Health Impact Assessment

Octagon House, Manchester

August 2026

Turley
Economics

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1. Introduction

1.1 This Health Impact Statement has been prepared by Turley Economics on behalf of the Octagon Project ('the Applicant') in support of a full planning application to Manchester City Council (MCC) for the redevelopment regeneration of Octagon House and surrounds ('the Site').

1.2 The project seeks to retain, refurbish and repurpose the existing Octagon House building alongside delivery of three new residential buildings ranging from 4 to 11 storeys to create a mixed-use development comprising Key Worker accommodation, purpose-built student accommodation (PBSA), expanded NHS renal dialysis facilities, amenity space and commercial and community uses ('the Proposed Development').

Introduction to Health Impact Assessments

1.3 The aim of a HIA is to describe the potential consequences, both positive and negative, for health and well-being resulting from the construction and operation of a Proposed Development. It involves a multi-disciplinary approach, combining qualitative and quantitative evidence from a range of technical experts.

1.4 The World Health Organisation (WHO) defines HIA as follows:

"A means of assessing the health impacts of policies, plans and projects in diverse economic sectors using quantitative, qualitative and participatory techniques"[1]

1.5 The broad purpose of an HIA is to understand the health and well-being of the local population and help decision-makers make choices about alternatives and improvements to actively promote positive health outcomes.

1.6 As such, as a means of promoting sustainable development, Policy JP-P6 ('Health') of the Greater Manchester Combined Authority's (GMCA) adopted Places for Everyone (PfE) Joint Development Plan Documents states that, to help tackle health inequality, new development will be required to "*be supported by a HIA for all developments which due to their location, nature or proximity to sensitive receptors, are likely to have a notable impact on health and wellbeing*"[2].

The Site and Proposed Development

The Site

1.7 The Site is located c. 1.7 km south-east of Manchester city centre, and in close proximity to a wide range of socio-economic infrastructure and other key points of interest and amenities in central Manchester, such as:

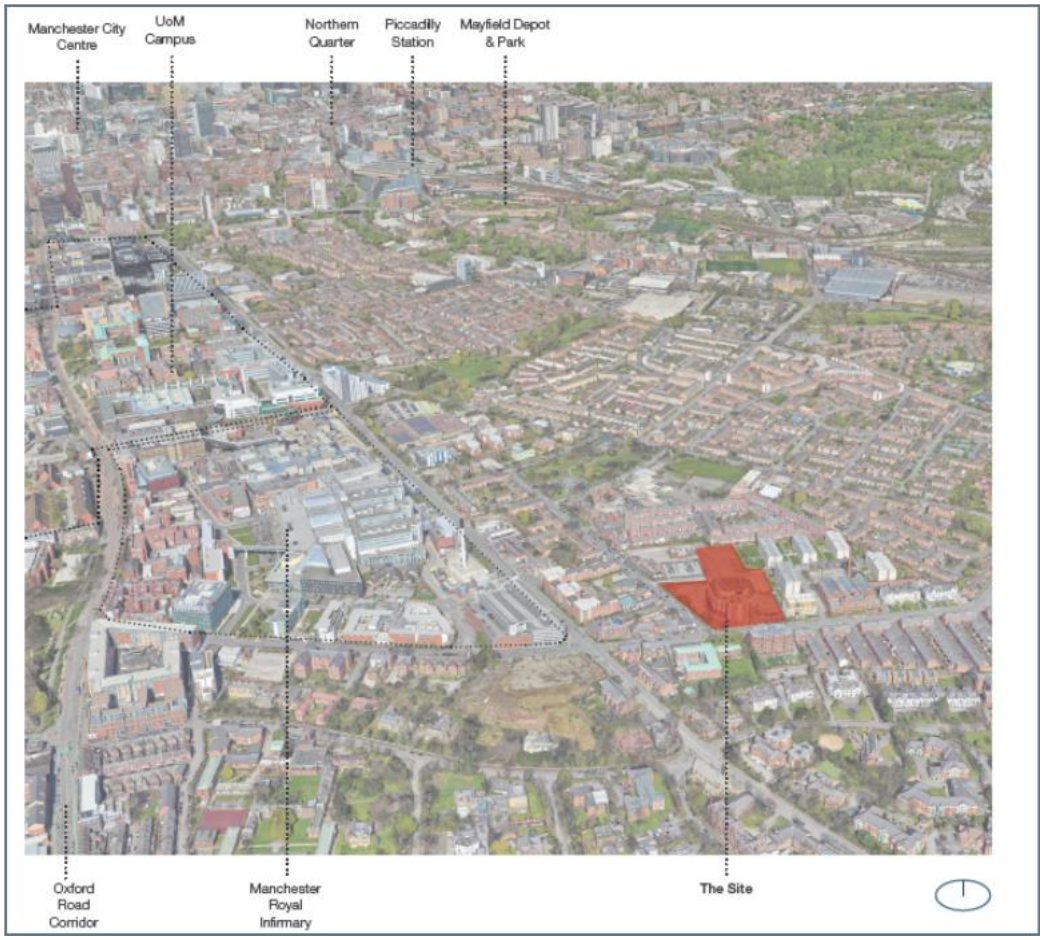
[1] World Health Organisation (WHO): 'Environment, Climate Change and Health' [Online]. Available at: http://www.who.int/hia/en/

[2] Greater Manchester Combined Authority (2024) Places for Everyone Joint Development Plan Document 2022 to 2039

- Manchester Royal Infirmary (MRI) - 250m west
- Oxford Road Corridor - 600m west
- Whitworth Park - 600m west
- University of Manchester (UoM) Main Campus - 700m north
- Platt Fields Park - 1km south
- Manchester Metropolitan University (MMU) Campus - 1.6km north
- Piccadilly Train Station - 2km north
- Oxford Road Train Station - 2.2km north

1.8 The Site location (shown in relation to a number of the sites of interest identified above) as shown **at Figure 1.1** below.

Figure 1.1: Site Location



1.9 *Source: Hodder and Partners, 2026*

The Proposed Development

1.10 The Proposed Development will provide:

- 455 PBSA bedspaces (205 no. studios, 250 no. in cluster form contained within 35 apartments);
- 211 Key Worker homes (141 no. studios and 70 no. 1-2 bedroom units);
- 16 residential units (2 bedroom units);
- 394 sqm commercial or community unit at ground and first floor of Octagon House; and
- 2,568 sqm Central Manchester Dialysis Unit (existing, plus expansion to first floor of Octagon House).

1.11 The description of development is as follows:

"Full planning application for the refurbishment and extension of Octagon House and the erection of buildings of up to 11 storeys in height to accommodate a mix of uses comprising Purpose Built Student Accommodation bedrooms (205 studios and 35 apartments accommodating 250 bedrooms) (Sui Generis Use Class); Key Worker accommodation (Sui Generis Use Class) (211 units); Residential units (16 no) (Use Class C3); 2,568 sq m of healthcare use (including the retention of an existing healthcare facility on site) (Use Class Ee); and 394 sq m of commercial or community uses (Use Classes Ea, Eb, Eciii, Ee, Ef, F1e, F2b, F2c) with associated site access, car and cycle parking and landscaping."

1.12 The Proposed Development comprises the comprehensive redevelopment of the Site, including the retention, refurbishment and repurposing of Octagon House. It will deliver high-quality and sustainable key worker accommodation, expanded healthcare provision, supporting commercial and community uses, and enhanced landscaping and public realm. The proposals will bring a longstanding underutilised site back into productive use while improving the quality, environmental performance and accessibility of the existing built environment.

1.13 A HIA is therefore considered to be a relevant exercise, given the potential for the Proposed Development to influence the health and wellbeing of future residents, patients, staff and the surrounding community. Relevant considerations include the quality of accommodation, access to healthcare and local amenities, opportunities for social interaction, pedestrian connectivity, public realm and the potential effects on local services.

Overview of Approach

1.14 HIA is a multi-disciplinary assessment which aims to identify health priorities in the local area and conclude on the likely impacts of the Proposed Development. The following stages are carried out as part of the assessment:

Figure 1.2: HIA methodology



Source: Turley Economics, 2025

1.15 A variety of resources and guidance has been published by the Department for Health & Social Care, the WHO and the NHS Healthy Urban Development Unit (HUDU) in relation to undertaking HIAs. It is considered that the HUDU's Rapid Health Impact Assessment Tool[3] is an appropriate means of structuring the assessment.

1.16 This HIA draws on publicly-available data published by organisations such as NHS Digital and the UK Government's Office for Health Improvements and Disparities (OHID), alongside evidence from other technical reports carried out as part of the planning application submission, which referenced as such throughout this report, such as the Design & Access Statement, Planning Statement, Sustainability Statement and Transport Assessment.

Structure of the HIA

1.17 The remainder of this HIA is structured as follows:

- **Chapter 2 Health Policy and Strategy Context** - Summary of the relevant health and well-being policies and legislation at national and local levels;
- **Chapter 3 Local Public Health Profile** - Presentation of a summary profile of public health of the local population living in Manchester and wider region as a whole;
- **Chapter 4 Health Impact Assessment** - Assessment of the impacts using the NHS HUDU Rapid HIA Tool[4];
- **Chapter 5 Discussion of Findings** - Conclusions of the assessment and potential mitigation measures that can be employed to reduce any potential negative impacts.

[3] NHS Healthy Urban Development Unit (2019) Rapid Health Impact Assessment Tool (4th Edition)
[4] Ibid.

2. Health Policy and Strategy Context

National Planning and Health Policy

National Planning Policy Framework

2.1 The 2026 National Planning Policy Framework (NPPF) sets out the Government's planning policies for England and how these should be applied. The NPPF provides a framework for a planning system centred around sustainable development, including the provision of homes, commercial development and supporting infrastructure.

2.2 As with previous iterations, the latest NPPF continues to set 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 community facilities, public service infrastructure and open spaces that reflect current and future needs and support communities' health, social and cultural well-being."*[5]

2.3 The NPPF states an objective to "*promote the creation of healthy and inclusive places and support the provision of appropriate public services*" in order to foster healthy communities.

2.4 Similarly, a core planning principle of the NPPF is to achieve well-designed places, and it is stated that development proposals should reflect the following principles:

a) ***Liveability****: support healthy, mixed, vibrant and integrated communities, which will function well over the lifetime of the development, by incorporating a range of uses and tenures, employing features which promote social interaction, and which are robust, durable and easy to look after;*

b) ***Climate****: contribute to climate change mitigation and adaptation and the transition to net zero by using building layouts, building orientation, massing, landscaping and materials which conserve energy and other resources, and which minimise risks from the impacts of climate change including overheating;*

c) ***Nature****: incorporate and/or connect to a network of high quality, accessible, multifunctional green infrastructure to provide opportunities for recreation and healthy living, strengthen habitats, improve climate change resilience and improve air and water quality. This should include maintaining and enhancing tree cover and incorporating sustainable drainage systems;*

d) ***Movement****: provide transport infrastructure and choices which support the design vision for the site, provide good connections to the wider settlement (or those nearby), and prioritise walking, wheeling, cycling and public transport;*

e) ***Built Form****: use the pattern of buildings to define the arrangement of streets, squares and other spaces, promote compact forms of development to optimise*

[5] Ministry of Housing, Communities & Local Government (2026) National Planning Policy Framework

the site's potential, distinguish between public and private areas, create focal points and, where appropriate, enhance views into and out of the scheme;

f) ***Public Space****: include spaces that are safe, secure, inclusive, and accessible for all ages and abilities, including for groups such as women and girls; and which facilitate and encourage social interaction, play and healthy lifestyles (for example by providing high quality, clear and legible pedestrian and cycle routes, a variety of recreational spaces and places to meet, integrating lighting and making building entrances and windows face onto streets and other public spaces to provide natural surveillance); and*

g) ***Identity****: create visually attractive, distinctive and characterful development to establish or maintain a strong sense of place and pride, including through the use of a coherent palette of materials, design features and planting*"[6]

2.5 The NPPF is supplemented by the web-based Planning Practice Guidance (PPG). The 'Healthy and Safe Communities' section of the PPG highlights that decision making in planning should consider health:

2.6 "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)"[7].

2.7 The PPG identifies that "*a health impact assessment is a useful tool to use where there are expected to be significant impacts"*[8]. The increasing use of HIAs mirrors changes across the planning profession; organisations such as the Royal Town Planning Institute (RTPI) and Town and Country Planning Association (TCPA) are undertaking research on topics such as 'healthy weight environments'[9] and 'housing for dementia'[10].

