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GA2, Land north of Great Ashby

Health Impact Assessment

Iceni Projects Limited on behalf of
Picture Estates Ltd

January 2026

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ON BEHALF OF PICTURE
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GA2, Land north of Great Ashby
HEALTH IMPACT ASSESSMENT

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A1. RELEVANT HEALTH LITERATURE

A2. HEALTH PROFILE

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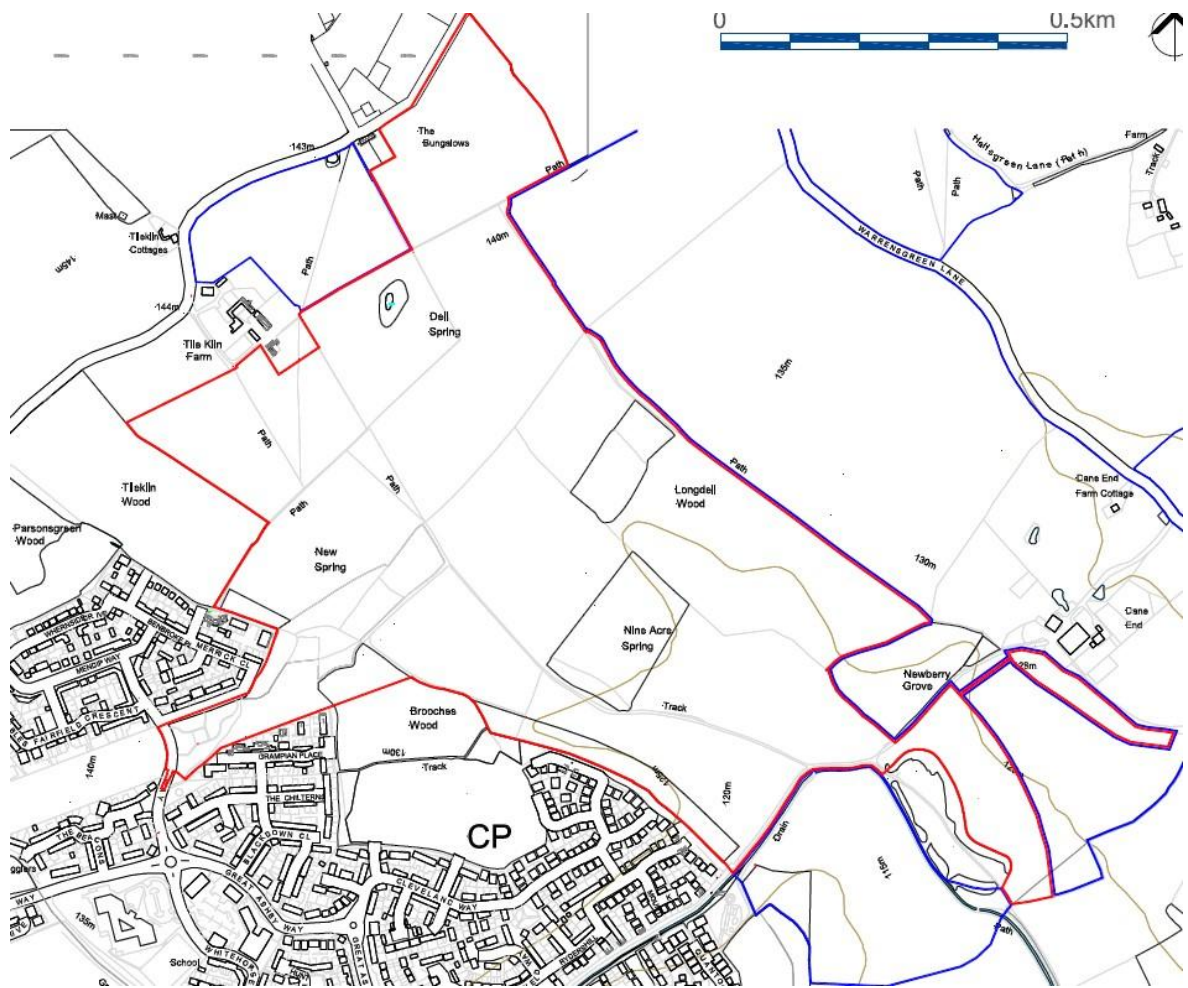
1. INTRODUCTION

