206_Health_Impact_Assessment_A_Practical_Guide.pdf (last accessed 20/3/2017)

24 International Association of Impact Assessment (IAIA). **Health Impact Assessment; International best practice principles**. 2006. http://activelivingresearch.org/files/IAIA_HIABestPractice_0.pdf (last accessed 20.3.2017)

25 <http://www.casp-uk.net/checklists> (last accessed 21/3/2017)

26 WHIASU. **Assessing the Quality of a HIA report**. WHIASU, 2012b

27 Fredsgaard M.W. Cave B. Bond A. **A review package for Health Impact Assessment reports of development projects**. Leeds, 2009. <https://www.scams.gov.uk/sites/default/files/documents/HIA%20Review%20Package%20-%20Ben%20Cave%20Assoc.pdf> (last accessed 20/3/2017)

28 Institute of Environmental Management and Assessment . **Environmental Impact Assessment Guide to: Delivering Quality Development**. 2015

29 Institute of Environmental Management and Assessment . **Quality Mark Scheme**. 2011

30 Institute of Environmental Management and Assessment . **Strategic Environmental Assessment (SEA) Environmental Report Review Criteria**. 2006

31 Fredsgaard M.W. Cave B. Bond A. Ibid . 2009

32 Krieger N. et al. Assessing health impact assessment: multidisciplinary and international perspectives. **J Epidemiol Community Health** 57:659–662. 2003. <http://jech.bmj.com/content/57/9/659.full.pdf+html> (last accessed 20/3/2017)

Acknowledgements

Executive Summary

Introduction

Purpose

Methodology

Health Impact
Assessment:
An Overview

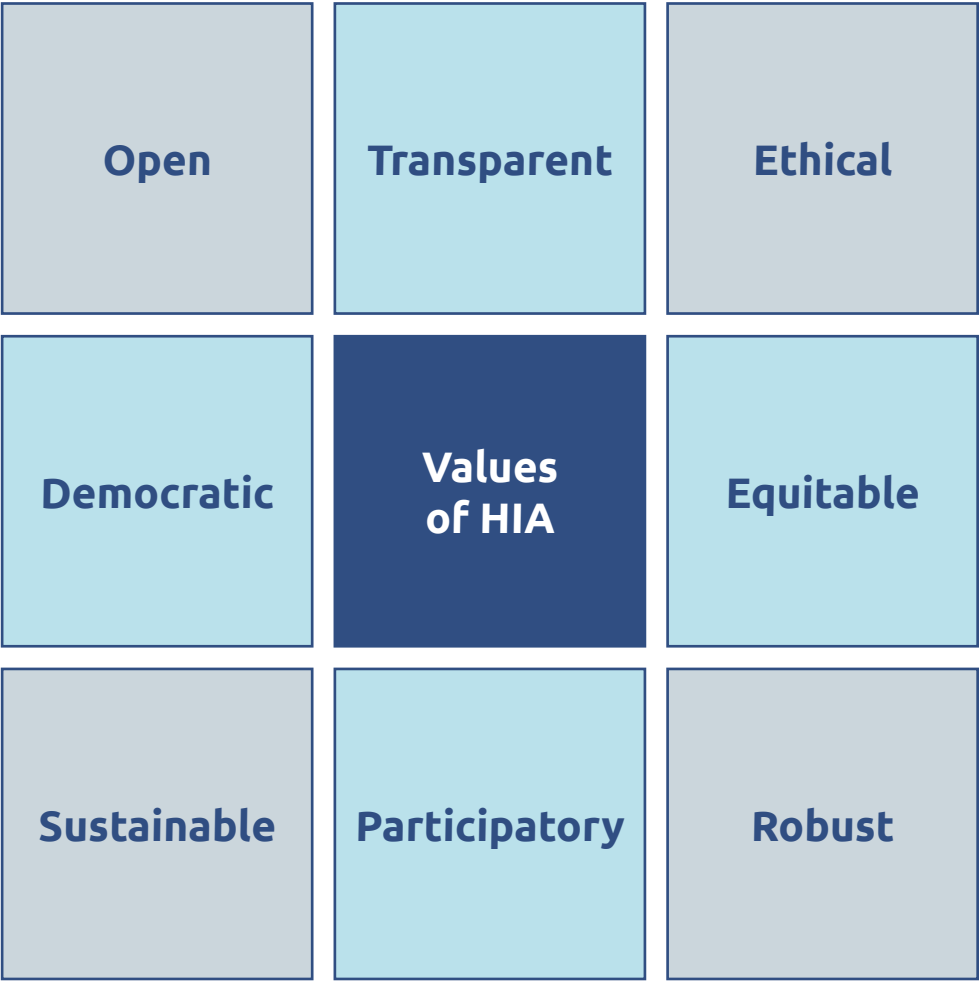
Why do we need a
Quality Assurance
Review Framework
for HIA?