The Marmot Review

2.8 In 2008, Professor Sir Michael Marmot was tasked with chairing an independent review to propose evidence-based strategies for reducing health inequalities in England from 2010. Crucially, the review evidenced how the "*conditions in which people are born, grow, live, work and age*" - the 'social determinants' of health - affect health inequalities.

2.9 The final report was published in 2010 and concluded that six policy objectives were required to reduce health inequalities. Those of relevance to the Proposed Development are:

- Create fair employment and good work for all;

[6] Ibid.
[7] Ministry of Housing, Communities & Local Government (2022) Planning Practice Guidance: Healthy and Safe Communities, para 001 (Reference ID:53-001-20190722)
[8] Ibid, para 005 (Reference ID:53-005-20190722)
[9] Ross & Chang (2014) Planning Healthy Weight Environments: A TCPA 'Reuniting Health with Planning' Project
[10] RTPI (2017) Dementia and Town Planning

- Ensure a healthy standard of living for all;
- Create and develop healthy and sustainable places and communities;
- Strengthen the role and impact of ill-health prevention.

2.10 The report proposed that socio-economic characteristics of a local area, such as income and employment, were central to understanding asymmetries in health and well-being across the UK. The central message of the report is that the social determinants of health should be addressed despite the economic cost.

2.11 In February 2020, the Institute of Health Equity (IHE) at University College London (UCL), of which Professor Sir Michael Marmot is Director, published a subsequent report, 'Health Equity in England: The Marmot Review 10 Years On'[11] which sought to understand the changes that had occurred in the nation's health and wellbeing since the original report's publication.

2.12 The Review stated that the last decade has been marked by deteriorating health and widening health inequalities, highlighting that "*for men and women everywhere the time spent in poor health is increasing*"[12] and identifying that increasingly wide socio-economic inequalities are a key factor in this trend.

2.13 The Review concludes that national government should prioritise addressing health inequalities and developing a national strategy to do so, but also outlines that there are instances of local government having played a significant role in establishing whole system approaches to tackling health inequalities, which have resulted in public health improvements, and which should serve as a model for national government and other local authorities upon which to build.

2.14 In January 2024, the Institute of Health Equity published a further report, 'Health Inequalities: Lives Cut Short', which concluded that a million people in England died earlier over the decade 2011-2021 than they would have done if they had been living in areas where the richest 10% of the population reside[13].

Greater Manchester and Health Policy

Places for Everyone Joint Development Plan 2022-2039

2.15 Greater Manchester's PfE Joint Development Plan[14] recognises that good health is one of the key determinants of quality of life, as well as having a significant impact on the ability of people across the region to maximise their opportunities and to make a positive economic contribution.

2.16 PfE acknowledges the existence of considerable inequalities of health outcomes within Greater Manchester, with average life expectancy in the least deprived areas being more than a decade longer than in the most deprived areas.

[11] Institute of Health Equity (2020) Health Equity in England: The Marmot Review 10 Years On
[12] Ibid. p. 5
[13] Institute of Health Equity (2024) Health Inequalities, Lives Cut Short
[14] Greater Manchester Combined Authority (2024) Places for Everyone Joint Development Plan 2022 - 2039

2.17 Policy JP-P6 ('Health') states that, to help tackle health inequality, new development will be required to:

"*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*"[15].

Improving Health and Care in Greater Manchester 2023-2028

2.18 Greater Manchester Integrated Care Partnership (GMICP) brings together the city region's health and social care partners, as well as wider public sector and community organisations, to improve the health and wellbeing of Greater Manchester's population.

2.19 GMICP's 'Improving Health and Care 2023-2028 Strategy'[16] focuses on the contribution of health and care to enabling all residents to live a good life through improved wellbeing. GMICP's proposed vision is for the region to be a place where "*everyone can live a good life, growing up, getting on and growing old in a greener, fairer more prosperous city-region*"[17].

2.20 The Strategy identifies significant disparities existing between and within Greater Manchester's ten localities, with further disparities existing between communities according to race, ethnicity, gender, disabilities, poverty, social exclusion, sexuality and age.

2.21 Accordingly, the Strategy proposes the 'Greater Manchester Model for Health', aiming to pursue a 'health in all policies' approach to maximise the influences on the social determinants of health. Key aspects of the Model for Health include:

- **An inclusive economy** - where the contribution of public services is maximised through the Greater Manchester social value framework, including the contribution to the local economy in relation to employment, procurement, building and land use, and environmental impact.
- **Skills, education and good work** - focussing on good work through the spread of the Greater Manchester Good Employment Charter, improving pay and supporting wellbeing in work.
- **Healthy places** – developing neighbourhoods with cleaner air and access to green spaces where communities can come together, connect and support each other, enjoying their local environment and benefiting their physical and emotional health.

[15] Ibid, page 202.
[16] Greater Manchester Integrated Care Partnership (2023) Improving health and care in Greater Manchester 2023-2028
[17] Ibid.

Greater Manchester Strategy

2.22 The Greater Manchester Strategy (GMS)[18] covers the period 2021-2031 and sets out the vision of a city-region where everyone can live a good life, growing up, getting on and growing old.

2.23 The strategy acknowledges that the COVID-19 pandemic exacerbated longstanding inequalities, as well as highlighting new ones including access to good jobs, transport, health and housing.

2.24 The GMS focuses on improved wellbeing for the people, with better homes, jobs and transport. The strategy describes how work to make Greater Manchester a great place to visit, invest and study, with thriving businesses which are UK and world leading, in sectors including low carbon and digital, will continue. The GMS is designed to ensure that activity supports the achievement of a greener, fairer and more prosperous Greater Manchester, in a way which is inclusive, innovative and forward thinking, building on the pioneering and progressive culture which underpins Greater Manchester. It also shows how Greater Manchester can be held to account, with a delivery plan showing the collective actions being taken, and a performance framework to demonstrate progress.

2.25 The strategy focuses on three shared outcomes including:

- **The wellbeing of people**: A clear focus of the strategy is to support people to have good lives, with better health; better jobs; better homes; culture and leisure opportunities; and better transport.

- **Vibrant and successful enterprise:** The strategy sets the vision of a greater Manchester where diverse businesses can thrive, and people from all communities are supported to realise their potential. The strategy emphasises the importance of business growth and development and recognises that looking after people and planet is good for productivity and profitability

- **Greater Manchester as a leading city-region in the UK and globally:** The city-region will seek capitalise on its economic, social and environmental strengths to tackle the challenges of climate change and inequalities. The strategy seeks to promote Greater Manchester as a world leading low carbon and digital city region.

Greater Manchester Sustainability Strategy 2022-2026

2.26 The Greater Manchester Sustainability Strategy is intended to "*place a focus on immediate carbon reduction considering the significant sources of direct carbon emission whilst also acknowledging the need to go further and tackle carbon emissions that occur within the value chain"*[19].

2.27 By acknowledging the impacts of climate change globally but also in the communities within Greater Manchester, the strategy recognises the severe risks to public safety, buildings and infrastructure that climate related events pose and rises the negative

[18] Greater Manchester Combined Authority (2024) Greater Manchester Strategy 2021-2031 good lives for all

[19] Greater Manchester Combined Authority (2022) Sustainability Strategy 2022-2026.

effects on the health of the residents, often disproportionately impacting the more vulnerable members of the community.

2.28 The Strategy sets out Greater Manchester's approach to 'becoming an organisation that leads the way in delivering its own ambition for Greater Manchester's environment' and revolves around five priorities to focus on over the next five years. These are: Rapidly reduce the carbon footprint; Protect & Restore the environment; Use the resources efficiently & responsively; Adapt to a changing climate and Be sustainability leaders.

Local Planning and Health Policy

Manchester Core Strategy

2.29 Manchester's Core Strategy[20], adopted in July 2012, serves as the cornerstone of the city's Local Development Framework, outlining the city's development priorities through to 2027. The strategy's vision is to establish Manchester as a "*city with an increased and sustainable healthy population*", where the community both benefits from and drives the city's rising productivity.

2.30 A key spatial objective of the Core Strategy is to "*provide a network of distinctive, attractive, and high-quality centres*", strengthening local identity, providing essential services close to homes, and ensuring local access to healthy food. The strategy also emphasizes the importance of achieving high standards of design in all development proposals, which will promote healthy, low-carbon lifestyles, enhance well-being, and support sustainable and inclusive growth within the city.

2.31 The Manchester Core Strategy highlights the significant role planning plays in improving public health. It outlines the need to provide access to a healthier environment through high-quality development, the protection of open spaces, and increasing their accessibility. Specifically, the strategy identifies that the health of Manchester's residents is among the worst in the country, acknowledging the need to address health inequalities and promote healthier lifestyles. To achieve the vision outlined in the Sustainable Community Strategy, MCC is committed to reducing health disparities, increasing life expectancy, and improving the overall quality of life. This will be achieved through measures such as:

- Improving air quality and reducing noise pollution;
- Ensuring the provision of good quality, well-designed housing;
- Developing attractive and high-quality centres; and
- Promoting safe residential environments and addressing concerns related to crime

2.32 These actions are designed to address the city's health challenges and promote a healthier, more sustainable urban environment.

[20] Manchester City Council (2012) Manchester's Local Development Framework: Core Strategy Development Plan Document.

Making Manchester Fairer

2.33 Making Manchester Fairer 2022-2027[21] is the high-level plan for reducing health inequalities and improving health and wellbeing in Manchester. It calls for a cross-sector collaboration and engagement with communities to improve the lives of residents by reducing health inequality.

2.34 Health and care services play a crucial role in maintaining well-being and providing support when individuals need treatment or assistance with illnesses. However, social circumstances—the conditions in which people are born, grow, live, work, and age—have a much larger impact on health. Factors such as income, the quality of education, employment, housing, social relationships, community support, the environment, and transportation all influence health. These conditions, known as the social determinants of health, are not distributed evenly across the city. They affect access to opportunities for good health and contribute to disparities, where some individuals are more likely to be healthy than others due to factors that are preventable but often beyond their control.

2.35 Accordingly, the plan recognises eight overarching themes that are frequently highlighted as having an effect on health and wellbeing, including:

- Work and employment;
- Homes and housing;
- Places, transport and climate change; and
- Communities and power;

2.36 Consequently, the plan sets out what the council's aims to achieve over the next five years in relation to the overarching themes, as follows:

- Cutting unemployment and creating good jobs;
- Improving housing and creating safe, warm and affordable homes;
- Improving the environment and surroundings in the areas where people live, transport, and tackling climate change; and
- Strengthening community power and social connections.

Summary

2.37 Planning for healthy communities is a priority for national and local government, and it is recognised that a high-quality built environment can play a crucial role in promoting sustainable communities. From reference to HIAs and building healthy communities in the NPPF, to the work of county and local councils and other bodies to tackle inequalities, health is becoming an increasingly mainstream consideration within the planning and economic development process.

[21] Manchester City Council (2022) Making Manchester Fairer: Tackling Health inequalities in Manchester 2022-2027

2.38 Health inequalities within Manchester itself reflect wider socio-economic inequalities within the council and wider Greater Manchester area, highlighting the need to prioritise health and wellbeing when planning new development.

2.39 It is recognised that a high-quality built environment can play a crucial role in fostering health and wellbeing and promoting sustainable communities, and the public health benefits arising from new development can be maximised through applying recommendations arising from a HIA.

3. Local Public Health Profile

3.1 The following health profile of the local and wider population considers general and wider determinants of health.

3.2 The baseline has been tailored to understand the impacts of the Proposed Development and outlines the current health characteristics of Manchester, Greater Manchester, and England, where available, using National benchmarks for comparison.

General Health and Wider Determinants of Health

3.3 OHID's Public Health Outcomes Framework[22] highlights that health outcomes in Manchester show a degree of variation from those recorded in comparison with the Greater Manchester and nationally. Key issues highlighted included:

- **Life expectancy in Manchester is lower than in Greater Manchester and the national average**, with life expectancy for men in the authority being 76.0 years, compared to 77.5 across Greater Manchester and 79.5 nationally. There is a similar trend in female life expectancy with Manchester experiencing 80.5, Greater Manchester 81.6 and 83.3 nationally.

- **Childhood obesity is more prevalent in Manchester than in Greater Manchester and nationally**. The prevalence of overweight (including obesity) among Year 6 children is 41.1%, compared with 37.8% across Greater Manchester and 36.2% nationally.