- 1.1 This document has been prepared by Iceni Projects Limited on behalf of Picture Estates Ltd ('the Applicant') in support of a planning application for land to the north east of Stevenage, also known as allocation site GA2 ('the Site') to provide 640 dwellings along with land suitable for a new 2FE primary school and community hub ('the Proposed Development').
- 1.2 Planning should seek to promote healthy, successful places for people to live and work in. This can be achieved by providing the homes, jobs and services that people need, reducing environmental risks and delivering well-designed buildings and spaces which will create the conditions for healthy, active lifestyles. In addition to access to healthcare services, several other factors are known to influence a person's health status and lifestyle, including economic, environmental and social conditions. These factors are referred to as the wider determinants of health.
- 1.3 The recommendation to complete an HIA is outlined in Hertfordshire County Council's Position Statement on Health Impact Assessments which suggests that an HIA is carried out on developments of over 100 residential units. The objective of an HIA is to identify, assess and present any potential effects on the health of the new and existing population arising from the redevelopment of the Site taking account of the wider determinants of health. The assessment then identifies any mitigation measures required to minimise potential adverse effects on health and optimise the beneficial impacts of the development and any unintended consequences of the scheme.

Site Context

- 1.4 The Site comprises 62.9ha of land in agricultural use including arable fields and areas of woodland. It has a number of footpaths and bridleways running through and adjacent. The Site location is shown in Figure 1.1.
- 1.5 The Site is bound to the north by areas of woodland blocks and arable land. Tile Kiln Farm lies immediately beyond a section of the north Site boundary. To the east there are woodland blocks and arable land. To the south lies the parish of Great Ashby, where the local area comprises low density residential dwellings, and to the west the site is bound by an area of ancient woodland.
- 1.6 The nearest bus stop to the Site is located on Great Ashby Way, approximately 600m west of the Site. This bus stop is served by service SB7, providing regularly services to Stevenage town centre. The nearest train station is Stevenage, located approximately 4.5km to the south-west of the Site with southbound services to London, and northbound services to Cambridge, Peterborough, York, Leeds, and Edinburgh.

Figure 1.1 Site Location



Proposed Development

The Proposed Development

- 1.7 The Proposed Development is seeking to achieve outline planning permission for the following:

“Hybrid application for a residential-led development comprising residential (Use Class C3), educational use (Use Class F1), a community hub (Use Class F2) with associated new internal roads, access, parking, cycling infrastructure, landscaping and other associated infrastructure. Full application comprises the construction of vehicle access and an active travel link via Mendip Way, with associated landscaping and drainage works. The outline application, for which all matters are reserved except for means of access, comprises the erection of up to 640 dwellings (Use Class C3), a site for a primary school, further land reserved for educational use (Use Class F1), a site for a community hub (Use Class F2), with associated infrastructure.”

- 1.8 This HIA should be read in conjunction with the Design and Access Statement which accompanies the planning application, as well as the suite of application documents prepared in support of the proposals.

Report Structure

1.9 The assessment is structured as follows:

- **Section 2: Assessment Methodology** - sets out the assessment methodology and the identifies the relevant impact areas.
- **Section 3: Policy Context/Literature Review** - provides an overview of the policy context for considering the health impacts of development.
- **Section 4: Baseline Conditions** – presents the demographic, health and socio-economic profile of the local population and provides an overview of community infrastructure provision.
- **Section 5: Assessment of Health Impacts** – provides an assessment of the potential health impacts of the Proposed Development and identifies appropriate mitigation.
- **Section 6: Mitigation/Recommendations** – outlines the main recommendations and appropriate mitigation.
- **Section 7: Summary and Conclusions** - sets out the conclusions of the assessment.

2. ASSESSMENT METHODOLOGY

- 2.1 A HIA is a practical tool that brings together existing information to demonstrate that health, as a material planning consideration, has been addressed. This is considered a best practice approach by the World Health Organisation (WHO).
- 2.2 The aim of a HIA is to produce a set of evidence-based recommendations to inform decision-making to maximise the positive health impacts and minimise the negative health impacts of proposed policies, plans or projects¹.
- 2.3 There is no prescribed methodology for assessing the health impacts of development proposals however, the methodology applied within this assessment draws on best practice approaches and examples. The following documents helped devise the assessment methodology which has been agreed with officers:
- **Wales HIA Checklist (A Practical Guide)** - this tool, published by the Wales HIA Support Unit, is designed to assess the likely health impact of development plans and proposals including planning frameworks and masterplans for large areas, regeneration and estate renewal programmes and outline and detailed planning applications; and
 - **Health in Environmental Impact Assessment, A Primer for a Proportionate Approach (2017)** - this document, published by the Institute of Environmental Management and Assessment (IEMA) provides guidance and recommendations for considering population and human health.

Approach

Baseline

- 2.4 Firstly, this assessment outlines a baseline health profile of the population (including demographic data, social, economic and community assets, and information on priority groups). The baseline assessment draws on the following:
- Demographic, housing and socio-economic profile (utilising data from ONS 2022 mid-year population estimates and the Indices of Multiple Deprivation (2019);
 - Health profile (utilising public health data from OHID's Fingertips tool)

¹ World Health Organisation (2022) Health Impact Assessment

-
- Social infrastructure, sustainable transport and environmental profile (utilising data from NHS, Department for Education and Council information etc).

