King Street Planning

Health Impact Assessment

Buzz Bingo, Hyde Road, Gorton

Kellen Homes and Jigsaw Homes North

April 2026

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Executive Summary

i. This Health Impact Assessment is submitted in support of a planning application for a residential development on land at Buzz Bingo, Hyde Road, Gorton. Planning permission is sought for the following development:

> *"Erection of a residential development comprising 152 dwellings (Use Class C3a) together with landscaping, sustainable drainage features, pedestrian footways and highways, parking provision and other associated works"*

ii. The Health Impact Assessment has identified the key health inequalities at the site and surrounding area which have informed the baseline analysis. The scheme has been crafted to maximise the public benefits of the proposals which will directly impact health and wellbeing including:

- Delivery of 100% affordable housing.
- Delivery of nationally described space standard compliant housing.
- A proportion of the dwellings meet Part M4(3) and all other dwellings meeting Part M4(2).
- Extensive private and public amenity spaces for future residents.
- Suitable noise mitigation to ensure a suitable external and internal noise environment for future residents.
- Implementation of best practice remedial measures to address any contaminated land constraints due to historical uses.

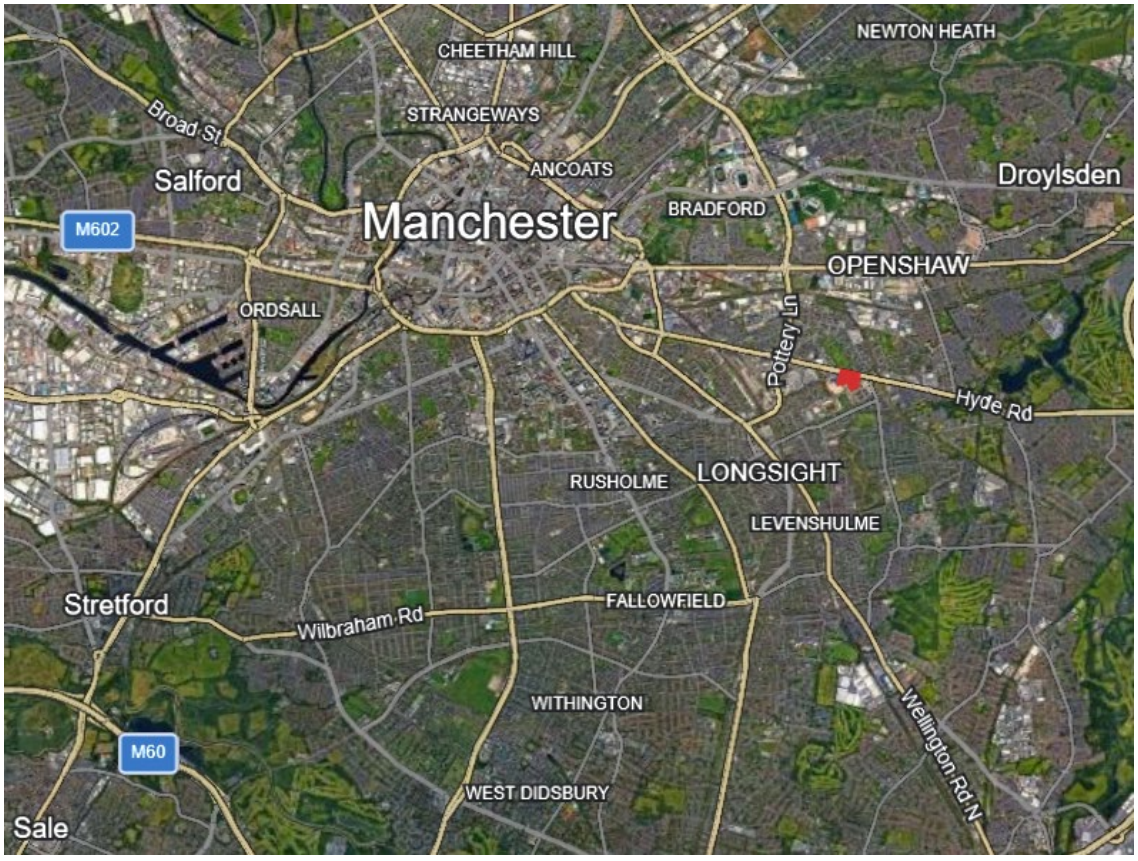
iii. A series of conditions and S106 commitments are proposed to ensure the health and wellbeing benefits are secured, or further mitigation / design is agreed with the Council at the appropriate time.

iv. The HIA has been undertaken using HUDU guidance. The findings of the assessment have demonstrated that the proposals lead to a number of positive health related effects owing to the highly sustainable nature of the site and the uses proposed, combined with a high quality public and private realm and well-thought out design. The HIA demonstrates compliance with Policy JP-P6.

1. Introduction

1.1. King Street Planning ("KSP") has been instructed by Kellen Homes and Jigsaw Homes ("the Applicants") to prepare a Health Impact Assessment ("HIA") for a residential development on land at Buzz Bingo, Hyde Road, Gorton ("the site"). An aerial view of the existing site's strategic context is provided below.

Figure 1.1: Site's Strategic Location



1.2. A HIA is required due to the scale of development, and as such this document assesses the health related effects of the proposed development during the construction and operational phases of development. The HIA also identifies opportunities to enhance the health related benefits of the proposed development which have been secured by design or through mitigation measures established in the technical assessments. The HIA will consider the ability of local health services to cater for the additional demand created as a result of the development.

1.3. The proposed development stated on the application forms is:

> *"Erection of a residential development comprising 152 dwellings (Use Class C3a) together with landscaping, sustainable drainage features, pedestrian footways and highways, parking provision and other associated works"*

1.4. Further details of the proposed development can be found in the Design and Access Statement and a suite of additional submission documents which form part of the planning application.

Report Structure

1.5. The following chapters of the report comprise:

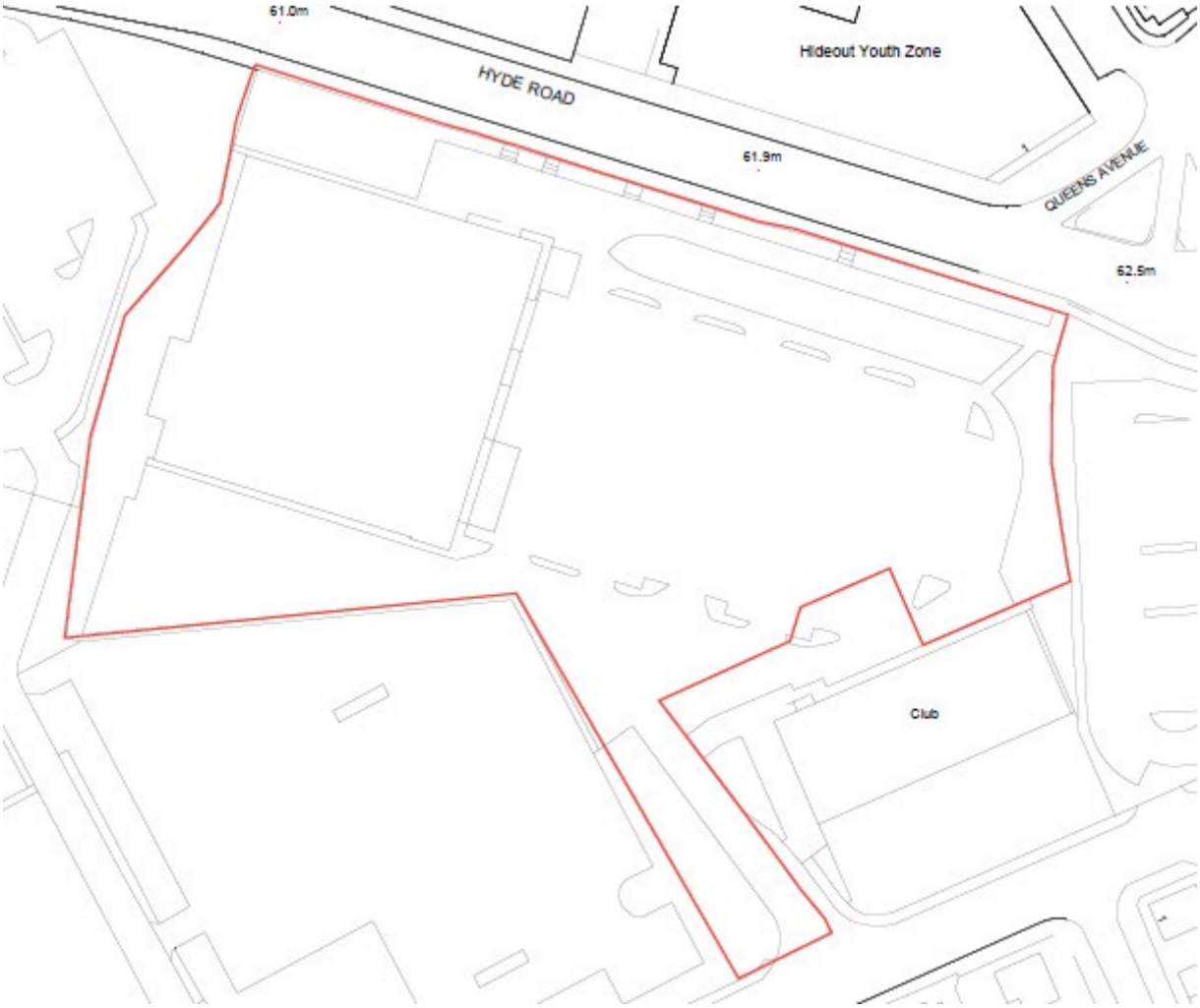
- **Site Description** – An overview of the site's key characteristics.
- **The Proposed Development** – An overview of the proposed development.
- **Planning Policy Context** – A review of national and local planning policy and guidance with respect to HIAs and the type of development proposed.
- **Literature Review** – A review of key health related data for the area and health strategies for the Council.
- **HIA Approach and Methodology** – Description of the approach and methodology which has been used to inform the HIA.
- **Baseline Conditions** – An overview of the baseline conditions on site and in the surrounding area.
- **Impact Assessment** – The HIA setting out the likely health related effects of the development during demolition, construction and operation.
- **Summary and Conclusions** – Brief summary of the report findings.

2. Site Description

Site Location

2.1. The site is located in the administrative area of Manchester City Council ("MCC") in the ward of Longsight. The site is irregular in shape bound by Hyde Road to the north; Co-op Academy Belle Vue to the west; a car park and Crystal Suite wedding venue to the south; and Diamond Lodge hotel to the east. The total site area extends to c. 1.37ha and is illustrated below.

Figure 2.1: Site Location Plan



The Existing Site and Surrounding Area

2.2. The site comprises a vacant former bingo hall operated by Buzz Bingo. There is extensive hardstanding on site associated with the former car park areas. Vehicular access is currently from Kirkmanshulme Lane to the south, with pedestrian / cyclist accesses available to the north via Hyde Road.

2.3. The existing uses in the surrounding area comprise a mix of commercial, residential, leisure and educational uses.

Key Designations

2.4. A review of key environmental designations has been undertaken, including:

- **Ecology** – The site is not located within or adjacent to a statutory designated ecological site. The nearest statutory designated site is Highfield Country Park Local Nature Reserve ("LNR") located c. 2.2km south of the site.
- **Heritage** – There are no statutory designated heritage buildings on site, or adjacent to it. The nearest designated asset is the Grade II* Listed Roman Catholic Church of St Francis and Monastic Building Attached to Church located c. 530m north of the site.
- **Conservation Areas** – The site is not located within a Conservation Area. The nearest is Gore Brook Valley Conservation Area located c. 660m southeast of the site.
- **Air Quality** – The northern extent of the site is located within the Manchester AQMA.
- **Flood Risk** – The site is located in flood zone 1 (lowest area of flood risk).

Accessibility and Sustainability

2.5. The nearest bus stop to the site is located along A57 Hyde Road, approximately 140 metres, or a 2-minute walk from the centre of the proposed site. This stop consists of a shelter with timetable information.

2.6. Additional bus stops are located along Kirkmanshulme Lane and B6178 Mount Road, a short distance from the proposed site.

2.7. The nearest bus stops to the site provides various services throughout the day to destinations such as Manchester city centre, Hyde, Denton, Hattersley, Stockport, Pendleton, Reddish, Cheetham Hill, Old Trafford and The Trafford Centre.

2.8. The nearest railway station to the site is Belle Vue station, around 450 metres from the centre of the site. The station is accessible by a 6-minute walk or a 2-minute cycle.

2.9. This train station is managed by Northern Trains and has 2 platforms, offering 4 services per hour to Manchester Piccadilly, Reddish, Bredbury and New Mills Central.

2.10. The table below, shows the walking distance from the centre of the site to several of the local key amenities in the immediate vicinity of the site.

Table 2.1: Walking Distance to Key Services and Facilities

Local Amenity	Distance
Belle Vue (Stop F) Bus Stop	140m
Co-op Academy	250m
Gorton Park	280m
Smashin' Restaurant	280m
Aldi	450m

Local Amenity	Distance
Belle Vue Railway Station	450m
Roots Restaurant & Bar	450m
Premier	500m
Merry Kidz Day Nursery	500m
Mount Road Surgery	700m
All Saints Primary School	800m
Mount Road Pharmacy	850m
Mount Road Post Office	850m

3. Proposed Development

3.1. The schedule of accommodation is provided below.

Table 3.1: Schedule of Accommodation

Use	Use class	Quantum
Residential	C3	152

Summary of Development Components

3.2. An Site Layout Plan has been prepared to illustrate the design and extent of uses sought for approval. The following table sets out the key components of the development which are sought for approval.