- **The proportion of adults who are overweight is however slightly lower in Manchester than the national average** with c. 60.9% of adults in the city being classified as overweight or obese, in comparison with 64.6% nationally.

- **The proportion of adults that are physically active in Manchester is broadly in line with the Greater Manchester average, albeit slightly higher than the national average,** with 69.0% of adults in the city doing more than 30 minutes exercise per week in comparison with 68% nationally.

- **Manchester has a notably higher proportion of children in relative low-income families[23] in comparison to Greater Manchester and England as a whole**, with 35.5% of children in the city living in low-income families, in comparison with 27.7% in Greater Manchester and 19.8% nationally.

- **The percentage of people in employment Manchester is lower than recorded across the two wider spatial comparators.** Over the last full calendar year, an average of 69.1% of the working-age population of Manchester were recorded

[22] Office for Health Improvement and Disparities (2026) Public Health Outcomes Framework: Manchester

[23] This refers to people living in households with income below 60% of median income in a base year.

as economically active and in employment, which is lower than the same rates across England as a whole (75.7%)[24].

3.4 The 2021 Census[25] also provided an insight into health of the population, asking respondents to self-assess their general health. A broadly similar proportion of residents self-scored their health as 'good' or 'very good' across Manchester, Greater Manchester and England as a whole (82.3%, 81.2% and 82.2% in both areas respectively). Accordingly, the proportion scoring their health as 'bad' or 'very bad' was also broadly similar in Manchester and Greater Manchester (both 6.0%) and in England as a whole (5.2%)[26].

Deprivation

3.5 The Indices of Deprivation (IoD)[27] is a measure of relative deprivation across different 'small areas' (defined as 'Lower Super Output Areas', LSOAs)[28] in England. The 2025 edition of the IoD is based on 54 component figures, organised across seven distinct 'domains' of deprivation[29], which are combined and weighted to calculate the Index of Multiple Deprivation (IMD). The IMD ranks every statistically-defined small area nationally, from 1 (the most deprived) to 33,755 (least deprived). It also ranks each local authority area nationally, from 1 (the most deprived) to 296 (least deprived).

3.6 When considered on the basis of average rank of multiple deprivation, the 2025 IMD reported that Manchester ranks 2nd out of 296 lower-tier Local Authority Districts nationally, indicating that deprivation is particularly pronounced in many areas of the city. In Manchester, it is identified that the domains driving deprivation include 'Income', 'Health and Disability' and 'Crime', all indicators in which Manchester ranks within the 10% most-deprived local authorities in England. There are additionally three domains including 'Living Environment', 'Barriers to housing and services' and 'Employment' in which Manchester ranks within the 20% most deprived nationally.

Cost-of-Living Crisis

3.7 It has been widely documented that the health and wellbeing of individuals has been adversely affected by the recent cost of living crisis, with poverty being perhaps the most significant determinant of health. OHID data highlights that this is already a key issue in Manchester; at 35.5%, the proportion of children in relative low-income families[30] is notably higher than the regional and national rates (respectively 27.7% in Greater Manchester and 19.8% in England as a whole)[31].

3.8 The ongoing cost-of-living crisis and inflationary pressures on everyday essentials has resulted in notable increases in the number of households in housing, food and energy poverty nationwide.

[24] Office for National Statistics via Nomis (2026) Annual Population Survey: January 2025 – December 2025.
[25] ONS via Nomis (2025) Census 2021
[26] Note that the remainder of residents self-scored their health as 'fair'.
[27] Ministry of Housing, Communities and Local Government (2025) English Indices of Deprivation 2025
[28] 'Lower Super Output Areas' (LSOAs) are statistically defined small areas (or neighbourhoods), designed to be of a similar population size for the reporting of data, with an average of c. 1,500 residents.
[29] The seven domains of deprivation are: Income; Employment; Health & Disability; Education, Skills & Training; Crime; Barriers to Housing and Services; Living Environment.
[30] Defined as a household with income below 60% of median household income.
[31] Office for Health Improvement and Disparities (2025) Public Health Outcomes Framework: Manchester.

3.9 Food poverty can be defined as the inability to obtain healthy affordable food, and access to healthy food (both in financial and locational terms) to a large extent reflects wider deprivation indicators.

3.10 Research[32] by the Food Foundation shows that:

- As of June 2025, 11.3% of households, equivalent to just under 6 million adults; this figure decreases to 10.1% for households without children experiencing food insecurity. However, it rises significantly 14.9% of households with children.
- Food insecurity is particularly prevalent among households in receipt of Universal Credit, with 34.0% experiencing food insecurity in June 2025, compared with 8.7% of households not in receipt of Universal Credit.
- Diet quality is negatively affected by food insecurity; food insecure households cut back on purchasing healthy foods such as fruit by around two-thirds, vegetables around half, fish, dairy and eggs.
- Previous research[33] by the Foundation also showed a significant increase in food insecurity as a result of the growing cost of living, with the number of food insecure households with children rising 50% between April 2022 of January 2023.

3.11 Whilst earnings have continued to increase in nominal terms, growth in real wages has remained considerably more modest once adjusted for inflation. ONS data indicates that annual regular earnings increased by 3.4% in the three months to April 2026, compared with growth in real regular earnings of 0.1% over the same period[34].

3.12 Survey research published in the National Student Money Survey 2025[35] demonstrates that these economic challenges extend to students, highlighting the growing affordability pressures faced by those undertaking higher education. Key findings include:

- Students spend an average of £1,142 per month, whilst the average Maintenance Loan falls £502 per month short of covering living costs.
- 61% of students reported skipping meals at least some of the time in order to save money, whilst 10% reported using a food bank during the 2024/25 academic year.
- 41% of students reported having considered dropping out of university due to money-related issues.

[32] Food Foundation (2026) 'Food Insecurity Tracking' [Online]. Available at: Food Insecurity Tracking | Food Foundation
[33] Food Foundation (2023) 'From purse to plate: implications of the cost-of-living crisis on health' [Online]. Available at: https://foodfoundation.org.uk/sites/default/files/2023-03/TFF_Cost%20of%20living%20briefing.pdf
[34] Office for National Statistics (2026) Average weekly earnings in Great Britain: June 2026
[35] Save the Student (2025) National Student Money Survey 2025

- The average parental contribution towards living costs has fallen to £146 per month, placing greater financial pressure on students to meet day-to-day living expenses through other means.

3.13 Further research by the Russell Group Students' Unions highlights the broader impacts of financial pressures on students, finding that:

- Many students experience difficulties concentrating due to poor nourishment and financial stress, while others skip on-campus teaching because they cannot afford travel costs.

- Financial pressures are felt most by students from disadvantaged backgrounds, including estranged and care-experienced students, disabled students, students with caring responsibilities and part-time students.

3.14 Overall, this demonstrates that financial pressures continue to affect many students' ability to meet basic living costs and maintain their studies, reinforcing the importance of providing high-quality, well-located student accommodation that helps reduce living and travel costs while supporting students' health and wellbeing.

Student Housing, Quality and Health

3.15 Further to meeting market demand, a person's ability or otherwise to access housing which is of good quality, and which meets their needs can have a significant impact on their physical and mental health. As outlined by the Marmot Review into Health Equity in England[36], housing is a key social determinant of health and plays an important role in improving physical health and mental wellbeing and tackling health inequalities.

3.16 As outlined by OHID guidance[37], there are risks to an individual's health associated with living in:

- A cold, damp, or otherwise hazardous home (an unhealthy home);

- A home that does not meet the household's needs due to risks such as being overcrowded or inaccessible to a disabled or older person (an unsuitable home); and/or

- A home that does not provide a sense of safety and security including precarious living circumstances and/or homelessness (an unstable home).

3.17 Poor housing conditions are known to be associated with physical illnesses, including eczema, hypothermia and heart disease, with respiratory health also having been shown to be particularly affected. Poor physical conditions can also negatively impact on mental health, due to the stress caused by living in insecure, overcrowded, cold, polluted or damp conditions.[38] Research commissioned by Shelter[39] reported 20% of adults who were surveyed stated that a housing issue had negatively impacted upon their mental health in the last 5 years. As such, 'Housing Quality and Design' is

[36] The Health Foundation (2020) Health Equity in England: The Marmot Review 10 Years On
[37] Office for Health Improvements and Disparities (2017) Guidance: Improving health through the home
[38] Shelter (2013) People living in bad housing – numbers and health impacts
[39] Shelter (2017) The Impact of Housing Problems on Mental Health

identified as a key determinant of health by the NHS Healthy Urban Development Unit (HUDU)[40].

3.18 The above is also significant in the context of student housing, given that 2023 research[41] investigating the experiences of students in the private rented sector indicated that:

- 54% have experienced damp or mould on walls or ceilings in their current accommodation;
- 57% have experienced condensation in their current accommodation;
- 49% say their accommodation is poorly insulated / draughty;
- 70% say they limit the length of time they have their heating on to save money on energy bills;
- 12% have been unable to pay their energy bills at the final reminder;
- 59% say they have felt uncomfortably cold in their current accommodation; and
- 48% who say they have felt uncomfortably cold say it makes them feel anxious or depressed.

3.19 These findings are increasingly relevant in the context of the Proposed Development, as purpose-built student accommodation can help provide students with access to professionally managed, safe and well-designed housing, reduce reliance on poorer quality rented accommodation and support positive health and wellbeing outcomes.

Primary Healthcare Infrastructure

Primary Healthcare Demand Generated by the Proposed Development

3.20 The new PBSA bedspaces at the Proposed Development will generate new residential demand for primary healthcare infrastructure, such as GP and dental surgeries. Once completed and fully occupied, the Proposed Scheme could accommodate up to 730 residents, comprising 455 students,59 key workers and 16 residents

3.21 As outlined within HUDU guidance[42], the Royal College of GPs recommend a ratio of one (assumed full-time equivalent, FTE) GP per 1,800 registered patients.

3.22 Therefore, it is estimated that the Proposed Development's 730 residents could generate demand equivalent to c. 0.4 FTE GPs.

Local GP Surgery Provision

3.23 NHS Greater Manchester ICB commissions healthcare services in the area local to the Site. Integrated Care Partnerships bring NHS services together locally to improve

[40] NHS Healthy Urban Development Unit (2019) Rapid Health Impact Assessment Toolkit (4th Edition)
[41] Students Organising for Sustainability (2023) 'Homes Fit for Study' [Online]. Available at: https://www.sos-uk.org/research/homes-fit-for-study
[42] Healthy Urban Development Unit (2009) HUDU Planning Contribution Model: Guidance Notes

population health and establish shared strategic priorities. Services provided by an ICP include the following:

- GP services
- Pharmacies
- Community health services
- Mental health services
- Adult social care
- Voluntary organisations

3.24 GP surgeries are grouped into Primary Care Networks (PCNs) serving populations of between 30,000 and 50,000 registered patients, enabling greater provision of coordinated and integrated health and social care. PCNs therefore by necessity span larger geographies to meet the needs of communities.

3.25 Given its location in central Manchester, there are a number of primary healthcare facilities accessible from the Site. A total of seven GP surgeries are identified as being located within a one-mile travel distance of the Proposed Development, including the three practices integrating the Hulme and City Centre South PCN[43].

3.26 Data published by NHS Digital[44] provides information on the healthcare workforce, the number of patients on roll and subsequently available capacity at relevant local GP facilities.

3.27 **Table 3.1** presents the seven GP surgeries local to the Proposed Development (within one-mile walking distance) and the current number of FTE GPs working and patients registered at each surgery (based on data published by NHS Digital)[45]. This enables a comparison of patient demand against available supply of GPs, based on the guidance regarding patients per GP outlined above (1 FTE GP per 1,800 patients).

[43]Hulme and City Centre South PCN incorporates three surgery sites: Cornbrook Medical Practice, The Arch Medical Practice, The Doc's Surgery
[44] NHS Digital (2026) General Practice Workforce: May 2026
[45] Ibid.

Table 3.1: GP Surgeries in the Locality of the Proposed Development

GP Surgery Name	Walking Distance (miles)	FTE GPs	Patients	**Patients per FTE GP**
Surrey Lodge Practice	0.2 Miles	5.4	9,220	**1,718**
New Bank Health	0.6 Miles	3.5	6,329	**1,787**
Ailsa Craig Medical Centre	0.7 Miles	4.8	10,690	**2,209**
The Robert Darbishire Practice	0.7 Miles	15.6	33,697	**2,162**
Wilmslow Road Surgery	0.7 Miles	1.8	5,369	**3,028**
Manchester Integrative Medical Practice	0.8 Miles	9.4	14,231	**1,516**
Dickenson Road Medical Centre	0.9 Miles	3.6	9,551	**2,673**

Source: NHS Digital, General Practice Workforce, 31 May 2026

3.28 Whilst some of the GP practices appear to be operating over their recommended capacity (to varying degrees), data indicates that several surgeries *do* currently have capacity to accommodate new patients, and therefore meet the demand generated by the Proposed Development.