2.5 This analysis is used to identify any priority groups who could be impacted by the Proposed Development. This will be based on the Wales Health Impact Assessment Support Unit's non-exhaustive list² which includes:

- Sex/Gender related groups;
- Age related groups: Children and young people, Older people;
- Income related groups: People on low income, Economically inactive, Unemployed/workless, People who are unable to work due to ill health;
- Groups who suffer discrimination or other social disadvantage: People with physical or learning disabilities/difficulties, Refugee groups, People seeking asylum, Travellers, Single parent families, Lesbian and gay and transgender people, Black and minority ethnic groups, Religious groups;
- Income related groups; and
- Geographical groups: People living in areas known to exhibit poor economic and/or health indicators, People living in isolated/over-populated areas, People unable to access services and facilities.

Assessing Effects

2.6 This assessment then identifies and assesses the potential effects of the Proposed Development on health outcomes of the general population, as well as priority groups using an assessment criteria matrix based on the Wales HIA Support Unit Health and Wellbeing Determinants Checklist³ to consider the connection between determinants and potential health impacts. Determinants are factors that can influence health outcomes and are set out in the table below. As well as physical health, potential effects on mental health and wellbeing (influenced by factors including sense of control, participation in community and economic life, feeling safe) will also be considered where relevant.

² WHIASU (2020) Population Groups Checklist

³ WHIASU (2020) Health and Wellbeing Determinants Checklist

Table 2.1 Examples of Health and Wellbeing Determinants

Topic	Determinants
Lifestyles	Diet, Physical Activity, Sexual Activity, Use of alcohol, cigarettes, non-prescribed drugs, Other risk-taking activity.
Social and community influences on health	Family organisation and roles, Citizen Power and influence, Social support and social networks, Neighbourliness, Sense of belonging, Local pride, Divisions in community, Social isolation, Peer pressure, Community identity, Cultural and spiritual ethos, Racism and other social exclusion.
Living/environmental conditions affecting health	Built environment, Neighbourhood design, Housing, Indoor environment, Noise, Air and water quality, Attractiveness of area, Green Space, Community Safety, Smell/odour, Waste disposal, Road hazards, Injury hazards, Quality and safety of play area.
Economic conditions affecting health	Unemployment, Income, Economic inactivity, Type of employment, Workplace conditions.
Access and quality of services	Medical services, Public amenities, Other caring services, Careers advice, Shops and commercial services, Transport including parking, Education and training, Information technology.
Macro-economic, environmental and sustainability factors	Government policies, Gross Domestic product, Economic development, Biological diversity, Climate.

2.7 Effects are considered across the demolition, and construction works and once the Development is completed and operational. The duration of the effects is highlighted. Where an impact is identified, actions and measures are recommended to mitigate an adverse impact or enhance or secure a beneficial impact. Monitoring is then proposed to ensure this is secured.

2.8 The assessment then explores the health effects of the Proposed Development in combination with other health effects of cumulative schemes. The overall methodology is summarised in the flow chart below:

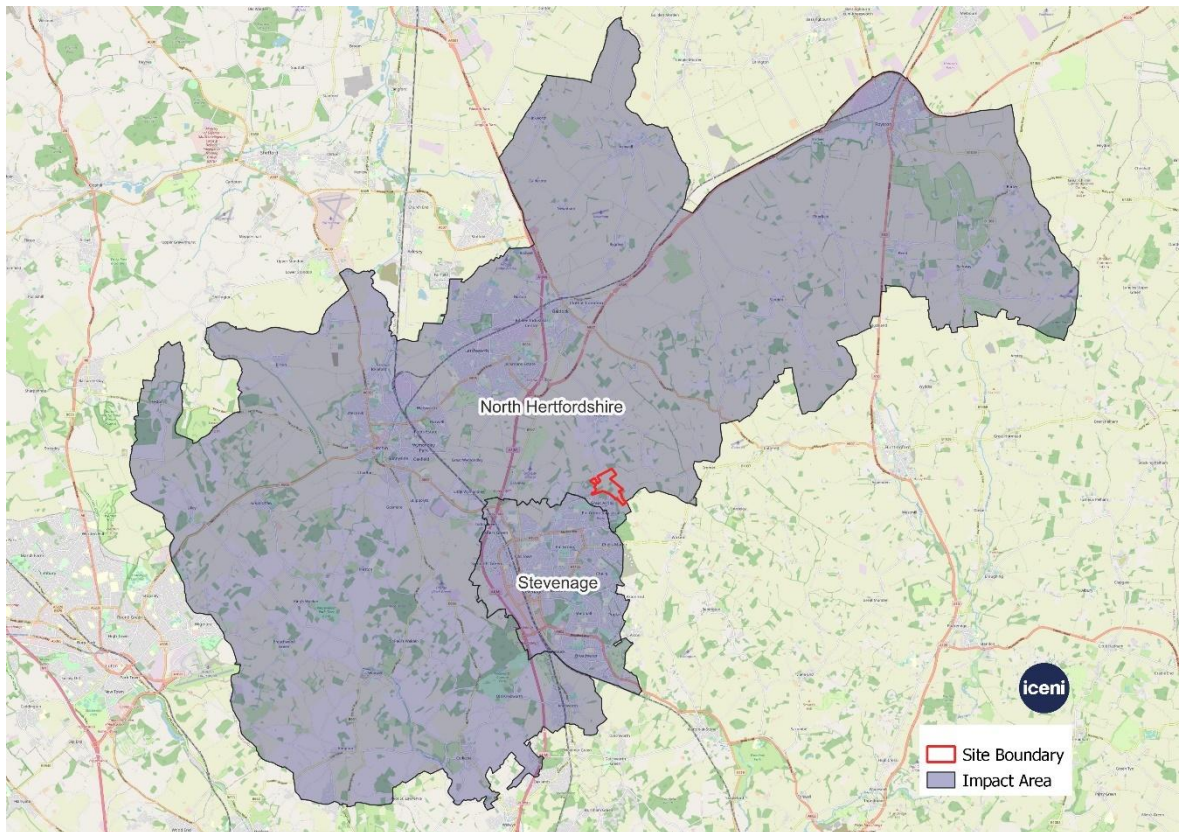
Figure 2.1 **Overall Methodology**



Impact Areas

- 2.9 When assessing the health and inequalities effects of the Proposed Development, the geographical scope of the assessment must be clearly defined. It is likely that the most significant health and inequalities effects will predominantly be felt close to the Site, particularly those concerning social infrastructure. Spatial characteristics, walking distances, the retail hierarchy, socio-economic characteristics and the neighbourhood character area.
- 2.10 An impact area has been identified which includes the local authority boundaries of North Hertfordshire and Stevenage to provide an understanding of the characteristics of the area surrounding the Site. Given the rural nature of much of North Hertfordshire District and the proximity to the urban area of Stevenage to the Site, it is a reasonable to expect that there will be a functional relationship between the two local authority areas. These areas are mapped in **Figure 2.1**.

Figure 2.1 Impact Area



- 2.11 In some instances, data from the East of England region and England has been used for comparison purposes within the baseline section.

Significance Criteria

- 2.12 The assessment of socio-economic effects is assessed based on the scale of the increase or decrease compared to the baseline position, as well as the nature and context of the effects, considering the sensitivity of the identified receptor. The location of the effects and their likely duration are considered where possible. However, in instances where effects cannot be quantified or measured, the assessment is based on qualitative factors and professional judgement.

Receptors and Receptor Sensitivity

- 2.13 The sensitivity of affected receptors was considered on a scale of high, medium, low, or negligible. It is determined through consideration of the baseline position and comparison with wider trends. Consideration is also given to the priority and value attributed to specific receptors in strategy and policy terms. Overall, the assessment is based on professional judgement.

Table 2.2 Receptor Sensitivity Descriptors

Value (Sensitivity)	Descriptor
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High	The health or social infrastructure receptors would be operating at full capacity with no surplus capacity for both the existing and future residents.
Medium	The health and social infrastructure receptors would be operating at near capacity levels with surplus capacity for existing and future residents.
Low	The health and social infrastructure receptors would be operating at below capacity with excess surplus capacity for both the existing and future residents.
Negligible	The receptor of limited or no importance.

Magnitude of Impact

- 2.14 The magnitude of impact was considered as the change experienced from the baseline conditions and the sensitive receptor and was considered on a scale of major, moderate, minor, and negligible. Professional judgement was used to determine the magnitude of change for all effects and was considered contextually in terms of the existing baseline and other health factors.

Table 2.3 Magnitude of Impact Descriptors

Impact Magnitude	Descriptor
Major	The Development could be expected to have substantial effects (by extent, duration, or magnitude) of more than local significance on the key elements/ features of the baseline conditions, including the population profile, health, levels of deprivation, and facility provision.
Moderate	Where the Development could be expected to have notable effects on the key elements/ features of the baseline conditions, including the population profile, health, levels of deprivation, and facility provision.
Minor	Where the Development could be expected to have slight, short or localised effects on the key elements/ features of the baseline conditions, including the population profile, health, levels of deprivation, and facility provision.
Negligible	Where the Development could be expected to result in very little/ no distinguishable change from the baseline conditions including the population profile, health, levels of deprivation, and facility provision.