Figure 3.1: Site Layout Plan Extract

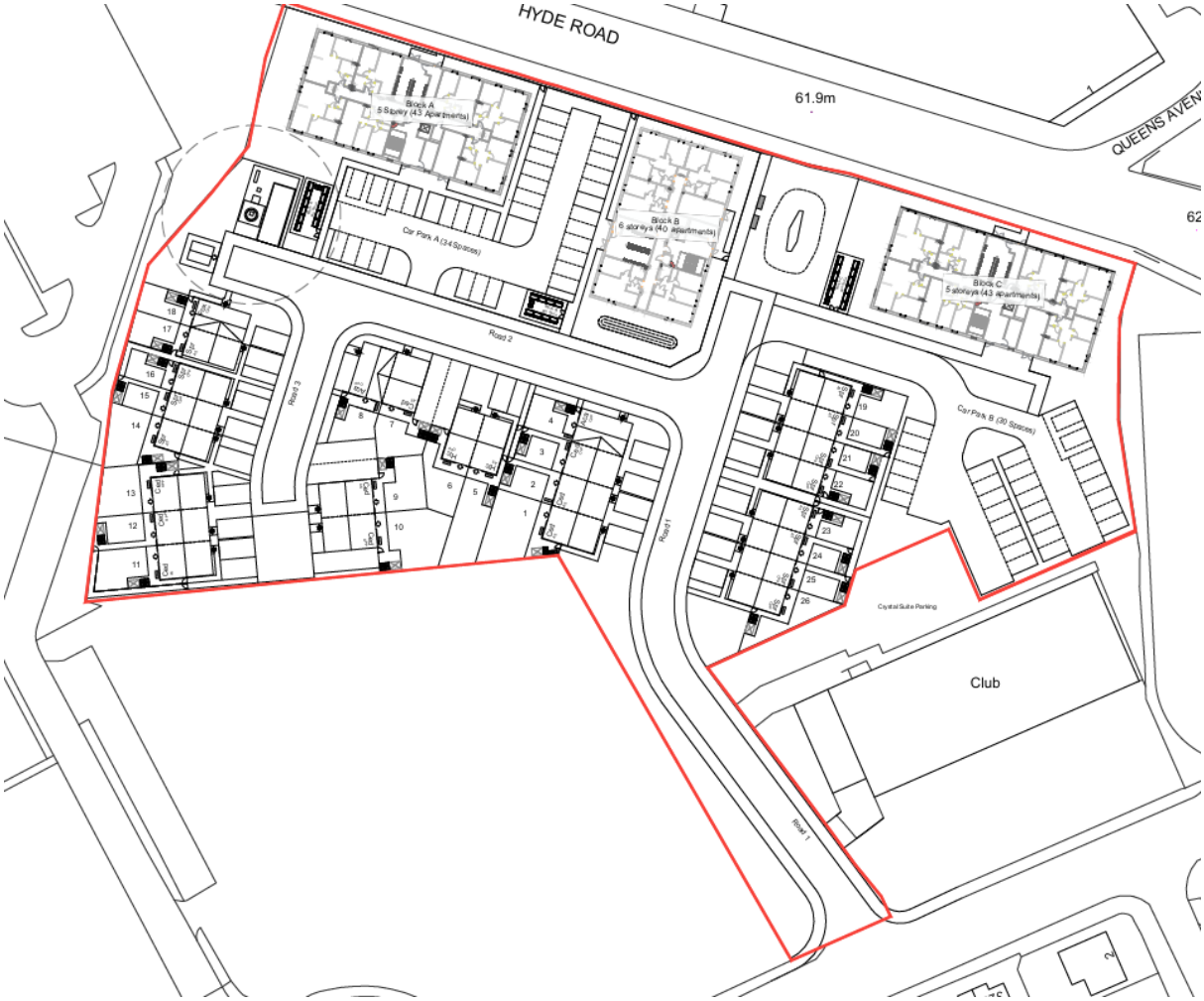


Table 3.2: Key Components of the Development

Project Element	Description
Residential Uses	
Quantum	152 dwellings
Scale of development	2 to 6 storeys
House type	• Houses: 26 • Apartments: 126
Housing mix	• 1-bed: 62 (40%). • 2-bed: 66 (52%). • 3-bed: 24 (15%).
Nationally Described Space Standard (NDSS)	Complies with NDSS
M4 Provision	Part M4(2): 148 (97%). Part M4(3): 4 (3%).
Proposed affordable housing provision	100% affordable housing / 152 homes.
Green infrastructure and public open space	c. 0.25ha of the site area.
Vehicular access	Kirkmanhulme Lane
Pedestrian access	Multiple points of pedestrian access to the north onto Hyde Road and Kirkmanshulme Lane to the south.
Parking standards	• 50% car parking provision
Energy strategy	Heat pump technology and photovoltaic panels
Infrastructure and Construction	
Surface water drainage	SUDS measures including attenuation basin, rain gardens and swales.
Foul water drainage	Connection to the United Utilities foul sewer network.

4. Planning Policy and Guidance

4.1. This Chapter reviews national and local planning policy and guidance which relates to human health in the planning process, and HIAs.

Local Policy and Guidance

Manchester's Core Strategy Development Plan Document

4.2. A series of Citywide challenges are set out in the Core Strategy. These need to be overcome for the Council to achieve its sustainable community strategy, including:

- Reducing worklessness and deprivation.
- Improving the skills of residents to meet the job opportunities.
- Reducing contribution to and mitigating effects of climate change.
- Creating neighbourhood focus, facilities and identity.

- Providing a choice of high quality safe and sustainable lifetime homes and neighbourhoods for a growing population.
- Removing health inequalities and enabling more healthy lifestyles.
- Improving access to employment and education.
- Reducing congestion on the roads, improving the reliability of public transport and reducing overcrowding.
- Improving the quality of air and water.
- Reducing the area of contaminated land and facilitating the re-use of previously developed land.
- Continuing to ensure that development is of a consistently high quality.

4.3. All of the above challenges are in some way linked to the health and well-being of the residents in Manchester.

4.4. Policy SP1 'Spatial Principles' states that development in the City should make a positive contribution to the health, safety and well-being of residents. Paragraph 6.8 which supports Policy SP1 states that new development can play a role in improving health by:

- Providing pedestrian and cycling facilities.
- Good open space provision.
- Sustaining local facilities and networks.
- Good quality housing provision and choice.
- Good access for all to jobs and services.

4.5. Access to sustainable modes of transport is recognised as a positive mechanism to tackle the impacts of climate change, and thereby improving health.

4.6. Policy T1 'Sustainable Transport' sets out the Council's measures to deliver a sustainable, high quality, integrated transport system to encourage modal shift away from car travel to public transport, cycling and walking.

4.7. The importance of green infrastructure is recognised as a critical element for delivering sustainable economic prosperity. The attractiveness of the environment is in part what determines where firms choose to locate, and where the workforce chooses to live; workers with access to green infrastructure also tend to be healthier and more productive. Green infrastructure provides accessible areas for relaxation, recreation, exercise and sport and alternative sustainable transport routes. It reduces air pollution, improving the general health and well-being of communities (paragraph 12.51).

4.8. Policy DM1 'Development Management' sets out a series of criteria which should be considered when designing new developments. Of specific relevance to human health are:

- Appropriate siting, layout, scale, form, massing, materials and detail.
- Impact on the surrounding areas in terms of the design, scale and appearance of the proposed development. Development should have regard to the character of the surrounding area.
- Effects on amenity, including privacy, light, noise, vibration, air quality, odours, litter, vermin, birds, road safety and traffic generation. This could also include proposals which would be sensitive to existing environmental conditions, such as noise.
- Accessibility: buildings and neighbourhoods fully accessible to disabled people, access to new development by sustainable transport modes.
- Community safety and crime prevention.
- Design for health.
- Adequacy of internal accommodation and external amenity space.
- Green Infrastructure including open space, both public and private.
- Flood risk and drainage.

Guide to Development in Manchester Supplementary Planning Document (April 2007)

4.9. Whilst the SPD is somewhat dated, some of the core messages and principles are still relevant today. The SPD intends to provide developers with guidance when bringing forward development within the City.

4.10. Chapter 9 is titled 'Design for Health' and sets out a series of objectives to ensure that development works to improve the health of Manchester's residents. These objectives are:

- **Encourage active lifestyles –** place walking and cycling routes as a priority over cars. This can be assisted by providing secure cycle storage in all developments, and ensuring good quality facilities for cyclists.
- **Build opportunities for social interaction –** create environments where people can meet informally; promote local services; and ensure that people are adequately involved in developments in their area.
- **Improve housing quality –** new housing should be of a high standard of design. New dwellings should be designed and orientated to maximise natural light and provide views over aesthetically pleasing spaces, designing for safety, both in terms of reducing accidents and reducing the risk of crime.
- **Improve access to work –** all new development which include employment generating uses should consider the needs of those without cars, and should actively encourage access to the site by pedestrians, cyclists and public transport. Mixed-use development can also be a means of shortening journeys to work by bringing employment near to residential areas.

- **Ensure accessibility for all –** new development should ensure the needs of the more vulnerable road users such as pedestrians, disabled people, cyclists and those using public transport are considered during the planning process.
- **Promote local food production and access to healthy food –** encourage a diversity of shopping facilities in local centres.
- **Promote safety and a sense of safety –** new developments should use traffic calming measures to slow the speed of traffic and give priority to pedestrians and cyclists; design to ensure natural surveillance over public space; and provide safe places for children to play.
- **Promote social inclusion –** delivering development that provides a mix of housing tenures, whilst ensuring that development does not drive out those on low incomes by making property or services too expensive, and ensuring that people are not excluded because of age, disability, or lack of access to a car.
- **Improve the quality of the natural environment –** development should protect and enhance waterways and areas of green space.
- **Improve the quality and aesthetics of the built environment –** designing places to be intuitively understandable, integrating the natural environment into the built environment with trees and other planting schemes, and by providing gardens in residential developments.

Manchester Population Health Plan: 2018-2027

4.11. The plan focuses on delivering results in five aspects of life in Manchester:

- The first 1,000 days of a child's life
- Work and its positive impact on health
- Making social connections and changes that matter
- An age-friendly Manchester
- Action on preventable early deaths.

Places for Everyone

4.12. Places for Everyone ("PfE") is a plan of nine Greater Manchester districts (Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Tameside, Trafford and Wigan). It was adopted in March 2024 and forms part of the statutory development plan.

4.13. PfE policy JP-P6 'Health' states:

To help tackle health inequality new development will be required, as far as practicable, to:

A. Maximise its positive contribution to health and wellbeing, whilst avoiding any potential negative impacts of new development;

B. Support healthy lifestyles, including through the use of active design principles making physical activity an easy, practical and attractive choice; and

C. Be supported by a Health Impact Assessment for all developments which require to be screened for an Environmental Impact Assessment, and other proposals which, due to their location, nature or proximity to sensitive receptors, are likely to have a notable impact on health and wellbeing.

Improvements in health facilities will be supported, responding to the changing needs and demands of both existing and new residents, including through:

1. Requiring, where appropriate, the provision of new or improved health facilities as part of new developments proportionate to the additional demand that they would generate;

2. Enabling the continued enhancement and successful operation of our hospitals; and

3. Facilitating greater integration of health and social care, and the provision of integrated wellness hubs, including the co-location of health, community and wellness services.

National Policy and Guidance

National Planning Policy Framework

4.14. The National Planning Policy Framework ("NPPF") (December 2024) sets out the Government's planning policies for England and how these should be applied. In order to achieve sustainable development, the planning system has three overarching objectives, all of these contribute to the health of residents and the community. Paragraph 8 objectives are:

"An economic objective – to help build a strong, responsive and competitive economy, by ensuring that sufficient land of the right types is available in the right places and at the right time to support growth, innovation and improved productivity; and by identifying and coordinating the provision of infrastructure;

A social objective – to support strong, vibrant and healthy communities, by ensuring that a sufficient number and range of homes can be provided to meet the needs of present and future generations; and by fostering well-designed, beautiful and safe places, with accessible services

and open spaces that reflect current and future needs and support communities' health, social and cultural well-being; and

An environmental objective – to protect and enhance our natural, built and historic environment; including making effective use of land, improving biodiversity, using natural resources prudently, minimising waste and pollution, and mitigating and adapting to climate change, including moving to a low carbon economy."

4.15. Chapter 8 of the NPPF seeks to promote healthy and safe communities. Paragraph 96 states that planning decisions should aim to achieve healthy, inclusive and safe places and beautiful buildings which:

"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;

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 beautiful, 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

Enable and support healthy lives, through both promoting good health and preventing ill-health, especially where this would address identified local health and well-being needs and reduce health inequalities between the most and least deprived communities – for example through the provision of safe and accessible green infrastructure, sports facilities, local shops, access to healthier food, allotments and layouts that encourage walking and cycling."

4.16. Open space and recreational opportunities are recognised as important infrastructure to support the health and well-being of communities.

4.17. Paragraph 110 is within the chapter relating to sustainable transport and states sustainable modes of travel can help to reduce congestion and emissions, and improve air quality and public health.