3.29 The two closet practices to the Site – Surrey Lodge Practice and New Bank Health – as well as Manchester Integrative Medical Practice, are all operating below the HUDU benchmark of 1,800 patients per FTE GP. Furthermore, as stated in the NHS's 'Find a GP' online tool, all of the GP surgeries listed above are currently accepting new patients.

3.30 It should also be emphasised that the underlying assumption that the assumption that all 730 residents would register with local GP practices represents a 'worst-case' scenario. In particular, students would preside at the Site for a defined period, typically one or several academic years, and some may choose to remain registered with the GP practice at their permanent or out of time residents rather than register with a new practice for a short period. The 275 key workers may albeit be more likely to reside at the Site on a longer-term basis and register with a local practice.

3.31 Overall, data indicates that there is spare capacity at some local facilities to accommodate new registrations from the Proposed Development, which is likely to be relatively minor (as an absolute worst-case equivalent c. 0.4 FTE GPs).

3.32 Therefore, it is considered that the demand generated by the Proposed Development for healthcare facilities is likely to be able to be accommodated within existing provision.

Local Dental Surgery Provision

3.33 There is no official NHS or Government guidance on the appropriate ratio between dentists and patients, for the purposes of assessing available capacity. In the absence of such guidance, demand for dental facilities has therefore been calculated using a benchmark of 1 dentist per 2,500 patients. This ratio has been identified by a number of previous studies of dental facility provision in other geographies[46] and has been applied here in the absence of recommended guidance.

3.34 Based on an estimated uplift in the local population of c. 730 people once complete and all homes are occupied, it is estimated that the Proposed Development will generate demand for 0.3 FTE dentists. As with GP facilities, this is a worst-case scenario, and does not account for the fact that residents could choose to remain registered at their existing surgery, which may not be local to the Site.

3.35 Using the NHS's 'Find a Dentist' online tool there are currently five dentist surgeries within a one-mile travel distance of the Site. These surgeries are identified at **Table 3.2**.

3.36 It is not possible to quantitatively analyse provision and capacity of services in terms of dentists and patient numbers (as data is not publicly available). Most local dental surgeries appear to provide services at NHS rates to existing patients, as well as at private rates, and all but one are accepting new private patients. It is also understood that five are currently accepting new adult patients at NHS rates.

3.37 Research from each of these surgeries websites indicates that all five dental practices listed are present within a one-mile walking distance of the Proposed Development.

[46] Swindon Borough Council (2008) Swindon Small Scale Urban Extensions Study, p. 109; AECOM (2010), Lowestoft Lake Lothing and Outer Harbour AAP, Social Infrastructure Assessment

Table 3.2: Dental practices local to the Proposed Development

	Walking Distance from site (miles)	Accepting new patients? NHS	Accepting new patients? Private	Number of dentists
Birch Dental Practice	0.8 Miles	✓	✓	Not publicly available
Rusholme Dental Practice	0.8 Miles	✓*	✓	Not publicly available
Birchfield's Family Dental Care	0.8 Miles	✓	✓	9
Noval Dental	0.9 Miles	✓	✓	3
The Vallance Dental Centre	1.0 Miles	✓	✓	*12*
Total	-	-	-	**24+**

* Only new patients aged under 18.

Source: NHS Find a Dentist and individual practice websites.

3.38 Overall, analysis indicates that a level of choice is likely to be available for future residents seeking dental care locally, although capacity cannot be quantified in the same way as GP provision due to a lack of publicly available patient and dentist capacity data.

Summary

3.39 In summary, key health-related findings from the above baseline assessment indicate that Manchester experiences poorer health and wider determinant outcomes across several measures when compared with wider benchmarks. These findings indicate the importance of promoting development that supports healthier living environments, improves access to local services and contributes towards reducing existing health inequalities.

3.40 The Proposed Development would make a positive contribution to health and wellbeing by bringing an underused site in Ardwick back into active use. The scheme would provide a mix of uses, including purpose-built student accommodation, key worker accommodation, expanded NHS renal dialysis provision, amenity and community space, and commercial/retail floorspace. Together, these uses would support a range of groups, including students, key workers, patients, visitors and the wider local community, while contributing to the wider regeneration of the area.

3.41 The assessment also indicates that the additional demand placed on local primary healthcare services by the residential elements of the Proposed Development is likely to be limited and capable of being accommodated within existing provision. This represents a worst-case assessment, as some future residents, particularly students, but also key workers, may chooses to remain registered with their previous GP or dental practices elsewhere.

3.42 Overall, the baseline indicates that there is a strong local imperative to continue to improve health and wellbeing outcomes local. Through the provision of high-quality, which could be maximised through implementing recommended mitigation and enhancement measures to be identified within a HIA.

4. Health Impact Assessment

4.1 The assessment uses the *HUDU Rapid Health Impact Assessment Matrix* as outlined in the *Rapid Health Impact Assessment Tool*[47]. The tool enables a quick assessment of the impacts of a development plan or proposal according to eleven topics or broad determinants. It is then used to provide recommendations to address negative impacts and maximise benefits. It is made clear in the assessment whether the impact and mitigation relate to the construction or operational phase of the development.

Name of assessor / organisation:	Turley Economics
Name of project (plan or proposal):	The Octagon, Manchester
Location of project:	Octagon House, Manchester
Date of assessment:	August 2026

[47] NHS Healthy Urban Development Unit (2019) Rapid Health Impact Assessment Tool (4th Edition)

1 Housing Design and Affordability

Assessment criteria	Relevant?	Details / evidence	Potential health impact?	Recommended mitigation or enhancement actions
Does the proposal seek to meet all 16 design criteria of the Lifetime Homes Standard or meet Building Regulation requirement M4(2)?	☒ Yes ☐ No	The Proposed Development includes nine accessible PBSA studios, representing 2% of the PBSA accommodation. These studios have been designed to comply with the requirements for accessible accommodation under Building Regulations Part M (Vol 2)[48].	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	*No further mitigation required*
Does the proposal address the housing needs of older people, i.e. extra care housing, sheltered housing, lifetime homes and wheelchair accessible homes?	☐ Yes ☒ No	The Proposed Development would provide PBSA and key worker accommodation and would not include specialist accommodation for older people, such as extra care or sheltered housing. This criterion is therefore not directly relevant[49]. The scheme would nevertheless include nine accessible PBSA studios and four accessible key worker studios for residents with accessibility requirements[50].	☐ Positive ☐ Negative ☒ Neutral ☐ Uncertain	*No further mitigation required*
Does the proposal include homes that can be adapted to support independent living for older and disabled people?	☒ Yes ☐ No	The Proposed Development includes nine accessible PBSA studios designed to comply with the requirements for accessible accommodation under Part M (Vol 2). This provision would support independent living for residents with accessibility requirements[51].	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	*No further mitigation required*

[48] Hodder and Partners (2026) Octagon House, Manchester: Design and Access Statement
[49] Ibid.
[50] Ibid
[51] Ibid.

Does the proposal promote good design through layout and orientation, meeting internal space standards?	☒ Yes ☐ No	The Proposed Development provides a range of PBSA and key worker residential layouts supported by internal amenity space and landscaped courtyards. The Design & Access Statement (DAS)[52] confirms that spatial design has been considered using MCC guidance regarding housing in multiple occupation and amenity standards. The Proposed Development's Part O & Thermal Comfort Report concludes that the assessed rooms comply with the overheating criteria subject to installation of mechanical ventilation with heat recovery together with daytime natural ventilation[53].	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	*No further mitigation required*
Does the proposal include a range of housing types and sizes, including affordable housing responding to local housing needs?	☒ Yes ☐ No	The Proposed Development would provide 455 PBSA bedspaces 211 key worker homes and 16 residential units The PBSA has been designed to provide a range of living options that support different student lifestyles and preferences. The PBSA comprises a combination of cluster apartments and self-contained studios creates a balanced residential offer, with layouts focused on efficiency, comfort and access to shared amenity spaces throughout the development. Dedicated key worker accommodation is also provided, designed to support healthcare professionals, university staff and other essential workers within the area. The key worker accommodation prioritises self-contained living, offering 141 studio apartments and 70 one- and two-bedroom apartmentsarranged around shared amenity spaces and landscaped courtyards.	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	*No further mitigation required*

[52] Ibid.
[53] Ridge and Partners LLP (2026) Octagon House, Manchester: Approved Document Part O & Thermal Comfort Report

		This accommodation is intended to respond to the needs of students and key workers associated with nearby healthcare, education and research institutions.		
Does the proposal contain homes that are highly energy efficient (e.g. a high SAP rating?[54]	☒ Yes ☐ No	The Energy Strategy proposes a range of passive and active measures intended to reduce operational energy demand. These include improved building fabric and air permeability, solar-control glazing, mechanical ventilation with heat recovery, LED lighting, variable-speed pumps and fans, demand-operated systems and building-management controls. The Energy Strategy proposes an all-electric approach incorporating air-source and water-source heat pumps together with photovoltaic panels[55].	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	*No further mitigation required*

[54] SAP rating refers to a dwelling's performance in terms of energy use per unit floor area.
[55] Ridge and Partners LLP (2026) Octagon House, Manchester: Energy Strategy Report

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

Assessment criteria	Relevant?	Details / evidence	Potential health impact?	Recommended mitigation or enhancement actions
Does the proposal retain or re-provide existing social infrastructure?	☒ Yes ☐ No	The Site currently accommodates an established renal dialysis facility within the lower floors of Octagon House. It is understood that the facility is capable of treating up to 40 dialysis patients each day and includes a separate 15-station area used to train patients in home dialysis or support more independent forms of treatment. The facility is co-managed by Fresenius Medical Care and forms part of the renal services provided by Manchester University NHS Foundation Trust[56]. The Proposed Development will retain and expand the existing dialysis facility across the ground and first floors of Octagon House, providing 2,568 sq m of healthcare floorspace[57]. The Construction and Environmental Outline Method Statement Plan confirms that the facility will remain fully operational throughout construction. Access from Hathersage Road will be maintained exclusively for the operation of the dialysis facility and will not be used by construction traffic[58]. The existing healthcare use will therefore be retained and expanded, with access maintained throughout construction.	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	*No further mitigation required*
Does the proposal assess the impact on health and social care services and has local NHS organisations been	☒ Yes ☐ No	As set out in the baseline, the Proposed Development's new residential population is considered likely to generate limited additional demand for local primary healthcare services	☐ Positive ☐ Negative	*No further mitigation required*

[56] SLR Consulting Limited (2026) Octagon House, Manchester: Waste Management Strategy
[57] Hodder and Partners (2026) Octagon House, Manchester: Design and Access Statement
[58] Knockmoy Consultancy Ltd (2026) Octagon House, Manchester: Construction and Environmental Outline Method Statement Plan

contacted regarding existing and planned healthcare capacity?		(equivalent to a maximum of 0.4 FTE GPs). Furthermore, there appears to be workforce capacity within existing local primary healthcare provision, including the two closest GP surgeries to the Site (Surrey Lodge Practice and New Bank Health), which are currently operating below guideline patient per FTE GP benchmark guidelines. As such, it is considered that the Proposed Development will not have a notable impact on local primary healthcare capacity.	☒ Neutral ☐ Uncertain	
Does the proposal include the provision, or replacement of a healthcare facility and does the facility meet NHS requirements?	☒ Yes ☐ No	As set out above, the Proposed Development will retain and expand the existing renal dialysis facility. The DAS identifies the continued operation and expansion of the Manchester University NHS Foundation Trust renal service as a key component of the scheme[59]. The Proposed Development will therefore retain an established specialist healthcare facility and provide additional healthcare accommodation within Octagon House.	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	Confirm the detailed healthcare fit-out, operational requirements with the future healthcare occupiers and relevant NHS stakeholders.
Does the proposal assess the capacity, location and accessibility of other social infrastructure, e.g. primary, secondary and post 19 education needs and community facilities?	☒ Yes ☐ No	The Proposed Development would provide 455 PBSA bedspaces 211 key worker homes and 16 residential units The PBSA element would accommodate students and would not be expected to generate demand for primary or secondary school places. The key worker accommodation could, however, accommodate a broader range of households, including households with children. The potential demand for primary and secondary education arising from this element will therefore depend on the final unit mix, occupancy arrangements and number of school-age children living within the development. However, it is anticipated that	☐ Positive ☐ Negative ☒ Neutral ☐ Uncertain	*No further mitigation required*