- 2.15 Where the magnitude of impact is greater than negligible, the effect will then be identified as being either 'beneficial', 'negligible' or 'adverse' and defined as follows:

- Beneficial - A positive and/or advantageous effect to a minor, moderate or major magnitude.
- Adverse - A negative and/or disadvantageous/ detrimental effect to a minor, moderate or major magnitude.

Determining the Duration of Effect

- 2.16 The duration of the health effects is considered against whether it is temporary or permanent. Due to their nature, all operational effects are permanent unless otherwise stated. In terms of temporary effects, the duration is determined in **Table 2.3**:

Table 2.4 The timescale for the Temporary Effects

Impact Magnitude	Descriptor
Short Term	Less than 5 years
Medium Term	5 to 10 years
Long Term	11 to 20 years

Assessing Significance

- 2.17 The impact significance matrix set out in Table 2.4 below is used to determine the significance of an effect. This assessment states that any effect identified to be moderate or major in magnitude is significant. Any minor or negligible effect is therefore not significant.

Table 2.5 Significance of Effect Matrix

Receptor Sensitivity	Magnitude of Impact			
	Major	Moderate	Minor	Negligible
High	Major Beneficial / Adverse	Major Beneficial / Adverse	Moderate Beneficial / Adverse	Minor Beneficial / Adverse
Medium	Major Beneficial / Adverse	Moderate Beneficial / Adverse	Minor Beneficial / Adverse	Negligible
Low	Moderate Beneficial / Adverse	Minor Beneficial / Adverse	Negligible	Negligible
Negligible	Minor Beneficial / Adverse	Negligible	Negligible	Negligible

Limitations and Assumptions

- 2.18 Assumptions and limitations are highlighted where relevant throughout this assessment however, the key points of note are identified in this section.
- 2.19 Data sources are referenced. The latest available data has been used; however, it should be noted that many data sources are frequently updated and could be subject to change from the time of drafting or during the planning application process.

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- 2.20 Public Health Profiles with ward-level data have been used. This HIA draws on the information set out in other planning application documents and other technical documents available at the time of writing this report.
- 2.21 In the social infrastructure baseline, distances have been provided from the Development Site to the location of the social infrastructure. This has been reported as walking distances. Where possible a consistent central point from the Site to a central point of the social infrastructure has been used, but distance may vary.

3. POLICY CONTEXT/ LITERATURE REVIEW

- 3.1 This section provides an overview of the policy context for considering the health impacts of development.
- 3.2 To ensure that health is considered in a holistic manner, this HIA has been informed by wider policy and literature surrounding healthy places. A list of key articles is presented in **Appendix 1**.

National Policy

National Planning Policy Framework (2024)

- 3.3 Promoting healthy communities is an integral part of the NPPF, published in December 2024. Section 8: Promoting healthy and safe communities of the Framework outlines how planning policies should aim to achieve healthy, inclusive and safe places. This includes development which:
- promotes social interaction
 - Creates safe and accessible neighbourhoods
 - enables and supports healthy lives, promotes good health, prevents ill-health and reduces health inequalities
- 3.4 Planning policies and decisions should promote the provision of social, recreational, and cultural facilities to meet community needs by positively planning for shared spaces and community services such as local shops, meeting places, sports venues, and places of worship. Local strategies should enhance health, social, and cultural well-being for all community members, protect valued facilities from unnecessary loss, and ensure essential services continue to meet daily needs. They should also enable existing shops and facilities to modernise and remain beneficial to the community while ensuring an integrated approach to the placement of housing, economic uses, and community services.
- 3.5 Local planning authorities must also ensure an adequate provision of early years, school, and post-16 education facilities to meet the needs of both existing and new communities, taking a proactive and collaborative approach in the planning process. They should prioritise creating, expanding, or altering educational facilities and work closely with relevant stakeholders to resolve planning issues before applications are submitted. Additionally, authorities should work similarly with partners to plan for and address the need for other public service infrastructure, such as healthcare, emergency services, libraries, and criminal justice facilities, ensuring that these are given significant weight in development decisions.

National Planning Practice Guidance (PPG)

- 3.6 Further guidance on promoting health and safe communities is provided in the PPG. A health impact assessment is specifically mentioned as a useful tool to use where there are expected to be significant impacts from a planning application.

Department for Levelling Up, Housing and Communities (2022) National Planning Practice Guidance

- 3.7 The National Planning Practice Guidance (NPPG) guides promoting healthy and safe communities. It advises that 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 (considering the changing needs of the population).
- 3.8 Within the guidance, HIAs are recognised as a useful tool to use where there are expected to be significant impacts.