4.18. The design of new development is recognised as an important consideration to create places that are safe, inclusive and accessible, promote health and well-being, with a high standard of amenity for existing and future site users (para 135(f)).

4.19. Paragraph 198 relates to pollution and states that planning decisions should ensure that new developments are appropriate for its location, taking into account the likely effects of pollution on health, living conditions and the natural environment. In doing so, development should:

"Mitigate and reduce to a minimum potential adverse impacts resulting from noise from new development – and avoid noise giving rise to significant adverse impacts on health and the quality of life;

Identify and protect tranquil areas which have remained relatively undisturbed by noise and are prized for their recreational and amenity value for this reason; and

Limit the impact of light pollution from artificial light on local amenity, intrinsically dark landscapes and nature conservation."

Planning Practice Guidance

4.20. National Planning Practice Guidance ("NPPG") is an online guidance tool to assist the planning process, providing further detailed information which supports the policy basis in the NPPF. Paragraph 001 (ref. ID: 53-001-20190722) of the Achieving Health and Inclusive Communities section of the NPPG states:

"The design and use of the built and natural environments, including green infrastructure are major determinants of health and wellbeing. Planning and health need to be considered together in two ways: in terms of creating environments that support and encourage healthy lifestyles, and in terms of identifying and securing the facilities needed for primary, secondary and tertiary care, and the wider health and care system (taking into account the changing needs of the population)."

Health Impact Assessment in Spatial Planning (October 2020)

4.21. The guide was prepared by Public Health England to support the preparation of HIAs in the planning system. The guidance described the health and well-being outcomes that are influenced through planning, and how these outcomes can be optimised through the planning process.

4.22. Table 4.1 summarises a list of considerations that HIAs can seek to review as part of the planning process.

Table 4.1: Wider Determinants of Health and Well-being Outcomes

Health Considerations	Wider Determinants of Health and Well-being			
	Access	Traffic and Transport	Socio-economic	Land Use
Reduce health inequalities Improve mental health and wellbeing Improve diets and weight	• Local public key services and facilities • Good quality affordable housing	• Accessibility • Access to public transport • Opportunities for active travel (cycling and walking)	• Employment, including skills development and training opportunities • Local business activity • Regeneration	• Sustainable and efficient land use in urban and/or /rural settings • Quality of Urban and natural environments,

Health Considerations	Wider Determinants of Health and Well-being			
	Access	Traffic and Transport	Socio-economic	Land Use
Improve musculoskeletal health Improve respiratory health Improve cardiovascular health Protect environmental health Provide access to health and care infrastructure	• Healthy and affordable food • Natural environment • Green spaces and public realm • Leisure, sport, recreation, play and physical activities within the environments	• Links between communities • Community severance • Connections to jobs • Connections to services, facilities and leisure	• Tourism and leisure industries • Community/ social cohesions and access to social networks • Community engagement	such as air and noise pollution • Climate change impacts

Spatial Planning for Health

4.23. In June 2017 Public Health England published 'Spatial Planning for Health: An Evidence Resource for Planning and Designing Healthier Places'. Duncan Selbie, the Chief Executive of Public Health England who approved the report for issue, stated that *"a decent home, a job and friends are more important to good health than the NHS. This report highlights how we can build places and communities that encourage healthier choices"*. The project aimed to identify the links between spatial planning and health based on the impacts of the built environment on health. The document reviewed evidence based on five key aspects of the built and natural environment:

- **Neighbourhood design** – Improving neighbourhood walkability and infrastructure designed to promote walking and cycling was found to be associated with numerous positive health outcomes, including increased physical activity levels and improved social engagement among older adults. Furthermore, areas of mixed land use, diverse housing types and high quality transport were found to be associated with increased physical activity levels, reduced risk of pedestrian injury and road traffic collisions, and increased social participation among older adults, among other positive health outcomes.
- **Housing** – Good quality housing and affordable housing was associated with a variety of positive health outcomes, including improved social outcomes among older adults, reduced injury among older adults and children and improved general physical and mental health. Among vulnerable groups (e.g., substance users, homeless, disabled), provision of affordable housing was associated with improved quality of life, mental health and clinical health-related outcomes.

- **Healthier food** – Provision of healthier and affordable food could be effective in improving dietary attitudes and behaviours. Urban growing was also found to be associated with improved attitudes towards healthy eating, increased opportunities for social connectivity and increased opportunities for physical activity.
- **Natural and sustainable environment** – Improvement to air quality, prioritisation of neighbourhood tree planting, and provision of open and green spaces, was associated with increased physical activity, increased environmental cooling, and improved general physical health outcomes. In addition, provision of infrastructure to support walking and cycling and increased access to buildings and facilities was associated with increased physical activity and improved social engagement among older adults.
- **Transport** – Infrastructure for walking and cycling, installation of traffic calming measures, and public realm improvements (e.g., street lighting) was associated with increased mobility, physical activity levels, reduced BMI and reduced risk of injury, among other positive outcomes. Furthermore, the provision of open and green space, high quality public transport and improved air quality was associated with numerous positive health outcomes, including: increased physical activity; improved cardiovascular outcomes; and improved social participation, among others.

Other Relevant Guidance

4.24. There are a series of other relevant legislation, policy and guidance documents which support the undertaking of HIAs:

- Spatial Planning for Health: An Evidence Resource for Planning and Designing Healthier Places (2017).
- HUDU Planning for Health: Healthy Urban Planning Checklist (April 2017).
- HUDU Rapid Health Impact Assessment Tool (October 2019).
- IEMA: Effective Scoping of Human Health in Environmental Impact Assessment (November 2022).
- IEMA: Determining Significance for Human Health In Environmental Impact Assessment (November 2022).
- Health and Social Care Act 2012
- National Design Guide (2019).

Summary

4.25. This chapter has presented an overview of national and local planning policy with respect to health considerations and HIAs. The Council have requested a HIA to support the planning application due to the scale of the development, and as such, the following chapters set out a literature review and the HIA methodology.

5. Literature Review

5.1. Further to national and local planning policy and guidance relating to HIAs, the Council have a wealth of information available which relate to current health issues and determinants. These documents have been reviewed and summarised below. The documents assist in understanding the key health related issues which residents of Manchester are currently facing, thus informing how the proposed development can address these issues as part of the design and assessment process.

Manchester Population Health and Insight Profile Report

5.2. At the Health and Wellbeing Board meeting on 4 June 2025, the Director for Public Health tabled an update on health determinants within Manchester which is summarised below. This provides context to support the more detailed baseline analysis and impact assessment presented in subsequent chapters.

5.3. This report provides a comprehensive overview of the health and wellbeing of Manchester's population, drawing on recent data and targeted community insight work. It highlights persistent health inequalities, emerging trends following the COVID-19 pandemic, and key determinants influencing health outcomes across the life course.

Population Context and Demographic Change

5.4. Manchester's population is projected to grow significantly, increasing by approximately 19% from 633,986 in 2024 to over 756,000 by 2034. The population is also ageing slightly, with the median age expected to rise from 31.3 to 33.8 years. Growth is particularly concentrated among adults aged 35–49. These demographic changes will place increased demand on health and care services and require culturally responsive approaches.

Overall Health Outcomes and Inequalities

5.5. Health outcomes in Manchester remain poorer than the national average across multiple indicators. Life expectancy has not fully recovered to pre-pandemic levels, with men and women living approximately 3–4 years less than the England average. Significant inequalities persist within the city: individuals in the most deprived areas experience markedly shorter life expectancy (around 8.8 years less for men and 6.8 years less for women) compared to those in the least deprived areas.

5.6. Healthy life expectancy (HLE) also reflects poorer outcomes, with residents spending a smaller proportion of their lives in good health compared to the national average. The pandemic reversed previous improvements in HLE, and while there are signs of recovery, long-term trends remain uncertain. These findings underline the strong influence of deprivation and social determinants on health.

Early Years and Childhood Health

5.7. Outcomes for children and young people highlight significant challenges. Infant mortality rates are substantially higher than the national average and have increased in recent years, particularly in deprived

populations. Perinatal mental health conditions affect a high proportion of women, yet access to specialist services is lower than nationally and has declined.

5.8. Childhood obesity remains a major concern, with over 40% of Year 6 children classified as overweight or obese, although there has been a slight recent improvement. Oral health is particularly poor, with over 60% of five-year-olds experiencing dental decay—more than double the national average—and high rates of hospital admissions for tooth extractions. These indicators point to early-life inequalities that are likely to have long-term health implications.

Long-Term Conditions and Risk Factors

5.9. Behavioural risk factors and chronic conditions contribute significantly to poor health outcomes. Smoking prevalence remains higher than the national average, particularly among lower socioeconomic groups. Physical inactivity is increasing, with over a quarter of adults classified as inactive, and diet quality remains below national levels.

5.10. Alcohol-related harm is also a concern, with higher rates of hospital admissions and mortality, particularly among men and older age groups. Musculoskeletal conditions affect a substantial proportion of the population and are strongly associated with mental health issues, highlighting the interconnected nature of physical and mental health.

Mortality and Premature Deaths

5.11. Rates of premature mortality from preventable causes are significantly higher than the national average—approximately 71% higher. While some improvements were observed prior to the pandemic, progress has stalled or reversed. Major contributors include cancer, cardiovascular disease, respiratory disease, and liver disease, the latter linked to rising alcohol-related harm.

5.12. Suicide rates have increased in recent years and are above the national average, indicating worsening mental health outcomes. Delays in death registration complicate trend interpretation, but the upward trajectory remains a concern.

Community Insight and Health Inequalities

5.13. A key strength of the report is its focus on qualitative insight to understand the drivers of inequality. Research into Pakistani communities revealed diverse needs within subgroups, including challenges related to access to healthcare, culturally appropriate services, housing conditions, and socioeconomic disadvantage. High rates of chronic conditions such as diabetes and mental ill health were noted.

5.14. Engagement on children's healthy weight identified barriers including cost, access to healthy food and physical activity, cultural factors, and stigma associated with weight. Parents highlighted the need for family-centred approaches and improved awareness of services.

5.15. Work on cancer equity identified persistent disparities in early diagnosis linked to deprivation, ethnicity, and other protected characteristics. Barriers include low awareness, limited trust in services, and

systemic issues in service design. A tailored “Message, Messenger, Motivation” approach has been proposed to improve engagement.

5.16. Research into the experiences of people with learning disabilities from racially minoritised communities highlighted compounded inequalities, including poor awareness of services, communication barriers, and lack of culturally appropriate support. These groups experience significantly poorer outcomes, including reduced life expectancy.

6. HIA Methodology and Approach

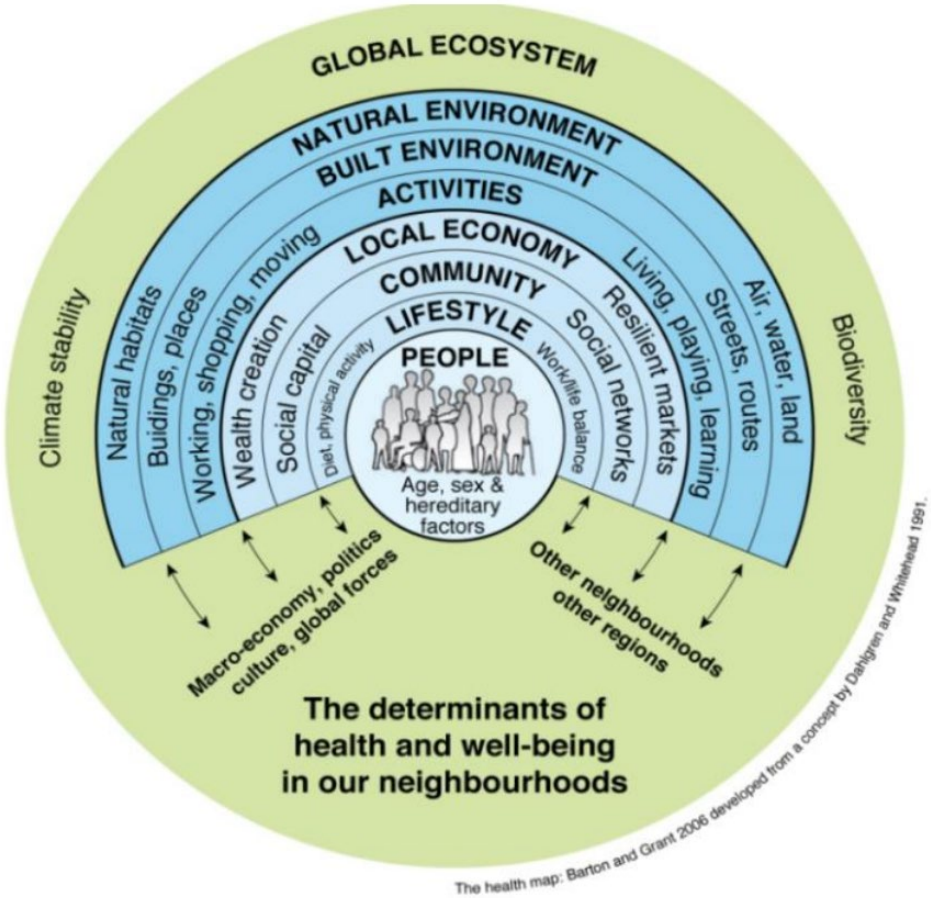
6.1. HIA is a systematic approach to identify the differential health and wellbeing impacts, both positive and negative, of projects and plans. The assessment of health is particularly concerned with the distribution of certain effects within a population, as different groups are likely to be affected in different ways. It therefore looks at how health and social determinants might be affected by a proposed development.