[59] Hodder and Partners (2026) Octagon House, Manchester: Design and Access Statement

		such impacts will be limited, given that the key worker accommodation will comprise **141 studios and 70 one- and two-bedroom units**. The DAS identifies the Site's location close to Manchester Royal Infirmary, the wider Oxford Road Corridor, the University of Manchester and Manchester Metropolitan University[60]. The accommodation is intended to respond to demand associated with nearby healthcare, education and research institutions. The Site's location close to central Manchester means that the full range of commercial, leisure, and social infrastructure will be easily accessible for The Proposed Development's new residents. The Transport Assessment identifies established footways around the Site, nearby cycling infrastructure and good access to public transport. It also concludes that the Site is highly accessible on foot to a range of services and amenities. Bus services are available from Upper Brook Street and surrounding corridors, while the Site is located close to major healthcare, education and employment destinations. The Proposed Development would therefore be located within walking, cycling and public transport distance of a range of existing social infrastructure[61].		
Does the proposal explore opportunities for shared community use and co-location of services?	☒ Yes ☐ No	The Proposed Development would co-locate the retained and expanded renal dialysis facility with 211 key worker homes, 455 PBSA bedspaces, 16 residential units and a 394 sq m commercial	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	*No further mitigation required*

[60] Ibid.
[61] Ibid.

	or community unit at ground and first-floor level of Octagon House[62]. The DAS identifies shared internal amenity facilities including resident lounges, library and study areas, co-working space, private dining facilities and a gym[63]. It also identifies landscaped external amenity areas and new pedestrian routes through the Site. The Green and Blue Infrastructure Statement identifies new amenity space at ground-floor level and within roof gardens. The landscape proposals include rain gardens, bioretention features, 81 new trees and a further 13 trees in containers[64]. The Proposed Development would therefore provide healthcare, residential, commercial or community, internal amenity and external amenity uses within the same Site.	

[62] Ibid.
[63] Ibid.
[64] Layer. Studio (2026) Octagon House, Manchester: Green & Blue Infrastructure Statement

3 Access to open space and nature

Assessment criteria	Relevant?	Details / evidence	Potential health impact?	Recommended mitigation or enhancement actions
Does the proposal retain and enhance existing open and natural spaces?	☒ Yes ☐ No	The Green and Blue Infrastructure Statement states that the existing Site is predominantly hardstanding, provides little green and blue infrastructure and contains some mature trees, mainly along the western boundary. The Proposed Development would increase the amount and range of green and blue infrastructure across the Site. The landscape proposals include trees, perennial planting, sedum, grass lawns, rain gardens and bioretention areas, together with amenity space at ground-floor level and within roof gardens. The Green and Blue Infrastructure Statement records the proposed planting of 81 new trees and a further 13 trees in containers. This planting is proposed alongside the removal of 10 individual trees and two groups of trees[65]. The Proposed Development would therefore replace much of the existing surface parking and hardstanding with new planting, landscaped amenity areas and sustainable drainage features.	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	*No further mitigation required*
In areas of deficiency, does the proposal provide new open or natural space, or improve access to existing spaces?	☒ Yes ☐ No	The Green and Blue Infrastructure Statement confirms that the Site currently offers little green and blue infrastructure and is largely occupied by buildings, car parking and other areas of hardstanding. The Proposed Development would introduce new landscaped amenity space at ground-floor and roof levels. The proposed	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	*No further mitigation required*

[65] Layer. Studio (2026) Octagon House, Manchester: Green & Blue Infrastructure Statement

		landscape typologies include trees, perennial planting, ornamental planting, sedum, grass lawns, rain gardens and bioretention areas[66]. The DAS shows new landscaped courtyards and external amenity areas between the proposed buildings. The landscape design would also provide planted routes through the Site and new areas in which residents can sit, rest and spend time outdoors[67]. The proposals would therefore provide new open and landscaped spaces within a Site that currently contains limited green infrastructure.		
Does the proposal provide a range of play spaces for children and young people?	☐ Yes ☒ No	The Proposed Development would provide 455 PBSA bedspaces, 211 key worker homes and 16 residential units[68]. The PBSA element would accommodate students and would not generate a requirement for dedicated children's play provision. Whilst dedicated children's play areas within the Proposed Development are not provided, the potential to incorporate informal play features within the landscaped areas serving the key worker accommodation could be explored.	☐ Positive ☐ Negative ☒ Neutral ☐ Uncertain	Explore opportunities to incorporate informal play features within the landscaped areas serving the key worker and residential accommodation.
Does the proposal provide links between open and natural spaces and the public realm?	☒ Yes ☐ No	The DAS sets out new pedestrian routes, landscaped courtyards and external amenity areas across the Site. These spaces would connect the proposed buildings with the surrounding streets and public realm[69]. The landscape proposals include a central pedestrian route through the development, planting alongside building frontages	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	*No further mitigation required*

[66] Ibid.
[67] Hodder and Partners (2026) Octagon House, Manchester: Design and Access Statement
[68] Ibid.
[69] Ibid.

		and landscaped spaces adjacent to residential and healthcare entrances. The arrangement would replace areas currently dominated by surface parking and hardstanding[70]. The Green and Blue Infrastructure Statement[71] also includes new rain gardens, bioretention areas and tree planting throughout the Site. These features would be incorporated into the routes and amenity spaces between the buildings rather than provided as isolated landscape areas. The Proposed Development would therefore establish pedestrian connections between the new landscaped spaces, building entrances and the surrounding public realm.		
Are the open and natural spaces welcoming and safe and accessible for all?	☒ Yes ☐ No	The DAS states that disabled users would use the same entrances as other users and that level access would be provided to external and internal entrances. Changes in level across the Site would be addressed through the integration of accessible routes[72]. The Proposed Development would include clearly defined pedestrian routes, landscaped residential entrances and external amenity spaces. The DAS also sets out lighting, active frontages, access controls and natural surveillance as components of the access and security strategy[73]. The Crime Impact Statement[74] assesses the proposals against Crime Prevention Through Environmental Design principles. It supports the development subject to measures including controlled access to private and back-of-house areas, secure	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	*No further mitigation required*

[70] SLR Consulting Limited (2026) Octagon House, Manchester: Transport Assessment
[71] Layer. Studio (2026) Octagon House, Manchester*:* Green & Blue Infrastructure Statement
[72] Hodder and Partners (2026) Octagon House, Manchester: Design and Access Statement
[73] Ibid.
[74] Greater Manchester Police (2026) Octagon House, Manchester: Crime Impact Statement

		doors and windows, secure cycle storage and appropriate management and maintenance arrangements.		
Does the proposal set out how new open space will be managed and maintained?	☒ Yes ☐ No	The Biodiversity Gain Plan[75] sets out management and monitoring requirements for havitats contributing to biodiversity gain, which would be secured for a minimum of 30 years. A Habitat Management and Monitoring Plan would set out the detailed establishment, management and monitoring requirements for relevant habitat creation and enhancement measures. The Biodiversity Gain Plan also recommends the preparation of a Habitat Management and Monitoring Plan to set out the establishment, management and monitoring requirements for relevant habitat creation and enhancement measures.	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	Implement the relevant landscape management and monitoring measures through the final Habitat Management and Monitoring Plan.

[75] United Environmental Services Ltd (2026) Octagon House, Manchester: Biodiversity Gain Plan

4 Air quality, noise and neighbourhood amenity

Assessment criteria	Relevant?	Details / evidence	Potential health impact?	Recommended mitigation or enhancement actions
Does the proposal minimise construction impacts such as dust, noise, vibration and odours?	☒ Yes ☐ No	Activities such as site preparation (including delivery of construction material, erection of fences and barriers), movement of construction traffic (including haulage, vehicles and plant movements) and the construction and fabrication of buildings have the potential to create adverse impacts in terms of dust, noise, vibration and odours. Implementation of the mitigation measures identified within the CEOMSP[76] and Air Quality Assessment[77] would minimise construction-related dust, noise, vibration and other amenity effects. As such a Construction and Environmental Outline Method Statement Plan (CEOMSP)[78] has been prepared to set out management arrangements of the proposed works at the Site. It details a suite of mitigation measures in relation to noise & vibration, dust & air pollution and site waste management. The CEOMSP also provides for complaints to be recorded, investigated and addressed by the contractor's community liaison manager. The Air Quality Assessment[79] recommends production of a dedicated Dust Management Plan (DMP) and concludes that, with the proposed controls in place, construction dust impacts at surrounding receptors would be temporary, short term and not significant.	☐ Positive ☐ Negative ☒ Neutral ☐ Uncertain	Implement mitigation measures set out in the CEOMSP and prepare a DMP following appointment of the principal contractor, including monitoring, complaints procedures and controls to protect the operational dialysis facility and surrounding neighbours and users.

[76] Knockmoy Consultancy Ltd (2026) Octagon House, Manchester: Construction and Environmental Outline Method Statement Plan
[77] Hoare Lea (2026) Octagon House, Manchester: Air Quality Assessment
[78] Knockmoy Consultancy Ltd (2026) Octagon House, Manchester: Construction and Environmental Outline Method Statement Plan
[79] Hoare Lea (2026) Octagon House, Manchester: Air Quality Assessment.

Does the proposal minimise air pollution caused by traffic and energy facilities?	☒ Yes ☐ No	The Transport Assessment confirms that the Proposed Development would provide 51 car parking spaces, comprising 19 retained visitor spaces serving the Central Manchester Dialysis Unit and a new 32-space car park to support the expanded Dialysis Unit. No general residential car parking would be provided for the PBSA, key worker accommodation or general residential units. The Proposed Development would also provide 106 cycle parking spaces, comprising 84 covered and 22 uncovered spaces. The Transport Assessment concludes that vehicular trip generation associated with the residential element would be limited and that operational traffic would not have a material effect on the surrounding highway network[80]. The Air Quality Assessment concludes that traffic generated by the Proposed Development falls below the relevant screening criteria and that operational road traffic effects on air quality would not be significant. It also states that the primary energy strategy would use air source and water source heat pumps, with backup generators used for life-safety purposes only. As no combustion plant is proposed for the primary energy supply, no operational air quality effects are anticipated from the energy strategy[81].	☐ Positive ☐ Negative ☒ Neutral ☐ Uncertain	*No further mitigation required*
Does the proposal minimise noise pollution caused by traffic and commercial uses?	☒ Yes ☐ No	The Planning Noise Report[82] records average ambient noise levels of 48–58 dB during the day and 44–54 dB at night, with road traffic forming the primary source of noise around the site. The Planning Noise Report sets façade sound-insulation and building-services plant limits, and identifies a number of design mitigation measures, including the need to finalise the specifications of building-services plant to meet noise limits.	☐ Positive ☐ Negative ☒ Neutral ☐ Uncertain	Finalise the specifications of building-services plant to meet noise limits.

[80] SLR Consulting Limited (2026) Octagon House, Manchester: Transport Assessment
[81] Hoare Lea (2026) Octagon House, Manchester: Air Quality Assessment
[82] Sandy Brown (2026) Octagon House, Manchester: Planning Noise Report

5 Accessibility and active travel

Assessment criteria	Relevant?	Details / evidence	Potential health impact?	Recommended mitigation or enhancement actions
Does the proposal address the ten Healthy Streets indicators?	☒ Yes ☐ No	The ten Healthy Streets indicators is a London-specific policy initiative which underpins the Mayor of London's Transport Strategy[83] and Health Inequalities Strategy[84] as well as the draft new London Plan[85]. Whilst therefore not directly applicable to the Proposed Development in policy terms, these principles therefore serve as a best-practice standard for consideration of whether development will engender a healthy environment. The ***ten indicators*** and how they are likely to be addressed by the Proposed Development are outlined below: ***1) Pedestrians from all walks of life*** – the DAS confirms that disabled users would use the same entrances as other users. Level access, integrated ramps and accessible lifts would be provided[86]. *2) People choose to walk, cycle and use public transport* –car parking would be substantially reduced from 230 to 51 formal spaces, primarily supporting the retained and expanded Central Manchester Dialysis Unit, with no general residential parking provided. A total of 84 covered cycle parking spaces would serve the residential accommodation, alongside 22 short-stay spaces[87]. ***3) Clean air*** – the Air Quality Assessment concludes that operational traffic would not have a significant effect on local air quality. The	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	*No further mitigation required.*

[83] Mayor of London (2018) Mayor's Transport Strategy
[84] Mayor of London (2018) The London Health Inequalities Strategy
[85] Mayor of London (2021) The London Plan
[86] Hodder and Partners (2026) Octagon House, Manchester: Design and Access Statement
[87] SLR Consulting Limited (2026) Octagon House, Manchester: Transport Assessment

primary energy supply would use air source and water source heat pumps[88].