Guidance on Using this
HIA Quality Assurance
Review Framework

The HIA Quality
Assurance Review
Framework and
Explanatory Notes

Resources/Feedback

Figure 2: The values of HIA³³



33 WHIASU . ibid. 2012a

Guidance on Using this HIA Quality Assurance Review Framework

When to use this framework?

There are a wide range of contexts in which this framework could be applied and we do not intend to be prescriptive about its use. However, here we give some examples from our practice experience on when the tool may be relevant:

- Community members seek an independent assessment of the findings and methods of a HIA
- Decision makers e.g. planning officers, want to be confident in the findings of a HIA related to a local development or policy and form an opinion on it
- Commissioners of an HIA wish to verify that the HIA they requested has met best practice criteria
- An HIA practitioner seeks a peer review of a HIA
- Educators require criteria on which to base conclusions about HIA assessments

Who should undertake a review?

We advise that a review of a HIA report should be carried out by at least two people independent of the HIA authors, both of whom have a good understanding of HIA methods and process, and an ability to critically appraise research reports. Reviewers do not need to be “experts” in HIA.

Once they have appraised the HIA individually, they should discuss their findings and come to an agreement on any opinion or feedback to be provided to the commissioner, decision maker, or organisation that require it.

The framework is aimed at a wide cross sector audience including policy makers, commissioners, decision makers, private consultants, planning officers, public health and environmental health specialists, local councillors and community representatives.

How to use the HIA Quality Assurance Review Framework

Key messages

The purpose of the review is to carry out a critical analysis of the HIA in the context that it was undertaken.

Each HIA will be unique to a specific context, proposal and decision making processes.

The criteria are to be used as a tool for the process of critical analysis, review and discussion rather than as a scoring system. However, the grading should make providing feedback easier.

The outcome of the review process should be that the reviewer(s) have a better understanding of the HIA, the quality of the both the HIA process and the report, and how much confidence they can place in the findings.

They can then form an opinion and give comprehensive and clear feedback

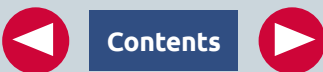
1. Before you start

Key to reviewing the quality of an HIA is getting a clear understanding of what the aims and objectives of the HIA were, why it was commissioned and what type of decision it was designed to influence. Different decision and project planning processes or evaluations will require different types of evidence. They may also carry varying expectations regarding public consultation and engagement. Some HIAs will require quantitative evidence on possible health outcomes e.g. air quality impacts of a new road or clinical health outcome indicators. In other cases qualitative evidence from community members (most likely to be affected by the proposal) or from other relevant and appropriate stakeholders, might be important. One of the strengths of HIA is the integration and value placed on different types of evidence and the mixed methodology approach.

Most HIAs will face some constraints on what evidence is practical to obtain within a certain timeframe or budget.

Your job as a reviewer is to make a judgement in four key areas:

1. That the HIA has been carried out in a way that follows recognised guidance
2. You are confident in both the quality of the HIA that was conducted and the report documenting the process and findings.
3. That the evidence gathered is sufficiently robust to justify the impacts identified and recommendations made, and is also appropriate for the nature, scale, scope, significance and severity of possible health and wellbeing impacts.
4. That the HIA was planned and carried out in a manner that met the needs of the decision making or project management process and is likely to make a difference.



Acknowledgements

Executive Summary

Introduction

Purpose

Methodology

Health Impact
Assessment:
An Overview

Why do we need a
Quality Assurance
Review Framework
for HIA?