6.2. The aim of HIA is to support and add value to the decision-making process by providing a systematic analysis of the potential impacts, as well as recommending opportunities, where appropriate to, mitigate negative impacts and reduce health inequalities.

Determinants for Health

6.3. Dahlgren and Whitehead developed the determinants for health model which identified a range of influences on health, providing a broad overview of the links with the planning system. These are illustrated in Figure 6.1.

Figure 6.1: Determinants for Health



Methodology

6.4. MCC does not have a Supplementary Planning Document ("SPD") which provides guidance when undertaking HIAs, nor is there a standard methodology when undertaking HIAs. The NHS Healthy Urban Development Unit ("HUDU") have, however, prepared a series of guidance notes to guide the process of undertaking HIAs. These include the Rapid Health Impact Assessment Tool (Fourth Edition, October 2019); and Healthy Urban Planning Checklist (April 2017).

6.5. The HUDU checklist interprets the health determinants into a set of themes which can be used to assess development proposals:

- Healthy housing.
- Active travel.
- Healthy environment.
- Vibrant neighbourhoods.

6.6. The HUDU guidance recognises that there are generally three types of HIAs, desktop; rapid; and full. Based on the type of development proposed, its scale, the existing site conditions and the likely effects, it is considered the most appropriate HIA approach is a rapid appraisal.

Scope of the Assessment

6.7. Utilising the HUDU guidance and other relevant policy and guidance, the assessment has been based on the following indicators:

- Housing quality and design.
- Access to healthcare services and other social infrastructure.
- Open space, nature and biodiversity.
- Pollutants and neighbourhood amenity.
- Accessibility and active transport.
- Crime reduction and community safety.
- Access to healthy food.
- Access to education, training and employment opportunities.
- Social cohesion and lifetime neighbourhoods.
- Minimising the use of resources.
- Climate change.
- Health inequalities.

6.8. The above health indicators have informed the planning and health issues which warrant consideration as part of the HIA.

Baseline

6.9. These themes included a series of assessment criteria which formed the basis of the HIA. As such, this HIA has undertaken a baseline assessment of the site and surrounding area. Due to the nature of the datasets available, the geographical scope of the assessment will comprise a mix of the site, the Lower Super Output Area ("LSOA") (Manchester 020D), Longsight ward data, MCC's administrative area, North West and England. Once the baseline has been established, the impacts of the proposed development against the themes set out above will be undertaken.

6.10. The receptor groups identified include:

- Construction workers.
- Existing off-site residents.
- Existing off-site businesses.
- Future on site residents and site users.
- Social and community infrastructure including schools, GPs and dentists.

Vulnerable Receptors

6.11. A range of particular vulnerable people could be impacted by the development during construction and operation including:

- Children and young people.
- Elderly people.
- People with disabilities.
- Low income individuals.
- Pregnant women.
- People with chronic illnesses or respiratory conditions.
- People with mental health issues.
- Ethnic and racial minorities.
- Immigrants and refugees.
- Single parent families.
- Victims of domestic violence.
- People living in substandard housing.

6.12. Based on the IEMA guide to 'Determining Significance for Human Health in EIA', the sensitivity of human health receptors during construction and operation is likely to comprise medium or high sensitivity depending on the population group affected.

Impact Assessment

6.13. Based on the themes considered in the baseline assessment, its relevance to the proposed development is established. After which the potential health impact is determined which will either be positive; negative; neutral; or uncertain. Temporary impacts relate to those during demolition and construction,

whilst permanent relate to those impacts once the development is fully built and operational. There is likely to be a transitional period during construction and operation as the development is gradually occupied by residents whilst the final stages of construction are completed.

6.14. The health impact will take into account any mitigation which is proposed to be delivered. Mitigation can be secured by two methods:

- Inherent mitigation which is designed into the development and will be secured through approval of the application plans.
- Further mitigation which is secured by planning condition and/or S106. This either approves a document which requires development to proceed in accordance with, or requests the provision of further information which needs the Council's input and agreement prior to completing a specific stage of the development.

6.15. The Applicant has also proposed a series of key benefits to the local community as part of the proposals. These have been identified to enhance the sustainability credentials of the development and benefit both off-site existing and on-site future residents.

Information Sources

6.16. The HIA has utilised the findings of technical assessments undertaken to support the planning application, and a suite of online government datasets, including (but not limited to):

- Air Quality Assessment.
- Planning Statement.
- Transport Assessment.
- Noise Assessment.
- Phase 1 Ground Investigation Report.
- Crime Impact Statement.
- Sustainability Statement.

6.17. No primary research or surveys have been undertaken, and the assessment is based on published information which is considered an appropriate level of assessment based on the proposals.

Consultation

6.18. No third-party consultation has been undertaken as part of this HIA. The assessment is based on publicly available information and the findings of a suite of technical assessments undertaken in support of the planning process.

Limitations

6.19. The latest published data available has been used throughout this HIA. However, the baseline demographics are constantly evolving and therefore the impacts identified relate to the proposed

development sought for approval and the current demographics established at the point this assessment has been completed.

7. Baseline Conditions

7.1. This chapter assesses the baseline conditions of residents in the local area across different spatial scales ranging from neighbourhood to national level. The various baseline profiles for the local area have been developed to inform the impact assessment presented in Chapter 8.

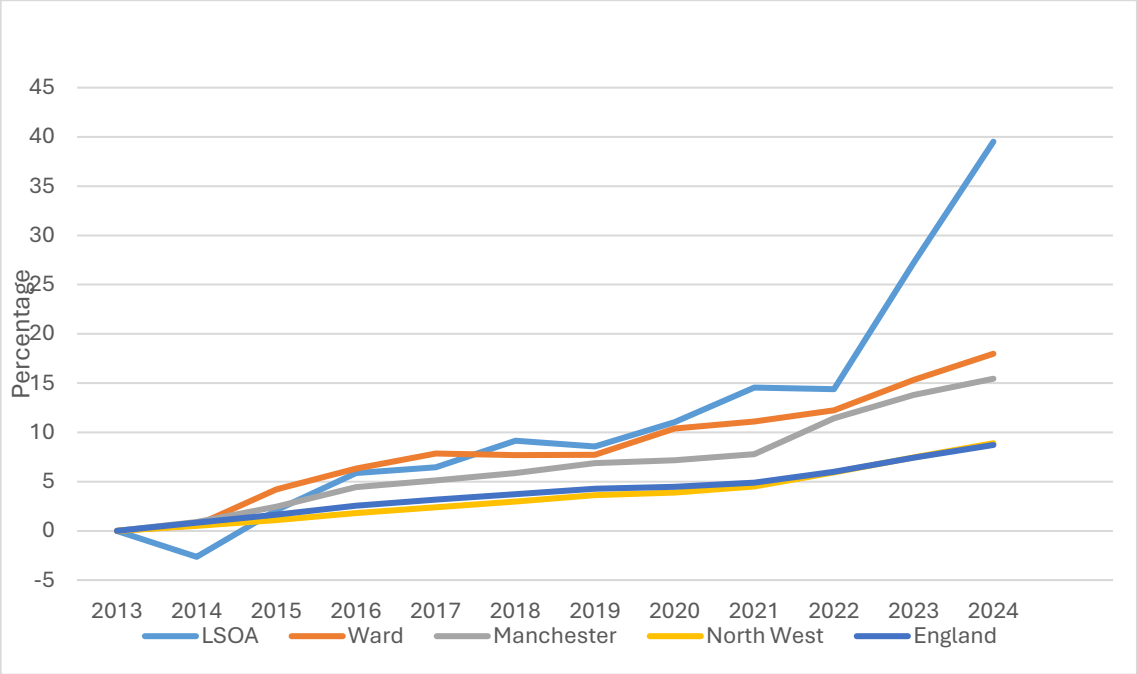
Population and Demographics

Population

7.2. In 2013 the resident population in MCC was 510,783, the latest data for 2024 indicates this has increased to 589,670, or a 15.4% growth rate. Whereas at LSOA level this has increased significantly by 39.5% due to the recent developments in the local area. The level of growth is larger in the ward (17.98%) and Manchester (15.44%) compared with the North West (8.89%) and (8.71%).

7.3. The high levels of growth at ward level are likely attributed to the low levels of base population in 2013 which have increased from c. 1,855 to c. 2,588 residents.

Figure 7.1: Population Change, 2013 – 2024



7.4. There is broadly an even split between male and female residents within all geographical areas.

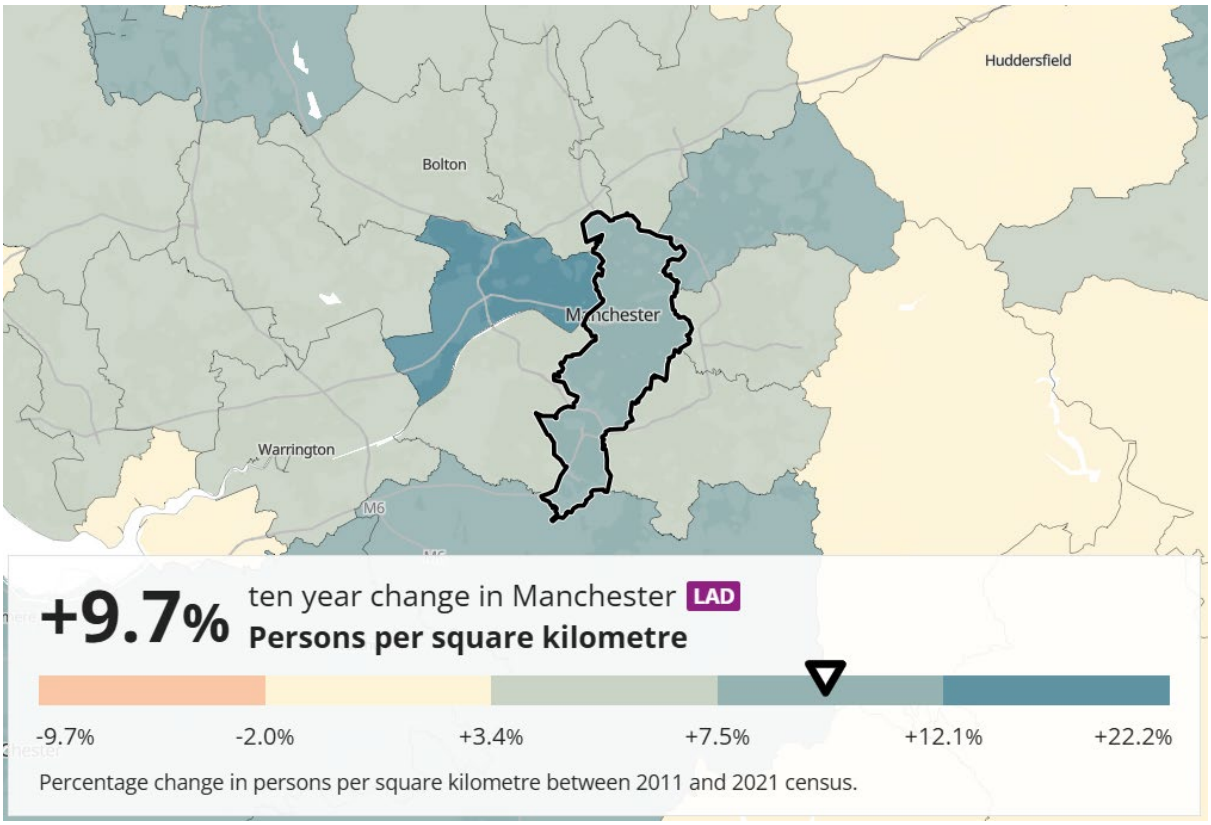
Table 7.1: Gender Split

Gender	Ward	MCC	North West	England
Female	50.0%	50.3%	50.9%	51.0%
Male	50.0%	49.7%	49.1%	49.0%

Density

7.5. In 2021, MCC had a population density of 4,772.7 residents per square km, which is an increase of 9.7% against the 2011 census. Comparatively the North West's average density sits at 525.8. Both the ward (7,271) and LSOA (6,593) have substantially higher densities than the region and nation. The below figure illustrates the density growth between the 2011 and 2021 census'.