4) People feel safe – the Crime Impact Statement supports the layout subject to measures including controlled access, secure doors and windows, secure cycle stores and appropriate lighting[89].

5) Not too noisy – the Planning Noise Report sets façade sound-insulation and building-services plant limits[90].

6) Easy to cross – the surrounding network includes footways, signal-controlled crossings, dropped kerbs and tactile paving. The reinstated Curzon Road would create a route between Carmoor Road and Bax Road[91].

7) Places to stop and rest – the DAS includes landscaped courtyards, external amenity areas and resident amenity spaces[92].

8) Shade and shelter – the landscape proposals include 81 new trees and a further 13 trees in containers[93].

9) People feel relaxed – the Proposed Development includes landscaped courtyards, roof gardens, rain gardens and ground-floor amenity space[94].

10) Things to see and do – The Transport Assessment records shops, food and drink uses, healthcare facilities, places of worship and public transport stops within a 500-metre walking catchment[95]

[88] Hoare Lea (2026) Octagon House, Manchester: Air Quality Assessment
[89] Greater Manchester Police (2026) Octagon House, Manchester: Crime Impact Statement
[90] Sandy Brown (2026) Octagon House, Manchester: Planning Noise Report
[91] SLR Consulting Limited (2026) Octagon House, Manchester: Transport Assessment
[92] Hodder and Partners (2026) Octagon House, Manchester: Design and Access Statement
[93] Layer. Studio (2026) Octagon House, Manchester: Green & Blue Infrastructure Statement
[94] Ibid.
[95] SLR Consulting Limited (2026) Octagon House, Manchester: Transport Assessment.

Does the proposal prioritise and encourage walking, for example through the use of shared spaces?	☒ Yes ☐ No	The Transport Assessment concludes that the Site is highly accessible on foot. Hathersage Road and Upper Brook Street have footways on both sides, while the junction between these roads includes signal-controlled crossings, dropped kerbs and tactile paving. The surrounding highway network is also served by street lighting[96]. The Proposed Development would introduce new pedestrian routes through the Site. The reinstatement of Curzon Road would connect Carmoor Road with Bax Road and provide a through-route for pedestrians, cyclists and vehicles. A ramp beside the existing pedestrian access from Hathersage Road would become accessible from the public highway following removal of the existing boundary fence[97]. Within 500 metres of the Site, the Transport Assessment records bus stops, a convenience store, a Tesco Express, food and drink uses, healthcare facilities and places of worship[98].	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	*No further mitigation required*
Does the proposal prioritise and encourage cycling, for example by providing secure cycle parking, showers and cycle lanes?	☒ Yes ☐ No	The Proposed Development would provide 106 cycle parking spaces, including 34 spaces for PBSA and 50 spaces for key worker accomodation. The covered provision would serve residents, while uncovered spaces would be available for shorter-stay use[99]. The DAS confirms that ten of the cycle spaces would be accessible, comprising six spaces serving the PBSA accommodation and four	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	*No further mitigation required*

[96] Ibid.
[97] Ibid.
[98] Ibid.
[99] SLR Consulting Limited (2026) Octagon House, Manchester: Transport Assessment.

		serving the key worker accommodation[100]. The existing internal cycle parking used by the dialysis facility would also be retained. The Travel Plan includes measures to promote the cycle parking facilities, provide local cycling information and make a puncture-repair kit available within the cycle storage area. A Bee Network cycle-hire station is located adjacent to the Site access on Hathersage Road[101].		
Does the proposal connect public realm and internal routes to local and strategic cycle and walking networks?	☒ Yes ☐ No	The Transport Assessment records several cycle routes within the surrounding area[102], including on-road lanes along Plymouth Grove, Stockport Road and Anson Road, and segregated cycle lanes along the Oxford Road–Wilmslow Road corridor. Traffic-free routes are also available through the university campuses. The Site's five-kilometre cycling catchment extends to Manchester city centre, the Etihad Campus, Gorton, Levenshulme, Withington, Whalley Range and Old Trafford. The reinstated Curzon Road would connect Carmoor Road and Bax Road, providing a new route through the Site. Internal pedestrian routes and landscaped spaces would connect the proposed buildings with Hathersage Road, Carmoor Road and the adjoining Victoria Point site.	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	*No further mitigation required*

[100] Hodder and Partners (2026) Octagon House, Manchester*:* Design and Access Statement.
[101] SLR Consulting Limited (2026) Octagon House, Manchester: Travel Plan
[102] SLR Consulting Limited (2026) Octagon House, Manchester: Transport Assessment.

Does the proposal include traffic management and calming measures to help reduce and minimise road injuries?	☒ Yes ☐ No	The Transport Assessment[103] confirms that Curzon Road would include: • footways on both sides; • landscaping between the footways and carriageway; • four pedestrian crossings with bollards; and • two landscaped central islands separating traffic lanes between Blocks A and C. The Transport Assessment confirms that Hathersage Road is subject to a 20 mph speed limit and includes a signal-controlled crossing at its junction with Upper Brook Street. The surrounding pedestrian network includes dropped kerbs, tactile paving and street lighting.	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	*No further mitigation required*
Is the proposal well connected to public transport, local services and facilities?	☒ Yes ☐ No	The Transport Assessment records two bus stops on Upper Brook Street within 400 metres of the Site. The southbound stop is c.280 metres away and the northbound stop is c.340 metres away. These stops are served by routes 41 and 50, including frequent connections to Manchester city centre, Manchester Royal Infirmary, Salford, East Didsbury and Sale. Further stops on Plymouth Grove are c.600–650 metres away, while bus stops on Oxford Road and Stockport Road are within c.800 metres to one kilometre. Services from Oxford Road provide a combined frequency of less than five minutes towards Manchester city centre[104].	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	*No further mitigation required*

[103] Ibid. pp. 17–18.
[104] SLR Consulting Limited (2026) Octagon House, Manchester: Transport Assessment.

		The western part of the Site has a Greater Manchester Accessibility Level of 8 and the eastern part has a level of 6, indicating high public transport accessibility. Manchester Oxford Road and Manchester Piccadilly railway stations are c.2.5 kilometres and c.2.6 kilometres away respectively and can be reached by bus or bicycle[105]. The Site is also within walking distance of local facilities, including a Go Local convenience store c.300 metres away, a Tesco Express c.400 metres away, Surrey Lodge Group Practice c.500 metres away and Wise Pharmacy c.600 metres away[106].		
Does the proposal seek to reduce car use by reducing car parking provision, supported by the controlled parking zones, car clubs and travel plans measures?	☒ Yes ☐ No	The Proposed Development would reduce on-site car parking from 230 to 51 formal spaces. All on-site car parking would be associated with the Central Manchester Dialysis Unit, comprising 19 retained visitor spaces and 32 new staff spaces. No car parking would be provided elsewhere within the Site. No general car parking would be provided for residents of the PBSA, key worker accommodation or the 16 residential units[107]. The Travel Plan would be managed by a Travel Plan Coordinator and includes resident and staff travel information, promotion of walking, cycling and public transport, travel surveys and annual monitoring for at least five years. The Travel Plan also records an Enterprise Car Club bay c.600–650 metres from the Site at the Manchester hospitals campus. Information on car-club membership and the location of nearby vehicles would be promoted to residents and staff[108].	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	*No further mitigation required.*

[105] Ibid.
[106] SLR Consulting Limited (2026) Octagon House, Manchester: Transport Assessment.
[107] Ibid.
[108] Ibid.

Does the proposal allow people with mobility problems or a disability to access buildings and places?	☒ Yes ☐ No	The DAS confirms that disabled users would use the same entrances as other residents and visitors. Level access would be provided to all external and internal doors, while changes in level across the public realm would be addressed through integrated ramps. All residential and amenity levels would be served by accessible lifts, with at least 1,500 mm of clear space in front of each lift for wheelchair turning. The proposals also include nine accessible PBSA studios and four accessible key worker studios designed to meet the relevant requirements of Part M[109]. A proportion of the covered cycle parking provision would be capable of accommodating larger or adapted cycles. The Transport Assessment states that approximately 12% of the covered spaces would cater for larger bicycles[110]. Four disabled car-parking spaces would also be available across the two surface parking areas The surrounding highway network includes signal-controlled crossings, dropped kerbs and tactile paving[111].	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	*No further mitigation required*

[109] Hodder and Partners (2026) Octagon House, Manchester: Design and Access Statement
[110] SLR Consulting Limited (2026) Octagon House, Manchester: Transport Assessment.
[111] SLR Consulting Limited (2026) Octagon House, Manchester: Transport Assessment.

6 Crime reduction and community safety

Assessment criteria	Relevant?	Details / evidence	Potential health impact?	Recommended mitigation or enhancement actions
Does the proposal incorporate elements to help design out crime?	☒ Yes ☐ No	The Crime Impact Statement[112] assesses the Proposed Development against the principles of Crime Prevention Through Environmental Design, with the aim of reducing opportunities for crime and the fear of crime. It identifies positive design features including active ground-floor amenity, meeting and reception uses; natural surveillance of surrounding streets and public realm; visible and appropriately located entrances; secure entrance lobbies; defensible space between buildings and the Site boundary; and building footprints that avoid deeply recessed or concealed areas. The Crime Impact Statement supports the Proposed Development subject to the incorporation of additional security measures. These include controlled access to private and back-of-house areas; automated vehicle and pedestrian gates where required; CCTV coverage of entrances, car parking, cycle storage and internal circulation areas; dusk-to-dawn lighting; video-entry systems; secure post and parcel arrangements; secure cycle stores; and security-certified doors, windows and glazing[113].	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	Implement the crime-prevention and security measures identified within the Crime Impact Statement, including measures necessary to support Secured by Design accreditation.

[112] Greater Manchester Police (2026) Octagon House, Manchester: Crime Impact Statement.
[113] Ibid.

Does the proposal incorporate design techniques to help people feel secure and avoid creating 'gated communities'?	☒ Yes ☐ No	The Crime Impact Statement[114] identifies active ground-floor uses, including residential amenity spaces, meeting rooms and reception areas, which would provide activity and natural surveillance across adjoining routes and public realm. Main entrances would face towards Hathersage Road and Carmoor Road, while the external elevations would avoid substantial recesses or concealed areas that could reduce visibility. Existing and proposed boundary treatments would distinguish between public, semi-private and private space and provide defensible space around the buildings. Access controls would be concentrated at building entrances and private residential or back-of-house areas, while the wider public realm would remain visually and physically permeable. Access controls would be focused on building entrances, residential areas and back-of-house facilities through secure lobbies, electronic fob systems, video-entry arrangements and on-sight management oversight. The Crime Impact Statement concludes that security measures that can be incorporated into the design and construction of the development including access control, surveillance, lighting and security-certified building elements. The combination of active frontages, legible entrances, natural surveillance and proportionate access controls would therefore help residents, patients, staff and visitors feel secure while avoiding unnecessary enclosure of the public realm.	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	Ensure that the detailed design of gates, railings and other boundary treatments maintains clear and welcoming routes and does not create visually impermeable or unnecessarily enclosed public spaces.
Does the proposal include attractive, multi-use public spaces and buildings?	☒ Yes ☐ No	The DAS identifies landscaped courtyards, pedestrian routes, resident amenity areas and active ground-floor uses across the Site[115]. The Green and Blue Infrastructure Statement also identifies new ground-	☒ Positive ☐ Negative ☐ Neutral	Implement the public realm, lighting and landscape proposals and maintain communal areas, planting,

[114] Ibid.
[115] Hodder and Partners (2026) Octagon House, Manchester: Design and Access Statement.

		floor amenity space, roof gardens, rain gardens, bioretention features, 81 new trees and a further 13 trees in containers[116]. The Crime Impact Statement identifies the ground-floor amenity, meeting and reception spaces as providing activity and natural surveillance. It also states that communal amenity spaces would provide opportunities for residents to meet and establish community relationships, which could increase informal oversight and reduce tolerance of inappropriate behaviour[117].	☐ Uncertain	access controls and security infrastructure through the long-term Site management arrangements.
Has engagement and consultation been carried out with the local community and voluntary sector?	☒ Yes ☐ No	The DAS records that pre-application engagement was undertaken with MCC and other stakeholders. It also identifies a briefing with an Ardwick Ward Councillor and a programme of public consultation involving leaflet distribution to local residents and businesses, a project website and an in-person consultation event. The public event was held at the West Indian Community Centre in June 2026 and was attended by nine people. The DAS states that members of the community were provided with opportunities to review and comment on the emerging proposals and that feedback informed the subsequent design process[118].	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	Continue to engage with local communities and other key stakeholders during the application's determination process.