Public Health England (2020) Health Impact Assessment in Spatial Planning, A guide for local authority public health and planning teams

- 3.9 Public Health England has published recent guidance on how health aspects need to be considered in spatial planning across England. This guide focuses on the use of Health Impact Assessment (HIA) in the planning system and identifies that an HIA is a process that identifies the health and wellbeing impacts (benefits and harms) of any plan or development project. A properly conducted HIA recommends measures to maximise positive impacts; minimise negative impacts and reduce health inequalities.

Regional Policy

Hertfordshire County Council Hertfordshire Health and Wellbeing Strategy 2022-2026

- 3.10 The Strategy sets out the vision and strategic priorities for improving health and wellbeing and reducing health inequalities in Hertfordshire. It identifies the following six priorities for the county:
- Every child has the best start in life;
 - Good nutrition, healthy weight and physical activity;
 - Good emotional and mental wellbeing throughout life;
 - Reduction in smoking and substance misuse;
 - A healthy standard of living for all; and
 - Healthy and sustainable places and communities.

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- 3.11 The Strategy indicates that the physical, economic and social characteristics of housing, places and communities have an important influence over our physical and mental health, wellbeing and economic welfare. Housing affects health, and health inequalities, in many ways, including through cost, housing conditions and security of tenure.

Hertfordshire County Council Position Statement: Health Impact Assessments (2019)

- 3.12 The Position Statement outlines the thresholds for which a HIA should be sought in relation to different types of development. For housing, this is 100 or more residential homes. In addition, the county council may seek a HIA if there are vulnerable communities within close proximity to the proposed development. The Statement suggests that the Wales Health Impact Assessment toolkit is used in producing HIAs.

Local Planning Policy

North Hertfordshire Local Plan 2011-2031 (2022)

- 3.13 The North Hertfordshire Local Plan 2011-2031 was adopted in 2022. Policies relevant to this Health Impact Assessment include:

Policy SP1: Sustainable development in North Hertfordshire	Proposals should create high-quality developments that respect and improve their surroundings and provide opportunities for healthy lifestyle choices
Policy SP10: Healthy Communities	Policies should provide and maintain healthy, inclusive communities for North Hertfordshire residents. This includes the provision of sufficient school places as well as the protection, enhancement and creation of new physical and green infrastructure to foster healthy lifestyles.

Stevenage Borough Local Plan 2011-2031 (2019)

- 3.14 The Stevenage Local Plan was adopted in 2019. The most relevant planning policies in the Local Plan are as following:

Policy SP9: Healthy communities	Stevenage performs worse than the national average, and significantly worse than the surrounding area (Hertfordshire) in many areas of healthy living. Creating a healthy living environment is therefore a key priority of the Borough Council. The Council aims to provide community facilities that meet the needs of local residents and those living in the area around Stevenage.
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Policy SP7: High Quality Homes	The Local Plan supports significant growth in and around Stevenage to help meet needs across the market area. It outlines a target of providing at least 7,600 new homes within Stevenage Borough between 2011 and 2031 including 60% on previously developed land. This includes a range of homes in terms of tenure, type and size to address housing need.
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Summary

- 3.15 The policy framework at a national, regional and local level is in the pursuit of achieving sustainable development. There is an overarching objective to build a strong and healthy communities and promote health and wellbeing across North Hertfordshire, Stevenage, and Hertfordshire as a whole.

Summary of Literature Review

- 3.16 A rapid literature review was carried out relating to the impact of the Proposed Development on the wider determinants of health associated with the Proposed Development. Alongside, the local health profile, this provides supporting evidence of the health impacts relating to the development being assessed. The key summary points from this review are included in Table 3.1 below and focus on the main areas of concern/interest relating to the Proposed Development.

Table 3.1 Literature Review Summary Points

Evidence	Proposed Development
Research provides an understanding of the links between environmental noise and the impacts on health including sleep disturbance, annoyance, hypertension and related diseases (A1.3).	A noise impact assessment has been undertaken which indicates that during both the construction and operation phases the noise impact will be negligible. See Living/Environmental Conditions affecting health within the assessment matrix.