Figure 7.2: Population Density Change, 2011 v. 2021



Age Structure

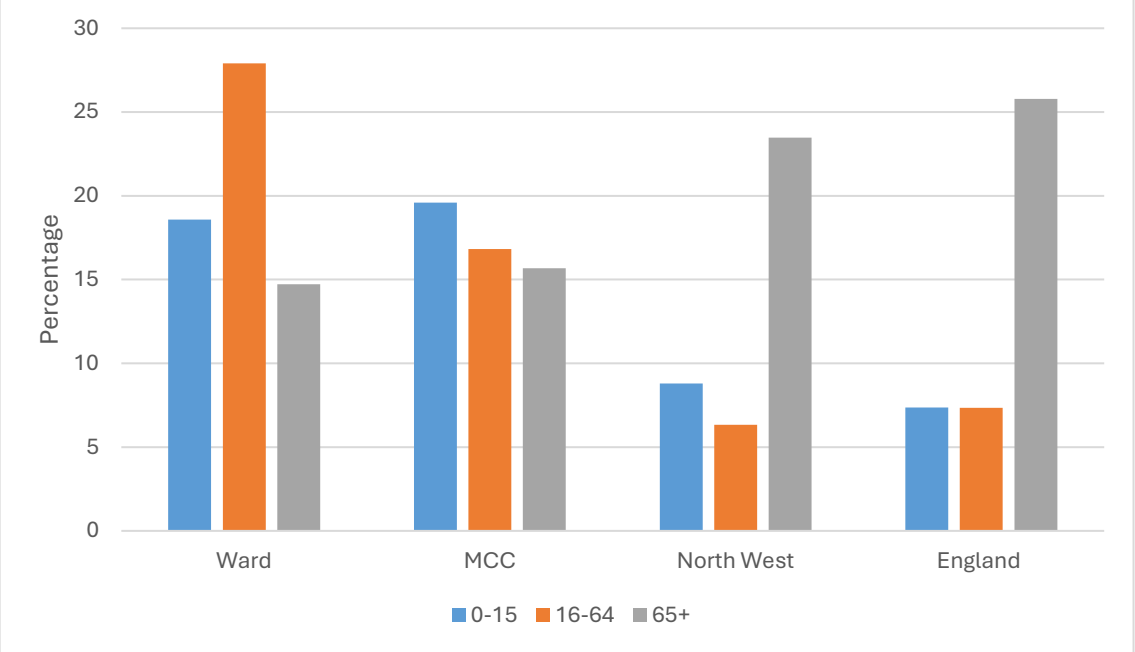
7.6. There has been an increase in population at all age levels. The greatest levels of growth are at the working age population in the ward, increasing by 27.91%. This is the highest growth across all geographies and ago cohorts. Similarly there are higher levels of growth in the ward and City for the younger cohort when compared with the region and nation.

Table 7.2: Age Profile (2011 v. 2024)

Age Range	2011	2024	No. Change	% Change
Ward				
0-15	5,179	6,141	962	18.58
16-64	11,339	14,504	3,165	27.91
65+	1,359	1,559	200	14.72
Total	17,877	22,204	4,327	24.20
Manchester				

Age Range	2011	2024	No. Change	% Change
0-15	97,728	116,876	19,148	19.59
16-64	357,549	417,700	60,151	16.82
65+	47,625	55,094	7,469	15.68
Total	502,902	589,670	86,768	17.25
North West				
0-15	1,323,897	1,440,242	116,345	8.79
16-64	4,552,765	4,840,994	288,229	6.33
65+	1,179,299	1,456,178	276,879	23.48
Total	7,055,961	7,737,414	681,453	9.66
England				
0-15	10,030,130	10,768,248	738,118	7.36
16-64	34,347,372	36,870,761	2,523,389	7.35
65+	8,729,667	10,981,092	2,251,425	25.79
Total	53,107,169	58,620,101	5,512,932	10.38

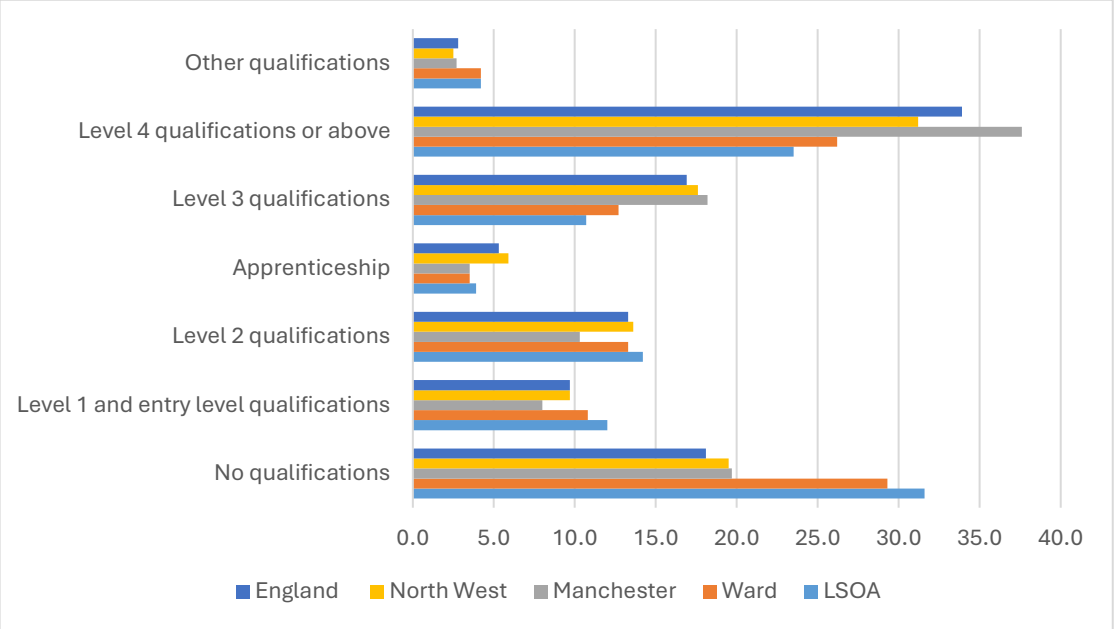
Figure 7.3: Age Profile Percentage Increase (2011 v 2024)



Qualifications

7.7. The LSOA has the greatest proportion of residents with no qualification at 31.6%, followed by the ward (29.3%). These datasets are a good deal above Manchester (19.7%); the North West (19.5%); and England (18.1%). Manchester has the greatest proportion of residents with Level 4 qualifications and above at 37.6%.

Figure 7.4: Highest Level of Qualification, 2021



Health Characteristics of the Population

7.8. The health of residents in Manchester is generally better than the national and regional average. A detailed summary of various health related statistics are set out in the table below which allow the following conclusions to be drawn:

- The health of residents in Manchester is generally worse than the national average. The life expectancy for both males and females is below that of the North West and England. The trend is, however, improving over time.
- The mortality rate in Manchester is significantly above that of England, standing at c. 52% higher. Similarly the proportion of residents mortality attributed to cancer and cardiovascular diseases is significantly above that of the North West and England.
- Alcohol related conditions and smoking prevalence is worst in Manchester, but the authority has the lowest percentage of adults classified as overweight or obese, standing at c. 60.5%.
- Infant mortality rates are markedly higher in Manchester (6.5) when compared with the North West (4.6) and England (4.2).
- Poverty is higher in Manchester. c. 40% of households are within 'relative low income' households which have incomes below 60% of the mean average in that year. This is used to look at how changes in income for the lowest income households compare to change in incomes near the average. c. 36% of households are within 'absolute low income' households which have incomes 60% below the average in 2010/11, adjusted for inflation. It is used to look at how changes in income for the lowest income households compare to the changes in the cost of living

Table 7.3: Manchester's Health Profile[1]

No.	Indicator	Manchester		North West (Value)	England (Value)
		Count	Value		
Life Expectancy and Causes of Death					
1.	Life expectancy at birth (Male, 1 year range) 2024	-	75.8	78.4	79.8
2.	Life expectancy at birth (Female, 1 year range) 2024	-	80.6	82.2	83.6
3.	Under 75 mortality rate from all causes 2024*	1,708	501.4	385.2	329.4
4.	Under 75 mortality rate from cardiovascular disease 2024*	385	115.3	90.1	74.3
5.	Under 75 mortality rate from cancer 2024*	499	154.4	127.4	117.9
6.	Suicide rate (Persons, 10+ yrs) 2022 - 24	195	13.4	13.6	10.9
Injuries and Ill Health					
7.	Killed and seriously injured (KSI) casualties on England's roads 2024	266	153.1*	90.5*	89.8*
8.	Emergency Hospital Admissions for Intentional Self-Harm 2023/24*	670	105.9	126.2	117.0
9.	Hip fractures in people aged 65 and over 2023/24*	310	612	578	547
10.	Percentage of cancers diagnosed at stages 1 and 2, 2022	640	54.7%	55.8%	56.8%
11.	Estimated diabetes diagnosis rate 2018	-	77.2%	81.1%	78.0%
12.	Estimated dementia diagnosis rate (aged 65 and over) 2025	2,850	75.1	69.4	65.6
Behavioural Risk Factors					
13.	Admission episodes for alcohol-specific conditions - Under 18s 2021/22 – 23/24	54	14.0	25.6	22.6
14.	Admission episodes for alcohol-related conditions (Narrow) 2023/24	2,249	536	501	504
15.	Smoking Prevalence in adults (18+) - current smokers (APS) 2024	-	15.6%	10.8%	10.4%
16.	Percentage of physically active adults 2023/24	-	64.7%	65.5%	67.4%
17.	Overweight (including obesity) prevalence in adults (18+ yrs) 2023/24	-	60.5%	66.7%	64.5%
Child Health					
18.	Under 18s conception rate / 1,000, 2022	148	14.4	16.8	13.9
19.	Smoking status at time of delivery 2024/25	374	5.8%	6.5%	6.1%
20.	Baby's first feed breastmilk (previous method) 2018/19	-	-	-	-
21.	Infant mortality rate 2022-24	132	6.5	4.6	4.2
22.	Year 6 prevalence of obesity (including severe obesity) (10-11 yrs) 2024/25	1,810	26.9%	23.6%	22.2%
Wider Determinants of Health					
23.	Children in relative low income families (under 16s) 2023/24	46,986	40.7%	27.8%	22.1%

[1] https://fingertips.phe.org.uk/profile/health-profiles (accessed 18 February 2025).

No.	Indicator	Manchester		North West (Value)	England (Value)
		Count	Value		
24.	Children in absolute low income families (under 16s) 2023/24	41,564	36.0%	24.2%	19.1%
25.	Percentage of people in employment 2024/25	270,400	69.1%	73.7%	75.7%
26.	Violent crime - hospital admissions for violence (including sexual violence) 2021/22 - 23/24	875	46.6	43.2	34.2
27.	Winter mortality index Aug 2021 - Jul 2022	130	11.4%	8.2%	8.1%
28.	New STI diagnoses (excluding chlamydia aged under 25) per 100,000 2024	6,289	1,084	448	482
29.	TB incidence (three year average) 2022-24	441	25.3	7.6	8.5

* Mortality figures based on per 100,000 population

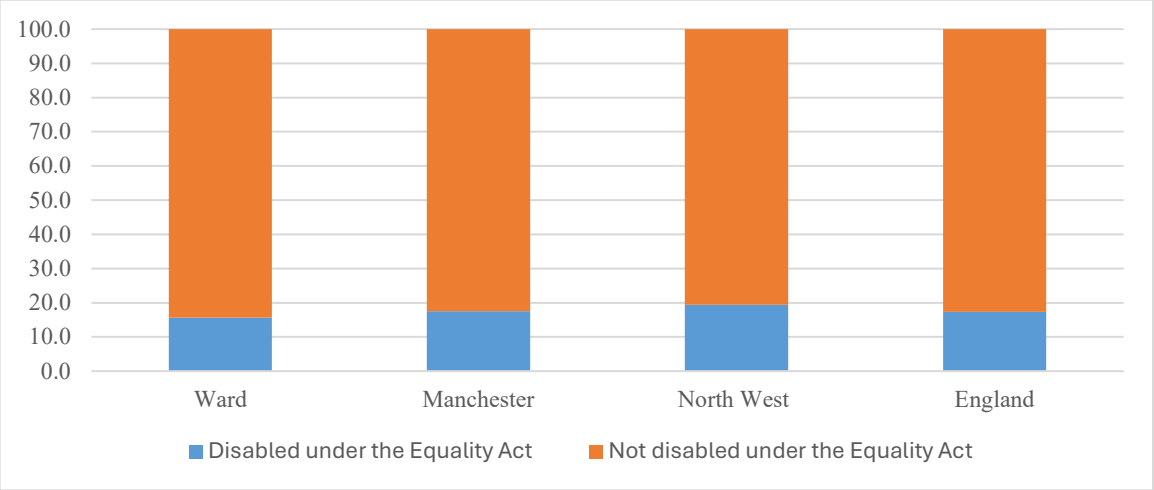
Indicator value types:

- 1,2 - Life expectancy, years.
- 3,4,5 - Directly age-standardised rate per 100,000 population aged under 75
- 6 - Directly age-standardised rate per 100,000 population aged 10 and over
- 7 - Crude rate per 100,000 population
- 8 - Directly age-standardised rate per 100,000 population
- 9 - Directly age-standardised rate per 100,000 population aged 65 and over
- 10 - Proportion - % of cancers diagnosed at stage 1 or 2
- 11 - Proportion - % recorded diagnosis of diabetes as a proportion of the estimated number with diabetes
- 12 - Proportion - % recorded diagnosis of dementia as a proportion of the estimated number with dementia
- 13 - Crude rate per 100,000 population aged under 18
- 14 - Directly age-standardised rate per 100,000 population
- 15,16,17 - Proportion
- 18 - Crude rate per 1,000 females aged 15 to 17
- 19,20 - Proportion
- 21 - Crude rate per 1,000 live births
- 22 - Proportion
- 23, 24,25 – Proportion.
- 26 - Directly age-standardised rate per 100,000 population
- 27 - Ratio of excess winter deaths to average of non-winter deaths
- 28 - Crude rate per 100,000 population aged 15 to 64 (excluding Chlamydia)
- 29 - Crude rate per 100,000 population