Guidance on Using this
HIA Quality Assurance
Review Framework

The HIA Quality
Assurance Review
Framework and
Explanatory Notes

Resources/Feedback

2. How to approach your review

- The purpose of the review is to carry out a critical analysis of the HIA in the context that it was undertaken.
- The outcome of the review process should be that the reviewer(s) have a better understanding of the HIA and the quality of the both the HIA process and the report. This is in recognition that each HIA will be unique to a specific context, proposal and decision making processes. The reviewer(s) will be able to form an opinion on the completed HIA and the level of trust and confidence they can place in the content, findings and the process and any feedback which they provide.
- The criteria are to be used as a tool for this critical analysis rather than as a scoring system.
- The criteria should be applied proportionately to the scale, complexity and potential severity of the proposal and possible health impacts.
- There are accompanying explanatory notes for selected criterion that act as a companion and guide to clarify or give more detail.
- The framework is aimed at reviewing both the quality of the report and the process that the report describes.
- Once both reviewers have completed their individual assessment of the HIA, they should share their findings and come to a consensus on the outcome of the review.
- An agreed review summary can then be prepared for those requesting the review.

3. Grading Structure

Each criterion should be awarded a grade. Grades should not be averaged out across a section as this may hide important strengths or inadequacies.

G Good

S Requires **strengthening** - this could be at three levels:

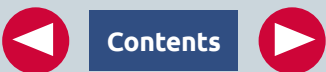
1. **Clarification** needed
2. **Minor** revision needed
3. **Major** revision needed

I Inadequate

Comments should be made against each criterion, and a reason given for the grading.

4. What to do with the findings

Using the comments made against each criterion and the grading structure, the reviewers will be able to give clear, articulate feedback to those requesting the review, making clear where there are requests for clarification and/or revision and what the strengths and weaknesses of the HIA and report are.



Acknowledgements

Executive Summary

Introduction

Purpose

Methodology

Health Impact
Assessment:
An Overview

Why do we need a
Quality Assurance
Review Framework
for HIA?

Guidance on Using this
HIA Quality Assurance
Review Framework

**The HIA Quality
Assurance Review
Framework and
Explanatory Notes**

Resources/Feedback

The HIA Quality Assurance Review Framework and Explanatory Notes

The 'WHIASU HIA Quality Assurance Review Framework Criteria Matrix' section contains all the criteria and expected parameters which a robust HIA and any associated report will need to contain. It is accompanied by a set of 'Explanatory Notes' which provide extended information and guidance to support reviewers and practitioners to better understand some of the criteria defined in the actual Review Matrix document itself.

The Review Matrix is included as Appendix One and the Explanatory Notes are included as Appendix Two. This is to facilitate their use as standalone resources.

Resources

For further information and links to Health Impact Assessment resources and/or critical appraisal tools are listed below:

Wales Health Impact Assessment Support Unit. Provides advice, training. Guidance and resources for practitioners and policy makers in Wales. Available at: www.whiasu.wales.nhs.uk. This includes a short checklist 'Quality assessing a HIA Report' - <http://www.wales.nhs.uk/sites3/docmetadata.cfm?orgid=522&id=196293>

The World Health Organisation (WHO). Provides access to case studies, tools, sources of evidence on the relationships between key determinants of health and other information on current developments. Available at: <http://www.who.int/hia/en/>

The International Association for Impact Assessment (IAIA). Provides support and a forum for discussion and ideas for individuals and organisations involved in different forms of impact assessment evidence on links between determinants of health. These sites provide information on both the links between determinants and policy areas and health as well as what is known about the impact of particular interventions on health. Available at: <http://www.iaia.org/>

The International Health Impact Assessment Consortium (IMPACT). Database of resources and access to the Merseyside Guidelines on HIA. Available at: <http://www.liv.ac.uk/ihia/>

HIA Gateway, Public Health England. Information, resources, case studies, sources of evidence and networks to support the use of HIA. Available at: http://www.apho.org.uk/default.aspx?QN=P_HIA

Fredsgaard MW, Cave B, Bond A. A review package for Health Impact Assessment reports of development projects. Leeds, 2009. Available at: <https://www.scams.gov.uk/sites/default/files/documents/HIA%20Review%20Package%20-%20Ben%20Cave%20Assoc.pdf>

Mindell et al. **A Guide to Reviewing Evidence for use in Health Impact Assessment**, London Health Observatory, 2005. Available at: <http://discovery.ucl.ac.uk/122644/>
 Critical Appraisal Skills Programme UK. CASP Checklists. 2013. Available at: <http://www.casp-uk.net/checklists>

Public Health Resource Unit. Ten questions to help you make sense of reviews. Critical Appraisal Skills Programme (CASP) 2006. England. Available at www.phru.nhs.uk/Doc_Links/S.Reviews%20Appraisal%20Tool.pdf

Public Health Resource Unit. Ten questions to help you make sense of qualitative research. Critical Appraisal Skills Programme (CASP) 2006. England. Available at www.phru.nhs.uk/Doc_Links/Qualitative%20Appraisal%20Tool.pdf

Institute of Environmental Management and Assessment. Strategic Environmental Assessment (SEA) Environmental Report Review Criteria. 2006. Available at: www.iema.net

Feedback

If you have any feedback about your use of it in practice or academia then we would be pleased to receive it.