Evidence highlights that walking and cycling are good for our physical and mental health. Switching more journeys to active travel will improve health, quality of life and the environment (A1.4).	The Proposed Development aims to promote active lifestyles through enabling cycling and walking through and beyond the Site. The layout of the Proposed Development will be designed to encourage pedestrian and cycle travel throughout the Site with many permeable internal routes and access to each building with links on to Arterial Road and Ship Lane. See Lifestyles within the assessment matrix.
Healthy developments can reduce health inequalities, reduce obesity and overweight, improve mental health and address social isolation (A1.9).	There is a higher rate of childhood obesity in the Local Impact Area when compared to regional and national rates. The Proposed Development promotes active lifestyles through pedestrian and cycling routes. It also includes a new amenity park with a new community building, sports facilities and pitches to encourage physical activity. There are two convenience stores locally that provide fresh fruit and vegetables, helping to encourage healthy eating and no fast-food outlets immediately surrounding the Site. See Lifestyles within the assessment matrix.
Research shows that where someone lives can have an impact on their mental health with the quality of the built environment being a determining factor for mental health, with noise, pollution levels, quality of greenspace, access to services and even 'beauty' all playing a part (A1.12).	The Site falls within the 10% most deprived neighbourhoods in England in terms of the physical and financial access to housing and local services. The Proposed Development includes a new amenity park with a new community building, sports facilities and pitches, and picnic areas which will provide recreational facilities for local groups. During both the construction and operation phases the noise impact will be negligible. See

	Living/Environmental Conditions affecting health within the assessment matrix.
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4. BASELINE CONDITIONS

- 4.1 This section sets out the demographic, deprivation, health and social infrastructure profiles to understand the current health conditions in the Impact Area compared with the East of England and England where appropriate.

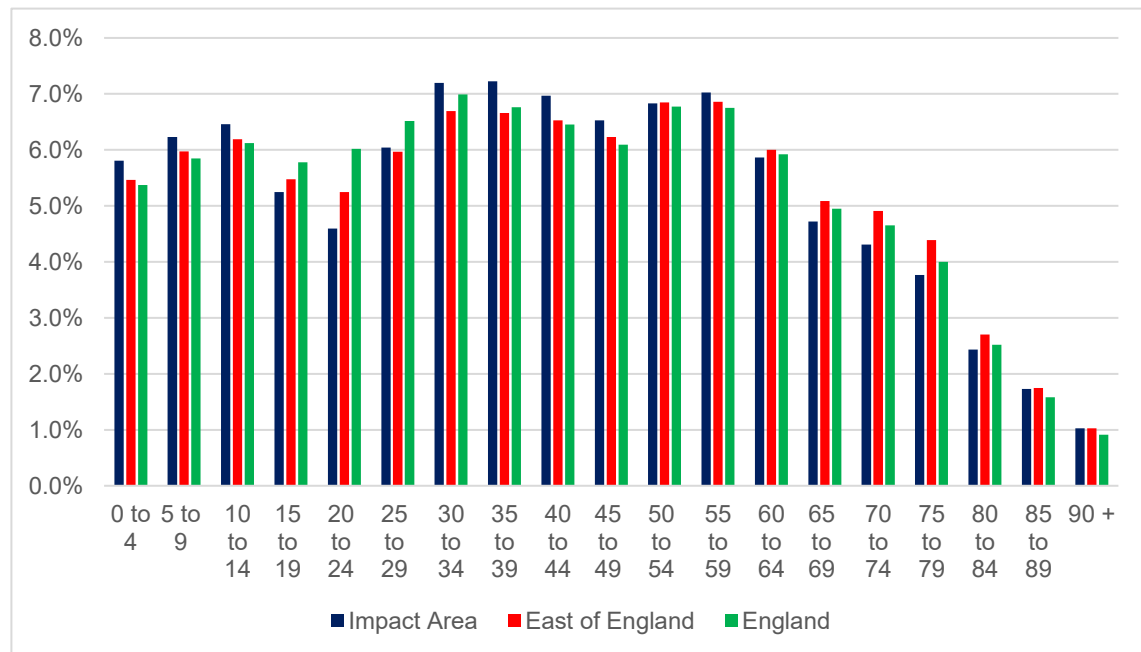
Demographic Profile

Age

- 4.2 Based on the ONS mid-year population estimates (2022), the population within the Impact Area amounted to 223,896, which was equivalent to approximately 3.5% of the total population of the East of England. The population has grown by 5.1% since 2012⁴, an increase of 10,770 people. This is lower than the overall increase for the East of England (8.3%) and England (6.8%),
- 4.3 Figure 4.1 below provides a comparison of the population age structure in the Impact Area and the East of England and England. Overall, there is a higher proportion of younger people aged 0-14 (18.5%) in the Impact Area compared to the East of England (17.6%), and England (17.3%). There is also a higher proportion of people aged 30-49 in the Impact Area (27.9%) compared to regionally (26.1%) and nationally (26.3%). Conversely, there is a lower proportion of the population in the Impact Area aged 15-24 (9.8%) compared to the East of England (10.7%) and England (11.8%). There is also a smaller proportion of older people (aged 60 and over) within the Impact Area (23.8%) than the East of England (25.9%), and England (24.5%).