Disability

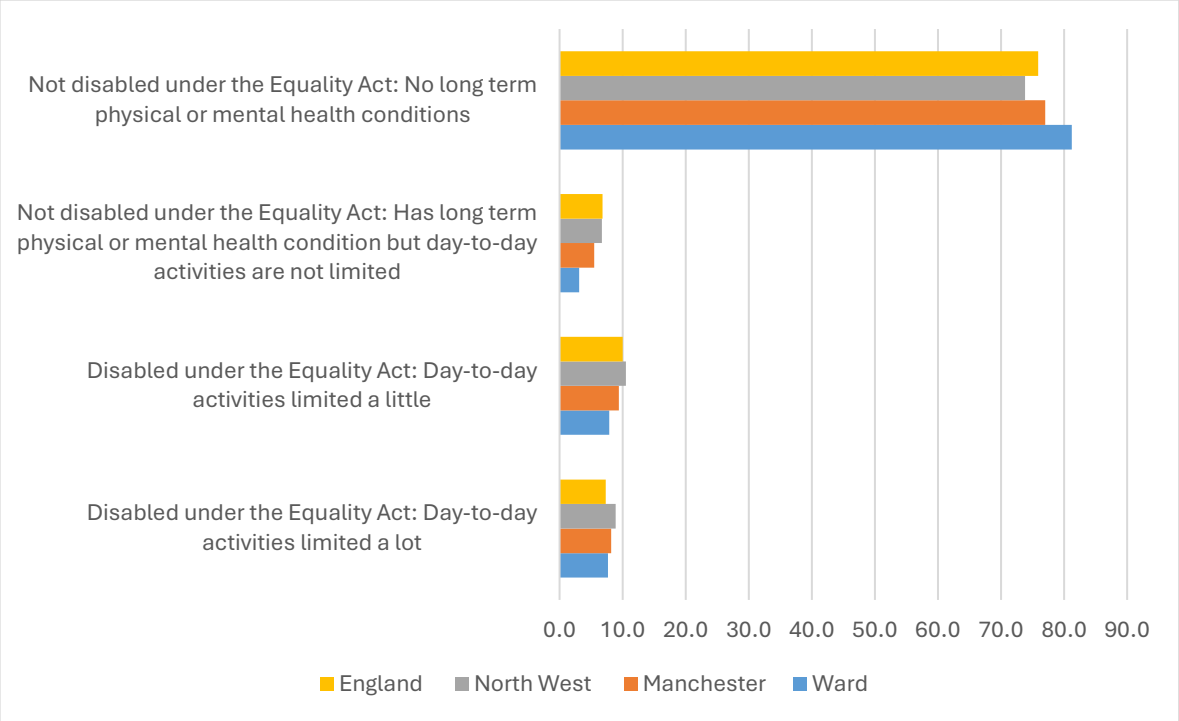
7.9. The region has the greatest proportion of residents which are disabled under the Equality Act at 19.4%. Comparatively the ward amounts to 15.7%; the City is 17.5%; and nation is 17.3%.

Figure 7.5: Proportion of Residents with / without a disability under the Equality Act, 2021



7.10. Breaking down these figures further, both the ward and Manchester have the fewest proportion of residents which are disabled under the Equality Act and their activities are either limited a little or a lot. The ward has the lowest proportion of residents not disabled under the Equality Act but have a long term physical or mental health condition (day to day activities are not limited).

Figure 7.6: Proportion of Residents disabled under the Equality Act, 2021



7.11. The region has the highest proportion of household with no disabled residents. The LSOA has the greatest proportion of households with people disabled under the Equality Act in a household.

Table 7.4: Proportion of Disabled People in Household, 2021

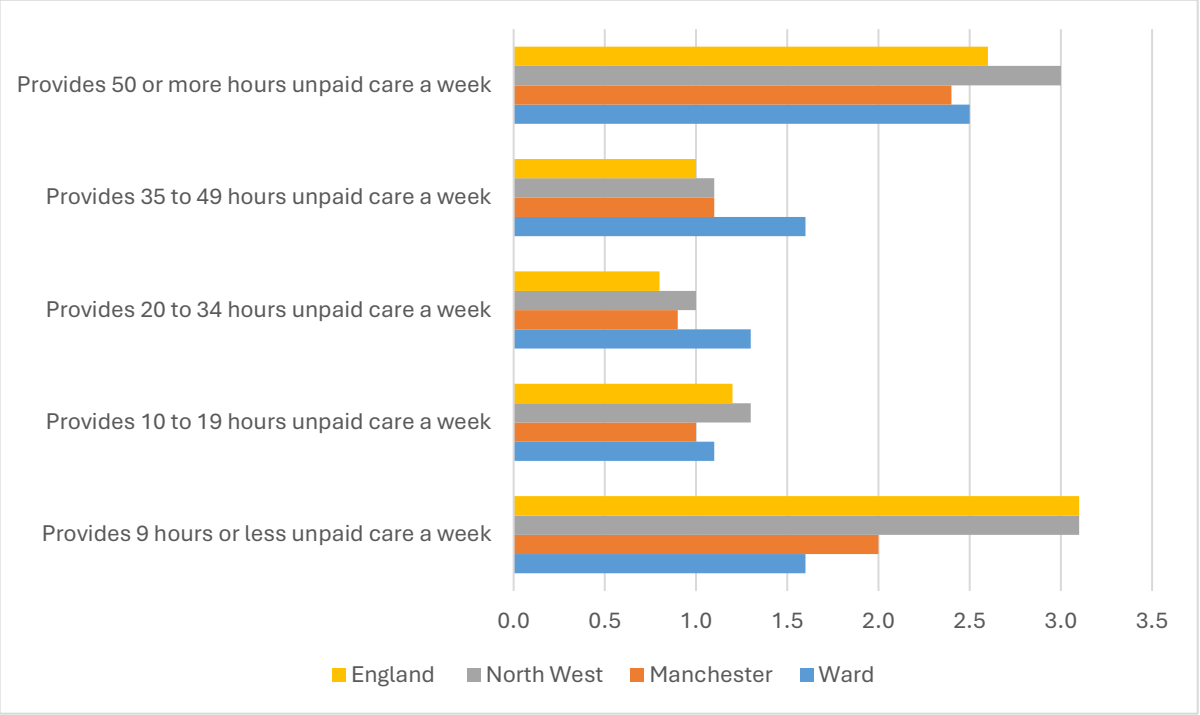
Area	No people disabled under the Equality Act in household	1 person disabled under the Equality Act in household	2 or more people disabled under the Equality Act in household
LSOA	58.7%	32.5%	8.8%
Ward	62.5%	27.8%	9.6%
Manchester	66.3%	26.4%	7.3%
North West	68.0%	25.4%	6.6%
England	65.0%	27.6%	7.4%

Carers

7.12. The below figure excludes the respondents who stated 'does not apply' or 'provides no unpaid care' as they skew the figure formatting. Note that the proportion of respondents who state no unpaid care is provided is 92.0%% for the ward; 92.6% for Manchester; 90.5% for North West; and 91.2% for England.

7.13. The nation and region have the highest proportion of residents providing 9 hours or less of unpaid care a week, equating to 3.1% of those surveyed. The remaining time commitments surveyed confirms the ward has the greatest proportion of residents providing unpaid care at 6.5% (10+ hours per week).

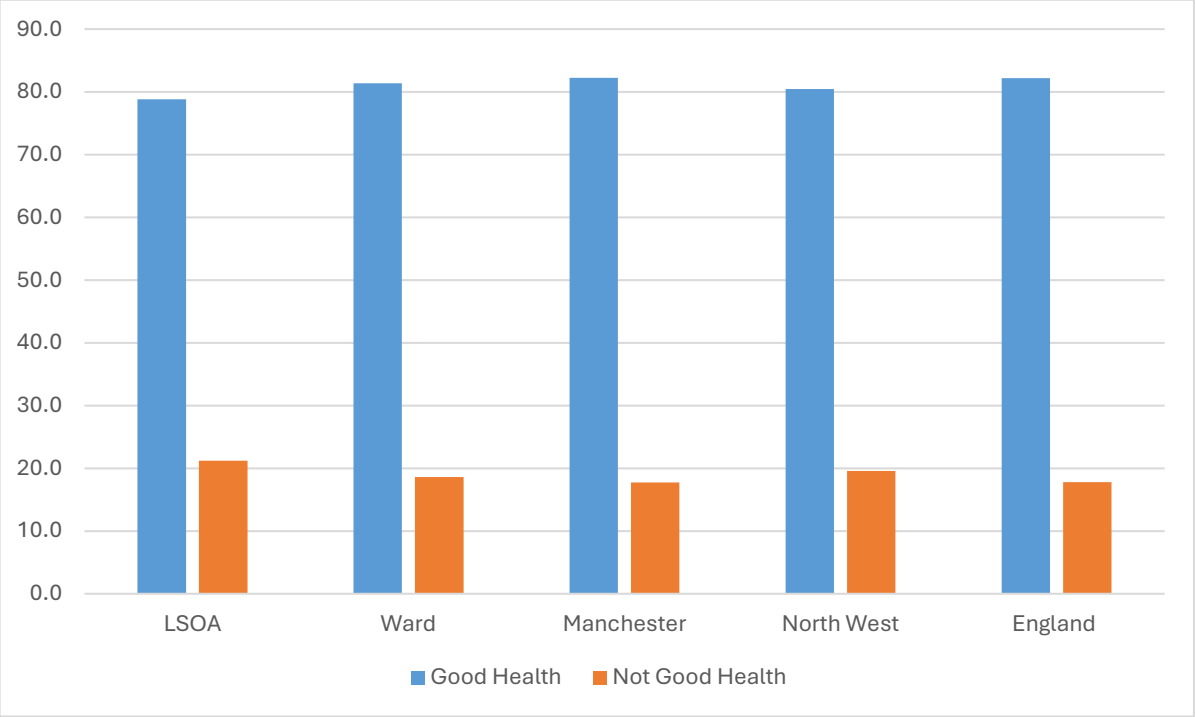
Figure 7.7: Carers as a proportion of residents aged 5+ (%), 2021



Health, Ethnicity and Age

7.14. Out of the 2,076 (as of 2021) residents in the LSOA, 21.2% residents registered not good health, greatest proportion of residents registering not good health across all geographies.

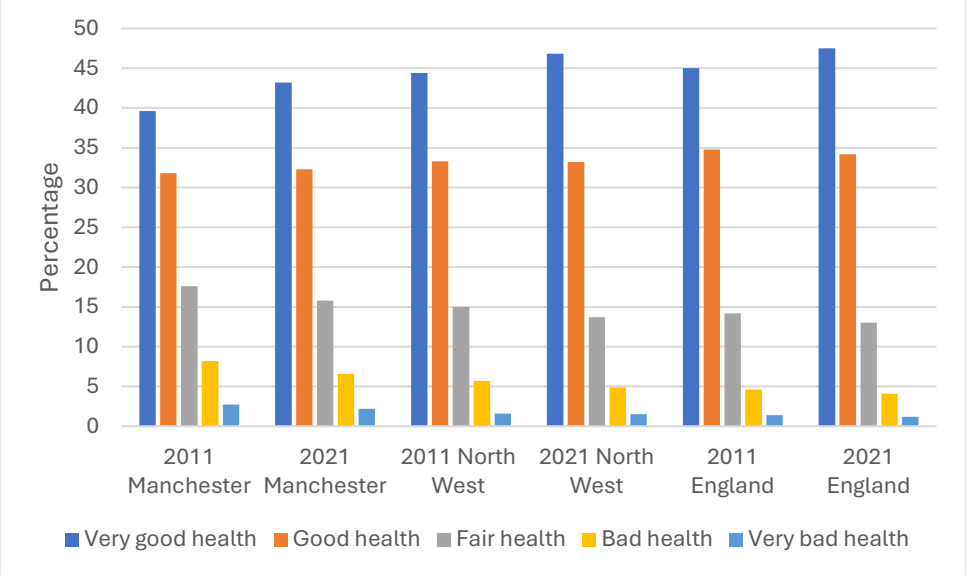
Figure 7.8: General Health



General Health of Residents

7.15. he health of residents in Manchester has generally improved over the 10 year period since 2011. 43.2% of residents registered very good health, up from 39.6% in 2011. The level is still below that of the North West (46.8%) and England (47.5%) in the 2021 census. The increased proportion of residents experiencing good health has led to a corresponding decline in poor health. Only 8.8% of residents in 2021 recorded bad or very bad health in Manchester, down from 10.9% in 2011. This is still some way off that of the North West (6.4%) and England (5.3%) in 2021.