You can contact WHIASU at whiasu@wales.nhs.uk and via the WHIASU website – www.whiasu.wales.nhs.uk

Appendix One
Review Criteria
Matrix



Acknowledgements

Executive Summary

Introduction

Purpose

Methodology

**Health Impact
 Assessment:
 An Overview**

**Why do we need a
 Quality Assurance
 Review Framework
 for HIA?**

**Guidance on Using this
 HIA Quality Assurance
 Review Framework**

**The HIA Quality
 Assurance Review
 Framework and
 Explanatory Notes**

Resources/Feedback

Appendix One – Review Criteria Matrix

Criteria	Grading:	Comments
	G Good S Requires Strengthening I Inadequate	• What's missing? • Are there any weaknesses? • What's helpful? • What's completed well?
Section 1: Information about the project, policy, plan or proposal		
1.1 There is a clear description of the project or plan being assessed including: • Aims and objectives • Organisational relationships (e.g. who "owns" the project? are there any key partnerships?) • Where is the funding coming from for the project and the HIA • The context in which the project or plan 'sits' (e.g. geographic, population, the physical location) • Timeframes (see Explanatory Note) • Links or distance to other neighbouring projects if relevant (as there may be cumulative impacts) (see Explanatory Note) • The national and/or local policy context See Explanatory Note	G ☐ S ☐ I ☐	The aims and objectives of the HIA are outlined in section 3.1. The ownership and funding of the HIA and the project is set out in section 1.1 The location of project is set out in section 2. Timeframes to consider the HIA are set out throughout the assessment section in Section 6. Cumulative schemes have not been set out as relevant to this HIA, however site context is provided in section 2. Future cumulative schemes will be considered at Outline application if relevant. A policy review is provided in in section 4.

Section 2: Methodology: Is it an HIA? Has it followed a recognised HIA methodology?

2.1 There is a clear explanation of the HIA methodology used including: • Screening • Scoping - any geographical, population or other limits, and how and why these were agreed. • Assessment/appraisal • Recommendations and reporting See Explanatory Note	     	The methodology, including screening (policy requirement), scoping and assessment/appraisal is set out in section 3. Recommendations are set out throughout the impact assessment section 6, and the conclusion section 7.
2.2 The HIA is planned and timed to inform the relevant decision making/project management processes	     	Recommendations for future HIA considerations are outlined throughout section 6 and 7.

2.3 The aims and objectives for the HIA are clear and relevant. See Explanatory Note 	G  S  I 	The aims and objectives of the HIA are outlined in section 3.1.
2.4 The HIA has been framed around a definition of health and wellbeing that is holistic (physical and mental) and includes the social (wider) determinants of health	G  S  I 	This definition is set out in section 3.3
2.5 The assessment tools/frameworks/checklists used are included in the report and they include physical, mental, and social health and wellbeing along with the wider determinants of health.	G  S  I 	This is set out in section 3 and was agreed in consultation with North Yorkshire public health.

2.6 The screening and scoping process identifies the people and vulnerable groups who may be impacted on by the proposal and how they will be engaged in the HIA process



vulnerable groups are set out in section 5.7 based on baseline information.

2.7 The report identifies all the stakeholder groups who are relevant to making an assessment of health impact for this project and how they were to be engaged in the HIA



Engagement has been only undertaken with North Yorkshire Public health, it is expected that at future outline and reserved matters applications that further engagement is undertaken regarding health inequalities.

See Explanatory Note



2.8 There is a clear explanation of the roles and responsibilities in the HIA and the organisations they represent.



The ownership and funding of the HIA and the project is set out in section 1.1

See Explanatory Note



Section 3: Evidence: Is the evidence used to identify and assess impacts robust?

3.1 The HIA report includes the key types of evidence required.

1. Community /population health and socioeconomic data profile
2. Literature/evidence review
3. Stakeholder opinion and experience
4. Technical data (if relevant) i.e. air quality statistics or health outcome projections



Community and population health data is laid out in Section 5.
 Within section 6 each wider determinant of health includes a brief review of evidence.
 Stakeholder opinion has not been included at this stage.
 Technical data is included in section 5.