[116] Layer. Studio (2026) Octagon House, Manchester: Green & Blue Infrastructure Statement.
[117] Greater Manchester Police (2026) Octagon House, Manchester: Crime Impact Statement.
[118] Hodder and Partners (2026) Octagon House, Manchester: Design and Access Statement.

7 Access to healthy food

Assessment criteria	Relevant?	Details / evidence	Potential health impact?	Recommended mitigation or enhancement actions
Does the proposal facilitate the supply of local food, for example allotments, community farms and farmers' markets?	☐ Yes ☒ No	The Proposed Development comprises PBSA, key worker accommodation, residential units, healthcare, commercial or community floorspace and amenity use. The proposals are not intended to provide food-growing facilities such as allotments or a community farm[119]. A range of shops and food retailers is located along Hathersage Road and within the surrounding area, providing access to groceries and fresh food. Longsight Market and food retailers in nearby Rusholme provide additional opportunities to purchase fresh fruit, vegetables and other produce.	☐ Positive ☐ Negative ☒ Neutral ☐ Uncertain	*No further mitigation required*
Is there a range of retail uses, including food stores and smaller affordable shops for social enterprises?	☒ Yes ☐ No	The Site is accessible to a range of existing food retail and hospitality uses. The Transport Assessment identifies a Go Local convenience store c. 300 metres from the Site, a Tesco Express c. 400 metres away and a Lidl c. 800 metres away. Bars, restaurants and takeaways are also located along Upper Brook Street and Oxford Road[120]. The Proposed Development would also provide 394 sq m commercial or a community unit at ground and first-floor of Octagon House, which would broaden the range of uses available at the Site. Access to nearby convenience stores and supermarkets would enable residents to purchase food within walking distance, supporting day-to-day access to food without reliance on private vehicles.	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	Explore opportunities for the commercial or community unit to accommodate uses that support residents' day-to-day needs, including food retail or other community-serving businesses.

[119] Hodder and Partners (2026) Octagon House, Manchester: Design and Access Statement.
[120] SLR Consulting Limited (2026) Octagon House, Manchester: Transport Assessment.

Does the proposal avoid contributing towards an over-concentration of hot food takeaways in the local area?	☒ Yes ☐ No	The Proposed Development includes a 394 sq m commercial or community unit at ground and first-floor level of Octagon House. Existing restaurants and takeaways are located along Upper Brook Street and Oxford Road[121]. The health effect is considered neutral because the Proposed Development's commercial or community unit does not specifically seek to establish a hot food takeaway use, albeit this would depend on its eventual occupation and operation.	☐ Positive ☐ Negative ☒ Neutral ☐ Uncertain	Consider the health implications for the future commercial use when selecting occupiers, with preference given to uses that support a balanced local food offer.

[121] Ibid.

8 Access to work and training

Assessment criteria	Relevant?	Details / evidence	Potential health impact?	Recommended mitigation or enhancement actions
Does the proposal provide access to local employment and training opportunities, including temporary construction and permanent 'end-use' jobs?	☒ Yes ☐ No	The Socio-economic and Regeneration Impact Statement estimates that the Proposed Development would support c.260 on-site construction jobs per annum, on average, during the anticipated two-year construction period. A further c.60 jobs would be supported in the wider Greater Manchester economy through indirect and induced effects, including c.20 jobs in Manchester. Once operational, the Proposed Development is estimated to support c.25 on-site jobs through the proposed commercial or community unit at ground-floor and first-floor level of Octagon house and building management activities. Resident expenditure is expected to support a further c.35 jobs in the wider retail and leisure economy. The Proposed Development would therefore provide temporary and permanent employment opportunities and support additional economic activity within Manchester and the wider city-region. This could support income, financial security and access to employment among those securing the resulting jobs.	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	Explore opportunities for local recruitment, procurement, apprenticeships and training during construction and operation through engagement with MCC, the principal contractor, future operators and local employment and education providers.
Does the proposal provide childcare facilities?	☐ Yes ☒ No	The Proposed Development does not include a confirmed dedicated childcare facility. The Fire Statement identifies day-care facilities as one of several potential uses that could occupy the commercial or community floorspace, although the final use and operator have not been confirmed[122].	☐ Positive ☐ Negative ☒ Neutral ☐ Uncertain	*No further mitigation required*

[122] Sedrow Fire Engineering (2026) Octagon House, Manchester: Fire Statement Form.

		The PBSA element would accommodate students and would not generally be expected to generate demand for childcare facilities. The key worker accommodation and 16 residential units could accommodate a broader range of residents, although the scale of any additional childcare demand would depend on the final occupancy profile.		
Does the proposal include managed and affordable workspace for local businesses?	☒ Yes ☐ No	The Proposed Development would provide 394 sq m commercial or community unit at ground and first-floor level of Octagon House. The Socio-economic and Regeneration Impact Statement estimates that this space, together with building management activities, would support c.25 on-site operational jobs[123].	☐ Positive ☐ Negative ☒ Neutral ☐ Uncertain	Explore the potential to provide workspaces which will be accessible to local businesses to meet their needs through ongoing engagement with MCC and other stakeholders.
Does the proposal include opportunities for work for local people via local procurement arrangements?	☒ Yes ☐ No	As set out above, the Proposed Development will provide employment opportunities during the construction phase and once operational Local procurement and recruitment could maximise the benefits accruing to Manchester and Greater Manchester as a result of the direct employment and supply chain opportunities to be generated.	☐ Positive ☐ Negative ☐ Neutral ☒ Uncertain	Explore opportunities for local recruitment, procurement, apprenticeships and training during construction and operation through engagement with MCC, the principal contractor, future operators and local employment and education providers

[123] Turley Economics (2026) Octagon House, Manchester: Socio-economic and Regeneration Impact Statement.

9 Social cohesion and inclusive design

Assessment criteria	Relevant?	Details / evidence	Potential health impact?	Recommended mitigation or enhancement actions
Does the proposal consider health inequalities by addressing local needs through community engagement?	☒ Yes ☐ No	The DAS records that engagement was undertaken with MCC, Ardwick Ward Councillors and the local community during the development of the proposals. Whilst health inequalities was not a specific issue addressed during consultation, public consultation included the distribution of information to nearby residents and businesses, a dedicated project website, and an in-person event held at the West Indian Community Centre in June 2026[124]. The Applicant will continue to engage with the local community and other key stakeholders during the determination of the planning application, including in relation to issues relevant to health inequalities.	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	Continue to engage with local communities and other key stakeholders during the application's determination process, including with regard to issues related to health inequalities.
Does the proposal connect with existing communities, i.e. layout and movement which avoids physical barriers and severance and land uses and spaces which encourage social interaction?	☒ Yes ☐ No	The Proposed Development would replace a predominantly enclosed and hardstanding Site with new pedestrian routes, landscaped courtyards and external amenity spaces connected to Hathersage Road, Carmoor Road and the adjoining area[125]. The reinstatement of Curzon Road would provide a route between Carmoor Road and Bax Road for pedestrians, cyclists and vehicles. The existing pedestrian access from Hathersage Road would also be improved, with an accessible ramp connected directly to the public highway. Internal routes would link the residential buildings, healthcare facility, commercial or community space and landscaped amenity areas[126].	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	*No further mitigation required*

[124] Hodder and Partners (2026) Octagon House, Manchester: Design and Access Statement
[125] Ibid.
[126] SLR Consulting Limited (2026) Octagon House, Manchester: Transport Assessment.

		The Proposed Development will include active ground-floor uses and communal facilities, including resident lounges, study and co-working areas, private dining space, a gym and landscaped outdoor areas. These spaces would provide opportunities for social interaction among residents, workers, patients and visitors, while access controls would remain focused on private residential and back-of-house areas[127].		
Does the proposal include a mix of uses and a range of community facilities?	☒ Yes ☐ No	A flexible commercial or community unit would be provided at ground-floor level. Potential uses identified within the DAS include café, gym, day-care and other community or commercial activities, although the final occupiers have not been confirmed[128]. The residential accommodation would also be supported by communal lounges, library, and study areas, co-working space, private dining facilities, a gym, landscaped courtyards and roof gardens. The combination of uses would increase activity across the Site and provide opportunities for residents to meet, study, work and socialise[129]. Some facilities would mainly serve residents, while the extent of wider community access would depend on the future occupation and management arrangements.	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	Explore the potential to encourage the activities of and provide on-site opportunities for the voluntary and community sectors.

[127] Ibid.
[128] Hodder and Partners (2026) Octagon House, Manchester: Design and Access Statement.
[129] Ibid.

Does the proposal provide opportunities for the voluntary and community sectors?	☒ Yes ☐ No	The commercial or community unit at ground and first-floor level of Octagon House could provide opportunities for occupation or use by a community organisation, voluntary-sector group or other locally focused operator. The Proposed Development could also support resident-led activities within the internal and external amenity areas, subject to the future access and management arrangements.	☐ Positive ☐ Negative ☒ Neutral ☐ Uncertain	Explore opportunities to involve local voluntary and community-sector organisations in the occupation or use of the flexible floorspace, including through affordable hire arrangements, shared activities or community partnerships.
Does the proposal take into account issues and principles of inclusive and age-friendly design?	☒ Yes ☐ No	The DAS confirms that disabled residents and visitors would use the same entrances as other users. Level access would be provided to external and internal entrances, while changes in level across the Site would be addressed through integrated accessible routes and ramps[130]. Accessible lifts would serve the residential and amenity floors, with sufficient clear space provided for wheelchair manoeuvring. The Proposed Development would include nine accessible PBSA studios and four accessible key worker studios, together with four disabled car-parking spaces[131]. A proportion of the covered cycle spaces would also be capable of accommodating larger or adapted cycles, although the final number and distribution will be confirmed through the coordinated cycle-parking schedule[132]. The external areas would include clearly defined pedestrian routes, seating and landscaped spaces in which residents and visitors could stop and rest. The Crime Impact Statement also supports the layout, subject to	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	*No further mitigation required*

[130] Ibid.
[131] Ibid.
[132] SLR Consulting Limited (2026) Octagon House, Manchester: Transport Assessment.

	the provision of secure, well-lit and appropriately managed routes and entrances[133]. The Proposed Development is not intended to provide specialist accommodation for older people, and age-friendly design has not been assessed separately. However, the proposed inclusive access measures would support residents and visitors with a range of mobility and accessibility requirements.	

[133] Greater Manchester Police (2026) Octagon House, Manchester: Crime Impact Statement.