Figure 7.9: Health of Residents (2011 v 2021)

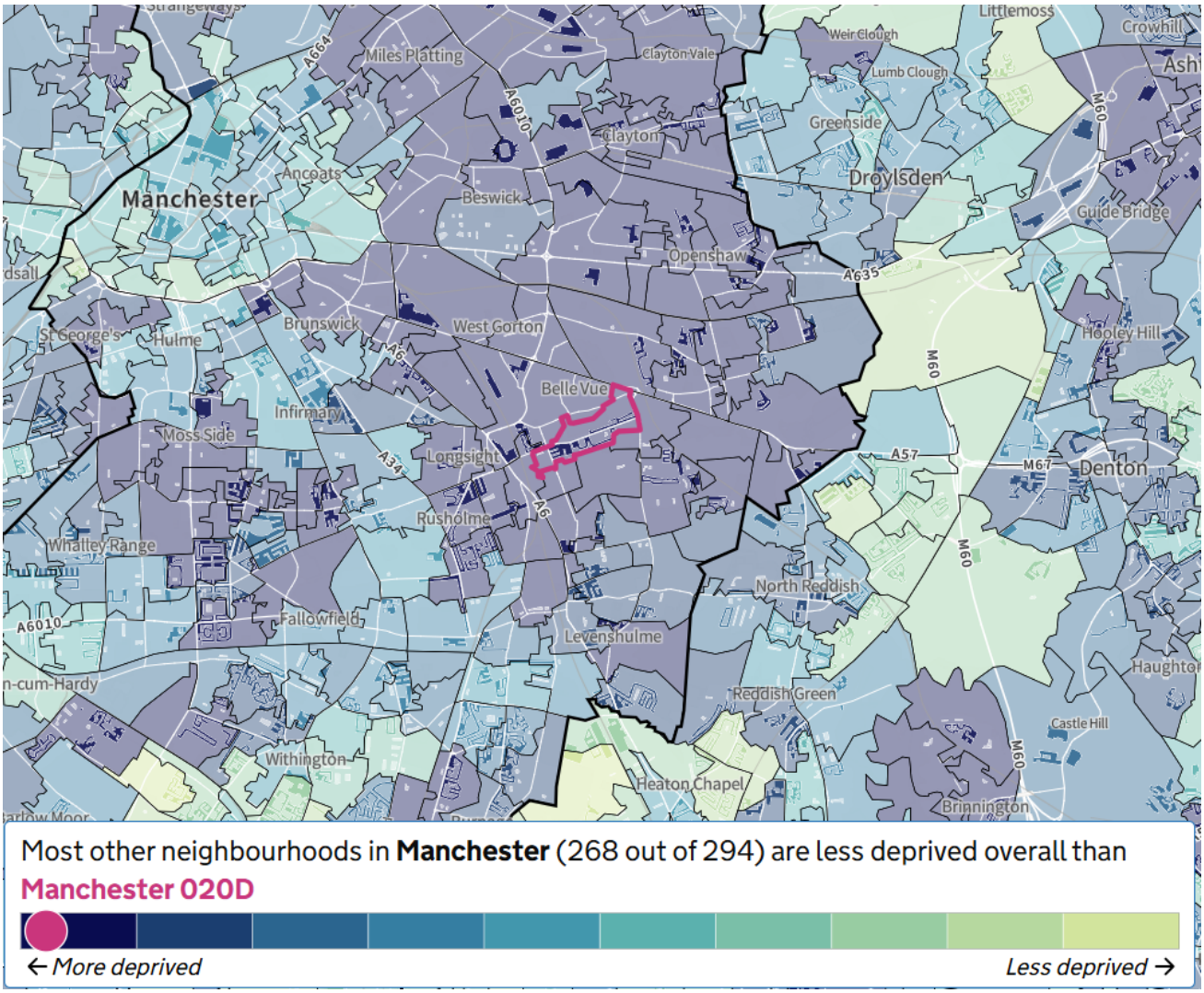


Deprivation

7.16. The latest indices of deprivation were updated in 2025. The statistics measure relative levels of deprivation in 33,755 small areas or neighbourhoods called LSOAs. Deprivation is measured across seven domains including income; employment; health deprivation and disability; education, skills and training; crime; barriers to housing and services; and living environment.

7.17. The site is located in LSOA Manchester 020D and its extent is shown in the below figure. Manchester local authority district contains 294 LSOAs. Only 9% of neighbourhoods in this area are more deprived than the Manchester 020D. Only 2% of neighbourhoods in England are more deprived (ranked 739 out of 33,755 neighbourhoods). Manchester 020D is most deprived in relation to income. Fewer than 1% of neighbourhoods in England are more deprived.

Figure 7.10: IMD 2025 Map

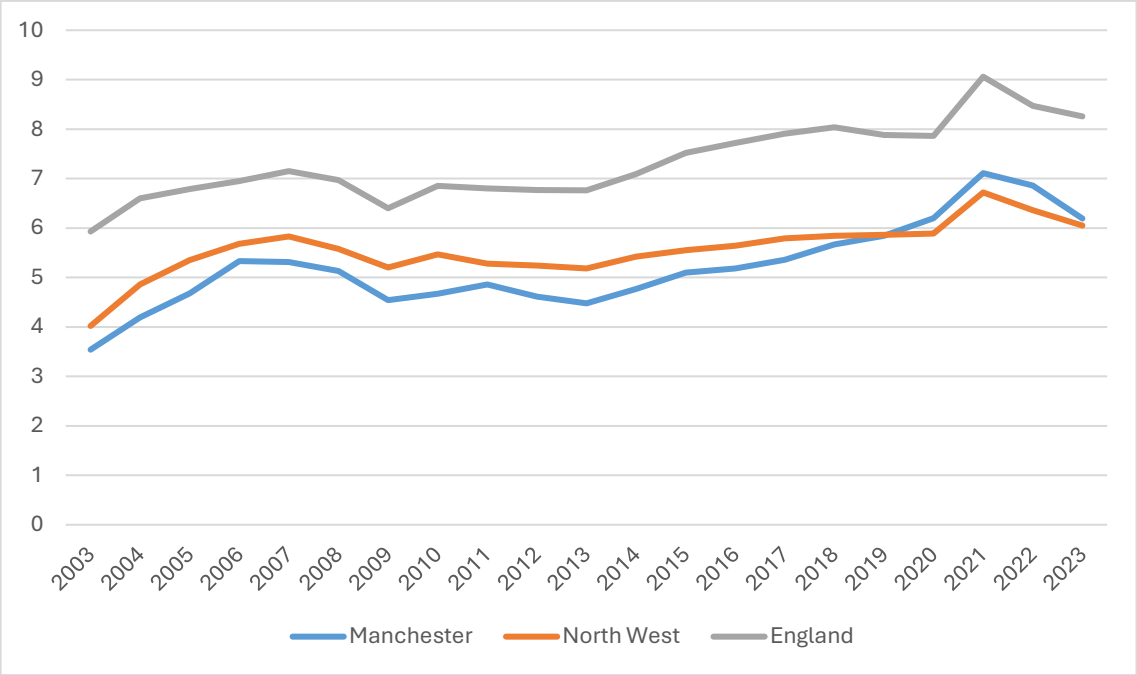


Housing

Affordability

7.18. The affordability ratio is calculated by dividing the median price paid for a house in an area by the median annual salary of the area. The below figure illustrates the affordability ratio in West Northamptonshire compared with regional and national averages between 2003 and 2023. Over the past 10 years, the local area has been consistently below that of the North West and England.

Figure 7.11: Affordability Ratio



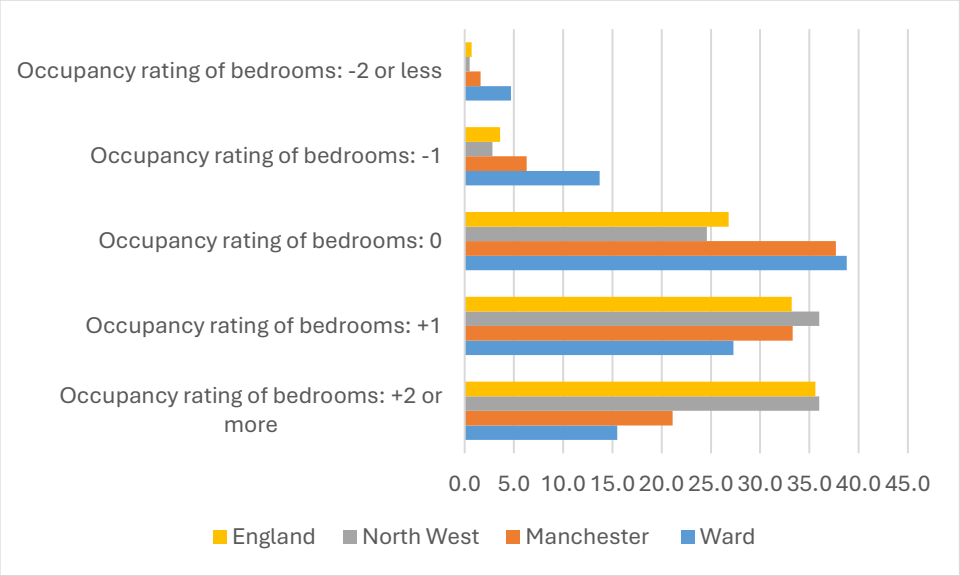
Occupancy Rating

7.19. Occupancy rating is calculated by comparing the number of bedrooms the household requires to the number of available bedrooms. An occupancy rating of:

- -1 or less implies that a household's accommodation has fewer bedrooms than required (overcrowded).
- +1 or more implies that a household's accommodation has more bedrooms than required (under-occupied).
- 0 suggests that a household's accommodation has an ideal number of bedrooms.

7.20. There are clear levels of overcrowding at both ward and Manchester geographies. At the ward level, 13.7% of properties have one fewer bedroom than is required, which compares against 6.3% in Manchester; 2.8% in the North West and 3.6% in England.

Figure 7.12: Occupancy Rating for Bedrooms, 2021



Economic Activity and Employment

7.21. Based on the most recent ONS data, 295,700 residents (73.6%) in Manchester are economically active and in employment. Between Oct 2015-Sep 2016 and Oct 2024-Sep 2025, the number of economically active residents and in employment increased from 245,500 to 295,700, a c. 20.45% increase.

7.22. Approximately 20,700 residents are considered economically active and unemployed in the City, representing 6.6% of the economically active population. The levels of unemployment for the economically active population is above that of the North West (4.1%) and above England (4.3%).

7.23. Manchester's largest occupation for its residents is defined as professional occupations, amounting to 111,100 residents (37.6%). This is significantly above that of the region (26.8%) and nation (27.2%). 174,300 jobs (59.1%) in Manchester are categorised as manager, professional and associate professional occupations. This is above that of the region (51%) and nation (54%).

Table 7.6: Employment by Occupation (October 2024 – September 2025)

Occupation	Manchester No.	Manchester %	North West %	England %
Soc 2020 major group 1-3	174,300	59.1	51.0	54.0
1 Managers, directors and senior officials	25,100	8.5	9.9	11.7
2 Professional occupations	111,100	37.6	26.8	27.2
3 Associate professional occupations	38,200	12.9	14.0	15.0
Soc 2020 major group 4-5	34,200	11.6	18.1	17.5
4 Administrative & secretarial occupations	16,200	5.5	9.6	9.2
5 Skilled trades occupations	18,000	6.1	8.4	8.3
Soc 2020 major group 6-7	41,400	14.0	15.7	14.1
6 Caring, leisure and Other Service occupations	24,300	8.2	9.4	8.5
7 Sales and customer service occs	17,100	5.8	6.2	5.6

Occupation	Manchester No.	Manchester %	North West %	England %
Soc 2020 major group 8-9	45,200	15.3	15.3	14.4
8 Process plant & machine operatives	15,900	5.4	5.9	5.6
9 Elementary occupations	29,300	9.9	9.3	8.8

7.24. In February 2026, 25,060 residents are claiming universal credit in Manchester. This amounts to 6% of the residents aged 16-64 and is above that of the North West (4.2%) and England (4.1%). There are higher levels of job density in Manchester (1.21) compared with the region (0.82) and England (0.87).

Social Infrastructure

Open Space

7.25. The site is well located to access a range of public open spaces within its immediate vicinity. The nearest of significance is Gorton Park located to the immediate north of the site which includes a skatepark, playground and MUGA facilities. Approximately 60m southwest of the site is Belle Vue leisure centre facilities which also includes the speedway stadium and a range of sports pitches.

Education Provision

7.26. Local Education Authorities ("LEAs") have a statutory duty to secure sufficient school places within their area. The school that any particular child attends is a parental choice subject to availability of capacity at the selected school. It is always subject to the overriding requirements of any published admission criteria that the school has, as well as the appeals procedure for individual pupils.

7.27. The Home to School Travel and Transport Guidance is largely derived from the Education and Inspections Act 2006. The Act states that the statutory walking distances are 2 miles for children under 8 and 3 miles for children aged 8 and over. When looking at current school provision around the site the current capacity of primary schools has been taken from a 2-mile radius (3.21km) and secondary schools from a 3-mile radius (4.82km). All measurements in the following analysis are taken as walking distance from the site postcode (M18 7EE).

Primary Schools

7.28. The below table reviews the capacity of the nearest schools against the number of pupils on the roll. Based on the sample of primary schools within the site's local area, there is surplus capacity which could accommodate children associated with the proposals.

Table 7.7: Primary School Capacity

Name of School	Distance from M18 7EE	School Capacity	Number of Pupils	Surplus / Deficit
Co-op Academy Medlock	3.2km west	500	411	89
St Chrysostom's CofE Primary School	2.7km west	465	435	30

Name of School	Distance from M18 7EE	School Capacity	Number of Pupils	Surplus / Deficit
St Luke's CofE Primary School	2.5km west	485	427	58
Total		**1,450**	**1,273**	**177**

Secondary Schools

7.29. Currently, both Manchester Academy and The East Manchester Academy have surplus secondary school places available. Combined these amount to 122 secondary school places.

Healthcare

7.30. There are several GP practices within the vicinity of the site. The below table sets out the name of the practice along with the distance from the site postcode and whether the practice is accepting new patients based on NHS choices data.