3.2 Community /population health profile (quantitative and qualitative).

- This should provide sufficient information on the physical and mental health and wellbeing and social determinants of health for the affected populations and any vulnerable groups identified in order to assess possible impacts.
- The profile should contain indicators of physical and mental health and wellbeing relevant to the project under assessment.
- There should be a narrative which interprets the data collected in the context of the HIA. A list of tables and data is not sufficient.



This is covered in Section 5 including a summary of key issues.

See Explanatory Note



3.3 Literature/evidence review.

- The search strategy is clear
- The methodology and sources used are relevant to the project and scale of the HIA.
- The quality and depth of evidence is sufficient to inform the assessment of likely impacts
- There is some critical assessment of the literature used

See Explanatory Note



As agreed with NYC public health this is a rapid desk top review and therefore a full literature review is not deemed proportionate. Evidence for the link between each health determinant and health outcomes has been provided in section 6.

3.4 Stakeholder knowledge and experience (qualitative).

- The methods of engagement were appropriate and their effectiveness evaluated.
- The range of stakeholders and how many people from different groups were engaged is recorded.

See Explanatory Note



Engagement has been only undertaken with North Yorkshire Public health, it is expected that at future outline and reserved matters applications that further engagement is undertaken regarding health inequalities.



3.5 Technical data

The HIA uses robust data sources on air quality, noise, transport or from other key environmental, economical or technical disciplines where relevant to the proposal and possible impacts.



Community and population data is laid out in Section 5.
It is expected that at future outline and reserved matters stages further technical data from relevant assessments undertaken at the appropriate project stage will be included.

3.6 Any limitations of the evidence collected are highlighted and a rationale provided.

See Explanatory Note



A limitations section is provided in section 3.7.

Section 4: Appraisal, Assessment and the identification of impacts

4.1 Any positive impacts or opportunities to maximise health and wellbeing outcomes are identified and how they were identified is presented clearly. See Explanatory Note ▶	     	Section 6 provides recommendations to maximise health and wellbeing through the project lifecycle.
4.2 Any negative impacts, gaps or unintended consequences are identified and how they were identified is presented clearly. See Explanatory Note ▶	     	No negative impacts have been identified but uncertainties and gaps have been noted in section 6.
4.3 There is a balanced approach to the understanding and reporting of impacts i.e. no under-reporting of negative impacts or overstating of positive impacts See Explanatory Note ▶	     	A balanced approach, proportionate to the project stage has been applied including explanation of each overall health impact.

4.4 Possible cumulative impacts of related policies or projects in the vicinity are considered.

See Explanatory Note



Cumulative schemes have not been set out as relevant to this HIA, however site context is provided in section 2. Future cumulative schemes will be considered at Outline application if relevant.

4.5 All sources of evidence are triangulated and used to inform the assessment and identifications of impacts.

See Explanatory Note



As a rapid desk top HIA this criteria is disproportionate to the level of detail available for the project. Other expert sources have been used and referenced to make recommendations as well as expert judgement. As the HUDU framework has been used and agreed, no 'degree' of impact severity has been provided.

4.6 It is made clear how each impact identified is supported by the evidence gathered. The strength and sources of evidence for each impact is clearly communicated.

See Explanatory Note



As a rapid desk top HIA this criteria is disproportionate to the level of detail available for the project.

4.7 It is clear who will be impacted and any potential inequalities in the distribution of impacts are identified. See Explanatory Note ▶	G ○ S ○ I ○	Vulnerable groups have been included and referenced in the assessment in section 6/
4.8 The degree of likelihood and severity of specific impacts is distinguished See Explanatory Note ▶	G ○ S ○ I ○	As the HUDU framework has been used and agreed, no 'degree' of impact severity has been provided.
4.9 Has the scope of the HIA been fulfilled? See Explanatory Note ▶	G ○ S ○ I ○	Yes - the HIA has identified key impacts and recommendations.
4.10 A summary of the appraisal/assessment is provided.	G ○ S ○ I ○	Section 7 summarises the HIA conclusions.