10 Minimising the use of resources

Assessment criteria	Relevant?	Details / evidence	Potential health impact?	Recommended mitigation or enhancement actions
Does the proposal make best use of existing land?	☒ Yes ☐ No	The Site is previously developed and is currently occupied by Octagon House, a single-storey NHS building, and extensive areas of surface car parking and hardstanding. While the renal dialysis facility remains operational, the upper floors of Octagon House are vacant and much of the wider Site is underused[134]. The Proposed Development would retain, refurbish and extend Octagon House, retain and expand the 2,568 sq m Central Manchester Dialysis Unit, and introduce three new accommodation buildings on areas predominantly occupied by surface parking and hardstanding[135]. The retention and reuse of Octagon House would reduce the extent of demolition and new construction compared with comprehensive redevelopment of the Site. The Proposed Development would therefore make more efficient use of previously developed land while retaining an established healthcare use and substantially reducing the amount of land occupied by surface parking, with only limited parking retained or provided principally to support the Central Manchester Dialysis Unit and associated operational needs.	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	*No further mitigation required.*
Does the proposal encourage recycling, including building materials?	☒ Yes ☐ No	The Site Waste Management Plan (SWMP) sets out measures to minimise, reuse, recover and recycle waste during demolition and construction. A pre-demolition and refurbishment audit would identify the type and quantity of materials arising and assess opportunities for	☒ Positive ☐ Negative ☐ Neutral	Confirmation of waste management measures to be implemented at each stage of the project's lifecycle

[134] SLR Consulting Limited (2026) Octagon House, Manchester: Waste Management Strategy.
[135] Hodder and Partners (2026) Octagon House, Manchester: Design and Access Statement

	their reclamation or reuse on or off the Site[136]. The SWMP identifies a range of project-specific measures, including: **Demolition and earthworks[137]** • Crushing concrete and brick for reuse on the Site as recycled aggregate; • Separating metals for recycling; • Retaining suitable topsoil for use within the proposed landscaping; and • Retaining suitable excavated material for landscaping or piling mats. **Design and construction** • Using standard component dimensions to reduce cutting and off-cuts; • Off-site fabrication of façade panels, cladding, lighting and mechanical and electrical components; • Returning stillages and packaging to suppliers; • Supplying plasterboard recycling skips; and • Specifying recycled materials within areas of hard landscaping and street furniture. The SWMP also provides for the use of material-exchange and reuse networks where surplus items or materials cannot be reused within the Site. During operation, the Waste Management Strategy[138] (WMS) provides separate storage for general waste, pulpable materials, comingled recyclables and food waste. Each accommodation block would have a dedicated ground-floor bin store, supported by signage and information for residents. The management team would oversee storage and collection, while clinical waste from the renal dialysis facility would	☐ Uncertain	in updated versions of the Site Waste Management Plan.

[136] Knockmoy Consultancy Ltd (2026) Octagon House, Manchester: Site Waste Management Plan.
[137] Ibid.
[138] SLR Consulting Limited (2026) Octagon House, Manchester: Waste Management Strategy.

		continue to be separately contained and removed by an appropriate contractor[139].		
Does the proposal incorporate sustainable design and construction techniques?	☒ Yes ☐ No	The retention and refurbishment of Octagon House is a resource-efficient approach by retaining an existing structure and reducing the extent of demolition and replacement construction required[140]. The Energy Strategy applies the lean, clean and green energy hierarchy. Measures intended to reduce operational energy demand include improved thermal insulation and air permeability, solar-control glazing, the maximisation of natural daylight and an energy-efficient internal fit-out. Reduced U-values and air-permeability rates are proposed in comparison with the relevant minimum Building Regulations requirements[141]. The proposed active design measures include mechanical ventilation with heat recovery, LED lighting, variable-speed pumps and fans, demand-operated systems, building-management controls and energy sub-metering. ASHPs, water-source heat pumps and photovoltaic panels form part of the proposed low-carbon energy strategy[142]. The landscape proposals incorporate rain gardens and bioretention features to manage surface water through green infrastructure. The Proposed Development would also introduce ground-level planting, roof gardens and extensive tree planting across a Site currently dominated by buildings and hardstanding[143].	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	*No further mitigation required.*

[139] Knockmoy Consultancy Ltd (2026) Octagon House, Manchester: Site Waste Management Plan.
[140] Hodder and Partners (2026) Octagon House, Manchester: Design and Access Statement
[141] Ridge and Partners LLP (2026) Octagon House, Manchester: Energy Strategy Report.
[142] Ibid.
[143] Layer.studio (2026) Octagon House, Manchester: Green and Blue Infrastructure Statement.

	These above measures demonstrate that sustainable design and construction principles have informed the Proposed Development.

11 Climate Change

Assessment criteria	Relevant?	Details / evidence	Potential health impact?	Recommended mitigation or enhancement actions
Does the proposal incorporate renewable energy?	☒ Yes ☐ No	The Energy Strategy proposes photovoltaic (PV) panels to generate renewable electricity, alongside air-source heat pumps (ASHPs) as part of the low-carbon energy strategy. These measures form part of the scheme's 'Be Green' approach and would reduce reliance on fossil-fuel energy sources and associated operational carbon emissions[144].	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	*No further mitigation required.*
Does the proposal ensure that buildings and public spaces are designed to respond to winter and summer temperatures, for example ventilation, shading and landscaping?	☒ Yes ☐ No	The Energy Strategy states that the design incorporates improved thermal fabric and reduced air permeability to limit heat loss during colder periods. Glazing specifications and solar shading have also been considered to reduce excessive solar gain and overheating during warmer periods. Mechanical ventilation with heat recovery is proposed within apartments, bedrooms, studios and communal amenity spaces, recovering heat from extracted air and reducing ventilation-related energy demand[145]. The Part O and Thermal Comfort Report assesses the residential accommodation using dynamic thermal modelling, and concludes that all habitable dwelling spaces assessed comply with the applicable thermal comfort criteria[146]. The landscape proposals would also introduce trees, planting and rain gardens throughout the public realm and amenity areas. These features would provide localised shade,	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	*No further mitigation required.*

[144] Ridge and Partners LLP (2026) Octagon House, Manchester: Energy Strategy Report.
[145] Ibid.
[146] Ridge and Partners LLP (2026) Octagon House, Manchester: Approved Document Part O and Thermal Comfort Report.

		support surface-water management and contribute to a more comfortable external environment[147].		
Does the proposal maintain or enhance biodiversity?	☒ Yes ☐ No	The existing Site predominantly comprises buildings, hardstanding, introduced shrubs, tall ruderal vegetation and scattered trees. The landscape proposals include new trees, ornamental planting and rain gardens, which would provide additional urban habitats and contribute to greener public and amenity spaces, and would improve the quality of green infrastructure within the Site[148]. The Biodiversity Gain Plan calculates a baseline value of 2.34 habitat units, with a post-development value of 2.57 habitat units being required to achieve a 10% biodiversity net gain. The proposed on-site habitat provision results in a shortfall of 1.08 habitat units associated with the loss of individual urban trees[149]. The Proposed Development would therefore be required to achieve the statutory 10% biodiversity net gain through a combination of on-site habitat creation and secured off-site compensation. The remaining biodiversity deficit would be addressed through off-site compensation, with habitat management and monitoring secured through the Biodiversity Gain Plan for a minimum period of 30 years.	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	Secure the required off-site biodiversity units and prepare the final Biodiversity Gain Plan and Habitat Management and Monitoring Plan. Retain and maintain the proposed on-site planting and habitat enhancements for the specified management period.
Does the proposal incorporate sustainable urban drainage (SuDS) techniques?	☒ Yes ☐ No	The Green and Blue Infrastructure Statement incorporates rain gardens and bioretention features within Curzon Street and the proposed amenity spaces. These features would intercept, store and filter surface-water runoff while also supporting planting and biodiversity.	☒ Positive ☐ Negative ☐ Neutral ☐ Uncertain	*No further mitigation required*

[147] Layer.studio (2026) Octagon House, Manchester: Green and Blue Infrastructure Statement.
[148] Ibid.
[149] United Environmental Services Ltd (2026) Octagon House, Manchester: Biodiversity Gain Plan.

	The strategy seeks to use rain gardens in place of conventional below-ground attenuation where practicable[150]. The incorporation of planted drainage features would contribute to surface-water management and improve the environmental quality of the public realm. Such measures would support improved climate resilience, reduced surface-water risk and a greener external environment.	

[150] Layer.studio (2026) Octagon House, Manchester: Green and Blue Infrastructure Statement.

5. Discussion of Findings

Summary of Health Impacts

5.1 This HIA has assessed the potential health and wellbeing impacts of the Proposed Development at Octagon House, Manchester on the existing and future local population.

5.2 The aspiration is for the development of the site to deliver long-term health and wellbeing benefits for residents, workers, visitors and existing local communities. Given that the baseline analysis presented in Section 3 indicates that the general health of the Manchester population is relatively poor in comparison to the regional and national average, there is a strong imperative to promote development which will support health and wellbeing improvements, which could be maximised through implementing recommended mitigation and enhancement measures to be identified within a HIA.

5.3 Overall, the HIA has not identified any specific negative impacts on the health of the existing or future population of the immediate and local areas that will occur as a result of the Proposed Development that cannot be effectively mitigated.

5.4 Indeed, the Proposed Development is assessed as making positive contributions in terms of health and wellbeing in the following ways:

- A significant number of new homes will be provided which will:
  - Deliver a significant quantum of new and high-quality PBSA,key worker and residential accommodation, responding to a range of accessibility needs and resident preferences;
  - Be energy efficient, minimising emissions and the use of resources;
  - Benefit from a sustainable location from which necessary services, facilities, employment opportunities and transport infrastructure are accessible; and
  - Provide spaces and opportunities for social interaction and community cohesion. This includes interaction between residents through the provision of private and shared amenity spaces, and between residents and members of the wider community through the provision of high-quality public realm and on-site commercial and community facilities.
- The retention, refurbishment and repurposing of Octagon House will bring an underutilised building back into productive use, while improving its environmental performance and the quality of the accommodation provided.
- The retention and expansion of the existing 2,568 sq m Central Manchester Dialysis Unit, including its expansion to the first floor of Octagon House, will

support the continued provision of healthcare services from the Site and provide improved facilities for patients and staff.

- Public realm enhancements will allow residents, patients, workers and visitors to move more easily through the Site and will deliver new connections to the neighbouring streetscape. The public realm will be delivered with a focus on inclusive design that is suitable for all users, creating a safe and welcoming environment.

- The scheme prioritises active travel and sustainable transport modes through the delivery of high-quality public realm, improved pedestrian connections and access to existing public transport and cycle infrastructure, with no general car parking provided across the PBSA, key worker or residential elements of the Site

- Local vibrancy will be increased through the provision of a mix of on-site uses. Alongside residential accommodation, healthcare, commercial or community and amenity spaces will support an uplift in employment, economic activity and community use.

Recommendations

5.5 Overall, no adverse impacts have been identified by the assessment that cannot be effectively mitigated.

5.6 The mitigation measures that have been identified, alongside a number of other mitigation measures which could further enhance the potential of the scheme to deliver positive health and wellbeing outcomes for residents, workers, patients visitors and the wider local community are set out below:

- Confirm the detailed healthcare fit-out, operational requirements with the future healthcare occupiers and relevant NHS stakeholders.

- Explore opportunities to incorporate informal play features within the landscaped areas serving the key worker and residential accommodation.

- Implement the relevant landscape management and monitoring measures through the final Habitat Management and Monitoring Plan.

- Implement mitigation measures set out in the Construction and Environmental Outline Method Statement and prepare a Dust Management Plan following appointment of the principal contractor, including monitoring, complaints procedures and controls to protect the operational dialysis facility and surrounding neighbours and users.

- Finalise the specifications of building-services plant to meet noise limits.

- Implementation of crime reduction measures as set out in the Crime Impact Statement.

- Ensure that the detailed design of gates, railings and other boundary treatments maintains clear and welcoming routes and does not create visually impermeable or unnecessarily enclosed public spaces.

- Implement the public realm, lighting and landscape proposals and maintain communal areas, planting, access controls and security infrastructure through the long-term Site management arrangements.

- Continue to engage with local communities and other key stakeholders during the application's determination process, including with regard to issues related to health inequalities.

- Explore opportunities for the 394 sq m commercial or community floorspace to accommodate uses that support residents' day-to-day needs, including food retail or other community-serving businesses.

- Consider the health implications for the future commercial or community use when selecting occupiers, with preference given to uses that support a balanced local food offer.

- Explore opportunities for local recruitment, procurement, apprenticeships and training during construction and operation through engagement with MCC, the principal contractor, future operators and local employment and education providers.

- Explore the potential for the commercial or community unit to provide space accessible to local businesses to meet their needs through ongoing engagement with MCC and other stakeholders.

- Explore the potential to encourage the activities of and provide on-site opportunities for the voluntary and community sectors.

- Explore opportunities to involve local voluntary and community-sector organisations in the occupation or use of the commercial or community unit, including through affordable hire arrangements, shared activities or community partnerships.

- Confirmation of waste management measures to be implemented at each stage of the project's lifecycle in updated versions of the Site Waste Management Plan.

- Secure the required off-site biodiversity units and prepare the final Biodiversity Gain Plan and Habitat Management and Monitoring Plan. Retain and maintain the proposed on-site planting and habitat enhancements for the specified management period.

Conclusion

5.7 This HIA concludes that the Proposed Development will result in no adverse impacts on the health and wellbeing of the existing or future local population which cannot be effectively mitigated.

5.8 Indeed, the Proposed Development will deliver a number of beneficial impacts, which are likely to lead to long-term improvements in local health and wellbeing outcomes, and which can be further enhanced through measures identified within this HIA.

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