Table 7.8: GP Services and Capacity

GP Practice	Distance from Site	NHS Choices Status
Mount Road Surgery	850m south	**Accepting new patients**
Dickenson Road Medical Centre	1.6km west	Accepting new patients Accepts out of area registrations
Park View Group Practice	3.6km southeast	Accepting new patients

7.31. According to the NHS Choices website the nearest dentist accepting patients is the Gorton Dental Practice which is c. 1.6km east of the site. The practice is listed as accepting children aged 17 or under; adults 18 or over; and adults entitled to free dental care

7.32. There are a range of pharmacies and opticians located within the immediate area of the site. Mount Road Pharmacy is the nearest pharmacy located c. 1km southeast of the site.

Crime

7.33. The Police record crime via the 'police.uk' website. The Site is located within the recording area of Gorton North. The most recently published data for March 2025 to February 2026 confirms 4 recorded crimes in the area comprising:

- Violence and sexual offences – 3 (75%).
- Public order – 1 (25%).

Human Health Receptors

7.34. There are a number of human health receptors which should be afforded due consideration as part of the HIA process. These include:

- Off-site existing residential properties – The nearest of which are located to the south of the site.
- Off-site existing schools, community uses and businesses – The nearest of which are located in the immediate surrounding area.
- On-site construction workers – Whilst less sensitive than residential properties, construction workers could still be impacted by on-site activities to deliver the proposed development.
- On-site future residents and site users – The proposed development includes residential uses alongside a series of public open space locations which will be freely accessible to members of the public. The existing and future prevailing environmental conditions could impact these receptors.

Environmental Considerations

Air Quality

7.35. An Air Quality Assessment ("AQA") has been undertaken by Redmore in support of the planning application. The majority of the site is not located within an AQMA, however, the northern extent of the site adjacent to Hyde Road is located within the Manchester AQMA.

7.36. Redmore has reviewed published data sources and confirmed the site is suitable for the proposed use from an air quality perspective.

Noise

7.37. A Noise Assessment has been undertaken by E3P in support of the planning application. A series of noise surveys have been undertaken on site to determine the likely sources of noise and the relevant levels. The noise is dominated by vehicles travelling on the highways network and the speedway events to the west.

7.38. Based on the findings of the noise assessment, the site's internal and external environments could meet necessary noise standards following the implementation of standard mitigation measures including acoustic fencing for external areas; and suitable glazing, ventilation and façade treatments could be utilised to ensure target noise levels can be achieved.

7.39. Overall, the site is considered suitable for its proposed use from a noise perspective.

Ground Conditions and Flood Risk

7.40. A Phase I and Phase II Geo-environmental Assessment has been undertaken by E3P in support of the planning application.

7.41. The entire site is located in Flood Zone 1 and is therefore not at risk of fluvial flood risk. Based on the geo-environmental assessment, the site is considered suitable for the proposed development subject to implementing a comprehensive remediation strategy to address on site contaminants. The strategy will be agreed with the LPA prior to commencing works on site.

7.42. Overall, the site is considered suitable for its proposed use from a flood risk and geo-environmental perspective.

Nuisance Effects from Surrounding Uses

7.43. As set out above, a series of specialist environmental assessments have been undertaken in support of the planning application. These assessments consider the suitability of the site based on its existing environment conditions, and the effects associated with existing businesses and operations. In addition, the assessments consider the impacts of the proposed development during construction and operation to off-site sensitive receptors.

7.44. The findings of these assessments have confirmed the site is suitable for its intended use and suitable mitigation measures can be employed during construction and operation to minimise effects to off and on-site receptors.

Summary

7.45. This chapter has reviewed the baseline conditions at the site and a series of wider geographical scales to understand the health and environmental conditions for existing and future residents. The key observations are as follows:

- Poor health indicators for Manchester when compared with the North West and England.
- High quality accessible public open spaces and recreational facilities within the immediate area.
- Higher levels of overcrowding in Manchester, and specifically at the ward level compared with the North West and England.
- The delivery of an appropriate mix of affordable housing will help support families on lower incomes in the local area.
- Remediation of a contaminated site in a sustainable location.
- Excellent access to key public transport services including bus and rail.

8. Impact Assessment

8.1. The following impact assessment uses the HUDU Healthy Urban Planning Checklist. The potential health impacts are described as positive, negative, uncertain or neutral.

8.2. The health impacts identified relate to both existing human health receptors and future on-site receptors including residents and other site users. Where a negative effect is identified, mitigation is suggested to reduce the impact where possible.

8.3. Mitigation comprises two types of measures:

- **Embedded mitigation** – this is mitigation measures which have been designed-in to the proposed development and secured through approval of the application plans.
- **Further mitigation** – This is mitigation which is secured by way of condition which includes measures set out in additional surveys and/or reports with the aim of reducing the likely effects associated with the proposed development.

Table 8.1: Health Impact Assessment

Issue	Key Criteria	Relevant to this Development	Potential Health Impact	Commentary and Recommended Mitigation
Healthy Housing				
Housing design	Does the proposal meet all the standards for daylight, sound insulation, private space and accessible and adaptable dwellings?	Yes	Positive	The proposals meet internal and external space standards for residents. The site has been laid out to ensure each property receives sufficient levels of daylight and sunlight. A noise assessment has been undertaken which recommends a series of acoustic measures to ensure internal and external noise levels can be achieved in accordance with BS8233.
Accessible housing	Does the proposal provide accessible homes for older or disabled people?	Yes	Positive	All dwellings meet the requirements of Part M4(2) to support the needs of older or disabled residents. In addition 4 dwellings meet Part M4(3).
	Does the proposal ensure that every non-ground floor dwelling is accessible by a lift that can accommodate an ambulance trolley?	Yes	Positive	Lifts are provided in the apartments to ensure each floor is accessible to all residents.
Healthy living	Does the proposal provide dwellings with adequate internal space, including sufficient storage space and separate kitchen and living spaces?	Yes	Positive	The proposals meet Nationally Described Space Standards (“NDSS”).
	Does the proposal encourage the use of stairs by ensuring that they are well located, attractive and welcoming?	Yes	Positive	Stairs are provided throughout the development in accordance with Building Regulation requirements, but also as a safe and attractive alternative route to access properties, as opposed to lifts.
Housing mix and affordability	Does the proposal provide affordable family sized homes?	Yes	Positive	100% of homes will be affordable.
Active Travel				
Promoting walking and cycling	Does the proposal promote cycling and walking through measures in a travel plan, including adequate cycle parking and cycle storage?	Yes	Positive	A Travel Plan has been prepared support of the planning application. This recommends a series of measures to encourage the use of sustainable modes of travel which can be utilised by future site users. Sufficient levels of secure cycle parking has been provided and the travel plan packs issued to future residents will include information relating to

Issue	Key Criteria	Relevant to this Development	Potential Health Impact	Commentary and Recommended Mitigation
				nearby public transport services including walking and cycling routes to key services and facilities.
Safety	Does the proposal include traffic management and calming measures and safe and well lit pedestrian and cycle crossings and routes?	Yes	Positive	The internal landscaping has been designed with pedestrians and cyclists in mind, utilising hard and soft measures to protect future site users and create a calm, safe environment. The access and interface with the existing pedestrian and highways network meets best practice standards.
Connectivity	Does the proposal connect public realm and internal routes to local and strategic cycle and walking networks and public transport?	Yes	Positive	Addressed above.
Minimising car use	Does the proposal seek to minimise car use by reducing car parking provision, supported by the controlled parking zones, car free development and car clubs?	Yes	Positive	The proposed development provides car parking spaces in accordance with local planning policy. Future residents will be encouraged to utilise alternative forms of sustainable transport through measures identified in the Travel Plan.
Healthy Environment				
Construction	Does the proposal minimise construction impacts such as dust, noise, vibration and odours?	Yes	Positive	A Construction Environmental Management Plan ("CEMP") will be secured by condition on the decision notice. This will be agreed with the Council prior to commencing works on site and set out a series of best practice construction management and site controls to manage and mitigate construction phase effects.
Air quality	Does the proposal minimise air pollution caused by traffic and energy facilities?	Yes	Positive	An energy strategy has been prepared which seeks to utilise sustainability and energy efficient technology in accordance with local planning policy. As set out above, travel plan measures will assist in reducing the use of private vehicles and their associated emissions.
Noise	Does the proposal minimise the impact of noise caused by traffic and commercial uses through insulation, site layout and landscaping?	Yes	Positive	A noise assessment has been undertaken which confirms the noise effects associated with the proposals would not lead to significant effects to existing off-site receptors.

Issue	Key Criteria	Relevant to this Development	Potential Health Impact	Commentary and Recommended Mitigation
				The site is considered suitable for its intended use and a series of measures have been designed into the development including glazing, trickle ventilation and close board fencing.
Open space	Does the proposal retain or replace existing open space and in areas of deficiency, provide new open or natural space, or improve access to existing spaces?	Yes	Positive	The site predominantly comprises built form and hardstanding. The proposals include public and private open spaces which integrate a series of landscaping and ecological measures to enhance the habitats and amenity spaces on site for existing and future residents.
	Does the proposal set out how new open space will be managed and maintained?	Yes	Neutral	Public and private spaces will be managed by a management company. The funds will be secured by a management charge paid by future residents.
Play space	Does the proposal provide a range of play spaces for children and young people?	Yes	Positive	A comprehensive open space and landscaping strategy has been prepared. This includes 0.25ha to support the needs of existing and future residents. In addition, the site is well located to access a range of POS facilities in the local area.
Biodiversity	Does the proposal contribute to nature conservation and biodiversity?	Yes	Positive	The there will be a net gain for biodiversity in accordance with the environment act, this has been created through a series of habitat enhancement and offsite mitigation to benefit local wildlife.
Local food growing	Does the proposal provide opportunities for food growing, for example by providing allotments, private and community gardens and green roofs?	No	Neutral	No on-site allotments or community growing areas are proposed as part of the development.
Flood risk	Does the proposal reduce surface water flood risk through sustainable urban drainage techniques, including storing rainwater, use of permeable surfaces and green roofs?	Yes	Positive	A comprehensive sustainable drainage strategy has been prepared. This captures and stores surface water on site before discharging at a rate to be agreed with the LLFA / Council. A series of sustainable water management measures are proposed and will be secured through approval of the drainage plan.
Overheating	Does the design of buildings and spaces avoid internal and external overheating, through use	Yes	Neutral	Overheating has been considered as part of the noise assessment to ensure future properties

Issue	Key Criteria	Relevant to this Development	Potential Health Impact	Commentary and Recommended Mitigation
	of passive cooling techniques and urban greening?			achieve appropriate internal temperature combined with a suitable noise environment.
Vibrant Neighbourhoods				
Health services	Has the impact on healthcare services been addressed?	Yes	Neutral	A review of local GP services has been undertaken. A number of services are within walking distance of the site and are accepting new patients.
Education	Has the impact on primary, secondary and post-19 education been addressed?	Yes	Neutral	Sufficient primary and secondary school capacity is available within the local area to accommodate the proposals.
Access to social infrastructure	Does the proposal contribute to new social infrastructure provision that is accessible, affordable and timely?	No	N/A	No social infrastructure is proposed as part of the development.
	Have opportunities for multi-use and the colocation of services been explored?	No	N/A	The site is in a mixed community including residential, social infrastructure, employment and sports uses. The site is considered entirely suitable for a solely residential development, allowing future residents to access and support a range of key services and employment opportunities in the local area.
Local employment and healthy workplaces	Does the proposal include commercial uses and provide opportunities for local employment and training, including temporary construction and permanent 'end-use' jobs?	No	N/A	The proposals will create construction phase jobs. Whilst no direct on-site jobs are created (with the exception of management and maintenance jobs), the future residents will increase spending in the local area and in turn support jobs in local services and facilities.
	Does the proposal promote the health and wellbeing of future employees by achieving BREEAM health and wellbeing credits?	No	N/A	N/A
Access to local food shops	Does the proposal provide opportunities for local food shops?	No	N/A	N/A
	Does the proposal avoid an over concentration or clustering of hot food takeaways in the local area?	No	N/A	N/A

Issue	Key Criteria	Relevant to this Development	Potential Health Impact	Commentary and Recommended Mitigation
Public realm	Does the design of the public realm maximise opportunities for social interaction and connect the proposal with neighbouring communities?	Yes	Positive	The public and private spaces have been well thought out and integrated within the built and natural environment on site. As much existing vegetation has been retained as possible, with compensatory planting provided to mitigate the removal of vegetation to accommodate the proposals. The public spaces encourage play and social interaction between existing and future residents.
	Does the proposal allow people with mobility problems or a disability to access buildings and places?	Yes	Positive	The proposals ensure the buildings and public and private spaces are accessible for all and meet the necessary building regulation standards.

9. Summary and Conclusions

9.1. This HIA is submitted in support of a planning application for residential development on land off Hyde Road, Gorton, Manchester. Planning permission is sought for a residential development comprising a mix of houses and apartments.

9.2. The site comprises an excellent regeneration opportunity to provide new homes and jobs for Manchester. Generally, the health of residents in Manchester is worse than the England average. There are a number of health inequalities including a reduced life expectancy; areas of high deprivation; and increased levels of obesity in adults and children.

9.3. The site itself is in a mixed residential and commercial area The technical assessments have demonstrated that through various mitigation measures the site is considered suitable for future residents. Mitigation measures have been secured through the design or through a series of conditions which will be attached to the Decision Notice.

9.4. The HIA has been undertaken using a combination of the HUDU checklist. The findings of the assessment have demonstrated that the proposals lead to a number of positive health related effects owing to the highly sustainable nature of the site and the uses proposed, combined with a high quality public and private realm and well-thought out design. The HIA demonstrates compliance with Policy JP-P6.