Section 5: Recommendations, Conclusions and Monitoring

5.1 There is a clear link between the evidence gathered, assessment and recommendations.	G S I	Each assessment of a health determinant in section 6 includes a clear explanation of overall health impact.
5.2 There should be an explanation of how the findings will be used to inform the decision making processes within the project/ programme.	G S I	Recommendations for this have been provided in section 6 and 7.
5.3 Recommendations should: • Be specific, measurable, appropriate, realistic and time bound • Be clearly linked to the impacts identified • Prevent or mitigate potential negative impacts or unintended consequences. • Maximise the benefits and opportunities of positive impacts. • Be clear on who is expected to take action	G S I	Recommendations include timeframes and suggested planning conditions or design approaches.
5.4 If recommendations are prioritised the rationale for this should be clearly stated	G S I	This is included in section 6.

5.5	Best practice: a process is in place for monitoring the implementation of recommendations and indicators have been identified to monitor key health and wellbeing impacts	G S I	The monitoring of these impacts is suggested as being in the gift of North Yorkshire Council and therefore is not covered in detail here apart from reference to this need in section 7.
5.6	Plans for dissemination of the report and communication of findings are specified.	G S I	This is covered in section 7.
5.7	The intended audience for the report is clear and the language, information and tone of the report are suitable for this audience.	G S I	This is intended to accompany the Proposed Masterplan and includes some technical language.
5.8	The structure of the report is clear and there are relevant and logical sections. See Explanatory Note	G S I	This is set out in section 1.2 with explanations of what each section covers.
5.9	All appendices or additional documents containing data, evidence, records and details of methodology are signposted / cross referenced and easy to locate and access.	G S I	Appendices have been provided and referenced.

5.10 All sources are clearly and accurately referenced.	     	All sources are referenced.
5.11 Any technical terms used in the HIA are explained in the document or a glossary.	     	All technical terms are explained in the document.
5.12 Best practice: An executive summary or non technical summary is provided summarising the key messages , recommendations and the supporting evidence. See Explanatory Note 	     	An executive summary has been provided.
5.13 Additional criteria for capital/ construction/development type projects: - Is there a proposed plan for monitoring the implementation of the recommendations and a clear line of accountability for reporting ongoing outcomes? This could include: - Identifying indicators for the ongoing measurement of health and wellbeing impacts. i.e emissions and noise levels - A Health Management Plan	     	The monitoring of these impacts is suggested as being in the gift of North Yorkshire Council and therefore is not covered in detail here apart from reference to this need in section 7.

Section 6: Principles and Governance: Has it been conducted in a way that meets the principles and values of HIA?

6.1 Equity A focus on contributing to achieving equity and reducing inequalities is considered throughout the HIA See Explanatory Note	G ☐ S ☐ I ☐	Health inequalities and vulnerable groups have been considered throughout the HIA.
6.2 Transparent & open The governance of the HIA is clear and appropriate to ensure that the HIA was carried out in an effective and balanced way. See Explanatory Note	G ☐ S ☐ I ☐	It is clear who has commissioned and carried out the HIA and consultation that has been carried out on its methodology.
6.3 Democratic This emphasises the rights of people to participate in major decisions that affect their lives. The stakeholders engaged reflect the diversity of all those who are likely to be affected by the proposal, involved in the development of the proposal or involved in the implementation of the proposal. See Explanatory Note	G ☐ S ☐ I ☐	Engagement has been only undertaken with North Yorkshire Public health, it is expected that at future outline and reserved matters applications that further engagement is undertaken regarding health inequalities.

6.4 Sustainable

The HIA set out to maximise health and wellbeing benefits/impacts and minimise unintended consequences by considering both short and long-term impacts

See Explanatory Note



The HIA has provided a range of short and long-term recommendations.

6.5 Participatory

The HIA used appropriate, effective and accessible methods of engagement for the stakeholders who were relevant for this assessment.

See Explanatory Note



Engagement has been only undertaken with North Yorkshire Public health, it is expected that at future outline and reserved matters applications that further engagement is undertaken regarding health inequalities.



Review Summary of the HIA:

Reviewed by:

Date assessed:

The above review was requested to be completed by North Yorkshire Council Public Health team. Scores have not been provided as this would need to be undertaken independently. This should be reviewed in conjunction with the HIA.

Appendix Two – Explanatory Notes

Explanatory notes for selected criterion only.

Further guidance on HIA methodology can be obtained from:

Health Impact Assessment: A Practical Guide. Wales Health Impact Assessment Support Unit, 2012

Section 1: Information about the project, policy, plan or proposal

1.1 Timeframes: it should be clear at what stage the proposal/project is at (e.g. planning/delivery/evaluation/mid-point review). It should be clear if there are a range of phases of implementation which may have different health impacts e.g. construction and operational phases.

The following should be clear:

- the duration of any plan and implementation
- key project decision points and deadlines

Links or distance to other neighbouring projects if relevant (as there may be cumulative impacts):

This may include other development/construction projects that are in close geographical proximity to the project under assessment. It could also include other programmes that are linked because of policy changes, policy implementation or service redesign that may create cumulative impacts on the same population groups.

[Back to Review
Criteria Matrix](#)

Section 2: Methodology: Is it an HIA? Has it followed a recognised HIA methodology?

2.1 Is there a reference to a HIA model or guidance? For example: See [WHIASU \(2012\) HIA: A Practical Guide](#)

Not all HIAs will include a Screening as the HIA may be required by legislation or regulation, or it may be part of a programme requiring HIA. Screening should identify if the project or policy proposed is likely to have a significant impact (positive or negative) on health and health inequalities, and the possible scale and severity of that impact. Screening should not be carried out by one person. It should be clear that there were a range of perspectives and knowledge represented within the screening process. These might include the HIA proposer, service user/community member, member of staff, operational manager, other key stakeholders. Screening should identify if an HIA could help inform the decision making/project planning process

Scoping: This should include a clear explanation of which determinants of health and wellbeing were the focus of the HIA including justification for any determinants that were scoped out.

[Back to Review
Criteria Matrix](#)

2.3 Is it clear who decided that a HIA should be conducted and why? What does the HIA set out to achieve?

[Back to Review
Criteria Matrix](#)

2.7 This could include:

- People involved in planning and delivering the project
- People who will be involved in the implementation
- People affected by the project/proposal e.g. local residents, patients, service users, tenants
- Partner or other local organisations
- Views of people with local or relevant knowledge and insight
- Community members and their representatives
- Views of individual academics or professionals with knowledge in a specialist area
- Organisations which provide advice on particular subjects (e.g. on transport research)
- Relevant national organisations

[Back to Review
Criteria Matrix](#)

2.8 It should be clear how the HIA was originated, what organisations led or commissioned the HIA and the roles and responsibilities assigned. The Terms of Reference and the membership of any steering group should be documented.

[Back to Review
Criteria Matrix](#)

Section 3: Evidence: Is the evidence used to identify and assess impacts robust?

3.2 Community /population health profile could include:

- Routinely collected local statistics (e.g. on health, unemployment, crime and air quality)
- Surveys of local conditions
- Community profiles
- Local concerns and anxieties (where documented)
- Secondary analysis of existing local data
- Resident surveys or consultations
- Other local surveys/research

Back to Review
Criteria Matrix

3.3 Literature/evidence review

Accessing a guide to reviewing evidence for HIA may be useful for assessing the quality of the literature/evidence review.

For example: [Mindell et al \(2005\) A Guide to Reviewing Evidence for use in Health Impact Assessment](#), London Health Observatory

Some key questions to ask:

- Is the evidence used up to date, of a high quality and from trustworthy sources?
- Have the authors critically appraised the literature? For example, assessing the methods, sample sizes and populations studied.
- Do they cite more than one study identifying similar findings?
- Is the evidence base inconsistent or lacking?
- Have they used the 'precautionary principle'¹ where evidence of potential negative impact is found, but is limited in nature?

Sources for the literature/ evidence review could include:

- Research published in academic journals accessed through special literature searches in libraries or on the Internet
- Research conducted or commissioned by statutory, voluntary or private organisations
- Predictions from models
- Information about similar proposals implemented elsewhere and other grey literature (e.g. case studies)

Back to Review
Criteria Matrix

¹ The Precautionary Principle: “when an activity raises threats of harm to human health or the environment, precautionary measures should be taken even if some cause and effect relationships are not fully established scientifically” Wingspread Conference on the Precautionary Principle 1998 <http://sehn.org/wingspread-conference-on-the-precautionary-principle/>

3.4 Stakeholder knowledge and experience (qualitative).

A useful reference guide is Stakeholder Participation Working Group of the 2010 HIA of the Americas Workshop (2012)

Guidance and Best Practices for Stakeholder Participation in Health Impact Assessments -Version 1.0, Human Impact Partners, Habitat.

See 2.7 for examples of some of the stakeholders that could be involved for their views

What methods were used to sample, collect, record and analyse this qualitative data? They might include: surveys, workshop, focus groups and interviews.

Is there interview or workshop data from:

- Residents and professionals with local or relevant knowledge and insight?
- Community members and their representatives?
- Individual academics or professionals with knowledge in a specialist area?

Is there information/guidance provided by:

- Organisations which provide advice on particular subjects (e.g. on transport research)?
- Relevant national organisations?

Were steps taken to ensure that participation in the HIA was accessible to all who wished to take part? Were any steps taken to adapt methods of engagement or to support hard to reach groups to engage?

Further information on the Principles of Participation can be accessed at Participation Cymru - <http://participation.cymru/en/principles/>

Back to Review
Criteria Matrix

3.6 This should be proportionate to the objectives and scale for the HIA undertaken.

Back to Review
Criteria Matrix

Section 4: Appraisal, Assessment and the identification of impacts

4.1 This could be in table or narrative form.

Back to Review
Criteria Matrix

4.2 This could be in table or narrative form.

Back to Review
Criteria Matrix

4.3 Are you confident that there is no **bias** in the reporting?

Back to Review
Criteria Matrix

4.4 Is this project linked, staged or neighbouring any other developments that may impact on the same populations?

Back to Review
Criteria Matrix

4.5 HIA aims to integrate and use different types of evidence. It should be clear how the evidence gathered is integrated to make the overall assessment.

Back to Review
Criteria Matrix

4.6 Can you identify if an impact is supported by the community health profile, evidence review, stakeholders views or all three?
This is often achieved by presenting a table with the key impacts identified alongside which type of evidence supports each finding:
community health profile, evidence review, stakeholder's views or a combination of these.

Back to Review
Criteria Matrix

4.7 Are particular groups or vulnerable groups impacted more than others and is this clearly described and explained?

Back to Review
Criteria Matrix

4.8 Are key health impacts distinguished as minimal, moderate or severe? In HIAs with a strong focus on environmental impacts, and/or the health chapter of a Strategic Environmental Assessment or Environmental Impact Assessment these should be explicit.
In HIAs with a participatory and qualitative focus, it may be possible to grade the likely importance or severity of impacts, though this may not be quantifiable.

Back to Review
Criteria Matrix

4.9 For example: if the screening and scoping identified a number of potential vulnerable groups and/or determinants have they all been considered in the assessment?

Back to Review
Criteria Matrix



Section 5: Conclusions, Recommendations and Monitoring

5.8 Is the report well organised? Can you easily find the key sections and data? Does it flow well?

[Back to Review
Criteria Matrix](#)

5.12 Some HIAs will be part of a larger report and in this case an executive summary would not be expected.

[Back to Review
Criteria Matrix](#)

Section 6: Principles and Governance: Has it been conducted in a way that meets the principles and ethics of HIA?

6.1 Equity

The population/community health profile includes indicators of wider determinants, health inequalities and vulnerable groups in the population.
An assessment is made of how the project/proposal may impact on groups that are vulnerable to health inequalities.

[Back to Review
Criteria Matrix](#)

6.2 Transparent & open

Was there a steering group overseeing a guiding the HIA process? Who were the members and how were key decisions arrived at?
It is clear how the HIA was originated and funded.
You can identify which organisations led the HIA.
Any conflicts of interest or potential for bias are noted.
Any constraints or limitations in carrying out the HIA are noted in the report.
It is clear how key decisions about the HIA were made and a rationale is provided.
The HIA process included checking that the views of stakeholders have been accurately recorded and reflected in the HIA.
Stakeholders had the opportunity to comment on a final draft.
The full HIA report and appendices are publicly available and accessible to all stakeholders.
Conclusions and recommendations can be clearly linked to the impacts identified and the evidence sources.

[Back to Review
Criteria Matrix](#)

6.3 Democratic

The focus is on whether the appropriate number and range of stakeholders has been involved (i.e. representative of groups likely to be affected by the proposal and well as those who have relevant local professional expertise).
Is it clear who has been involved in the HIA and whose views have been included as part of the assessment of impacts and identification of recommendations?
Can you identify any key stakeholders not represented? If yes you might want to seek clarification on if and how they were contacted.

[Back to Review
Criteria Matrix](#)

6.4 Sustainable

Short, medium and long term impacts are addressed in the HIA where appropriate

[Back to Review
Criteria Matrix](#)

6.5 Participatory

Participation focuses on the process of active engagement /involvement rather than passive consultation.
Were steps taken to ensure that participation in the HIA was accessible to all who wished to take part? Were any steps taken to adapt the methods of engagement or to support hard to reach groups to engage?
Is it clear what stakeholders were engaged and how many participated?

[Back to Review
Criteria Matrix](#)



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