⁴ ONS 2012 Mid-Year Population Estimates

Figure 4.1 Population age profile of the Impact Area



Source: ONS mid-year population estimates, 2022

Labour Force

- 4.4 Based on the mid-2022 population estimates, 139,545 persons (62.3%) in the Impact Area were of working age (typically aged 16-64 years) compared to 61.3% in the East of England, and 62.9% in England.
- 4.5 Between July 2024 and June 2025, there were 116,200 economically active people in the Impact Area which represents 82.5% of the population, slightly higher than the rate in the East of England (81.6%) and England (79.1%). Unemployment levels in the Impact Area are lower (2.2%) than across the East of England (3.6%) and England (4.2%).⁵
- 4.6 In 2024, less than half of the resident population of the Impact Area had an RQF4 qualification (equivalent to a Certificate of Higher Education/ first year of a bachelor's degree education) or above (42.4%) which is lower than in the East of England (43.7%) and England (46.8%). There are also more residents in the Impact Area that do not have any qualifications (6.5%) when compared with the East of England (5.2%) but similar to England averages (6.6%).
- 4.7 In 2024, the median average weekly workplace-based earnings for full-time employees in the Impact Area was between £722.30. (North Hertfordshire) and £847.80. (Stevenage) per week, according to the ONS Annual Survey of Hours and Earnings Survey. This is higher than the average for the East

⁵ ONS annual population survey

of England (£724.60 per week), and England (£732.10). The median average weekly resident-based earnings for full-time employees in the Impact Area was between £784.30 (Stevenage) and £885.10 (North Hertfordshire) in 2024. The gap between workplace and resident earning suggests that potentially residents commute out of the Impact Area to access higher paid employment elsewhere.

Socio-Economic Profile

4.8 Based on the Area Classification for Output Areas data, the population of the Site and surroundings are classified as comprising primarily 'Ethnically Diverse Suburban Professionals' and 'Baseline UK'.

4.9 'Ethnically Diverse Suburban Professionals' typically have the following characteristics:

- Those working within the managerial, professional and administrative occupations;
- Typically reflect a wide range of ethnic groups, and reside in detached or semi-detached housing.
- Their residential locations at the edges of cities and conurbations and car-based lifestyles are more characteristic of Supergroup membership than birthplace or participation in child-rearing.
- Houses are typically owner-occupied and marriage rates are lower than the national average. This Supergroup is found throughout suburban UK

4.10 Baseline UK residents typically display the following characteristics:

- Overall, terraced houses and flats are the most prevalent;
- Employment in intermediate or low-skilled occupations; and
- Above average levels of unemployment and lower levels of use of English as the main language

Deprivation

4.11 In terms of deprivation, the 2025 English Indices of Multiple Deprivation (IMD)⁶ provides a ranking of local authorities to compare levels of deprivation across the country. North Hertfordshire is ranked 256th out of 317 authorities, which means it was in the 20% of least deprived local authorities in the country in 2025.

⁶ Ministry of Housing, Communities & Local Government (2025), Indices of Multiple Deprivation

- 4.12 The IMD measures relative deprivation using a series of data to rank every neighbourhood (LSOA⁷) in England. The IMD combines information from nine domains - income, employment, education, health, crime, barriers to housing, living environment, income deprivation affecting children and income deprivation affecting older people - to produce an overall relative measure of deprivation.
- 4.13 Table 4.1 below breaks down the nine domains that make up the IMD for the Proposed Development's Site LSOA (North Hertfordshire 016E) according to the overall rank and decile. Overall, the area performs well for most indicators apart from barriers to housing and services, and living environment where it is extremely deprived, being in the 10% of most deprived areas in England. It is within the least deprived areas in terms of health, employment, education, skills and training.

Table 4.1 Index of Multiple Deprivation for LSOA North Hertfordshire 016E

Domain of Deprivation	Decile (where a score of 1 is the most deprived and 10 is the least deprived LSOAs)
Income	9
Employment	8
Education, Skills and Training	9
Health	10
Crime	8
Barriers to Housing and Services	1
Living Environment	1
Income deprivation affecting children	9
Income deprivation affecting older people	8
Overall IMD	6

Source: Ministry of Housing, Communities and Local Government, 2025

- 4.14 Overall, Health performed above average (within the 10% least deprived areas). This indicator measures morbidity, disability and premature mortality as well as poor physical and mental health.

Health Profile

- 4.15 Data provided by the Office for Health Improvement and Disparities, compares the health of the residents living close to the Site with trends across England across a range of indicators.

⁷ Lower Super Output Area

4.16 The health profile of this area (MSOA North Hertfordshire 016 Ashwell, Weston & Barley), is generally considered to be above the national averages for the majority of health indicators.

- The life expectancy in the MSOA is 88.7 for women and 83.5 for men. This is above the England average of 83.0 for women and the average of 79.1 for men.
- The proportion of reception students in the MSOA who are considered obese is 10.3% which is higher than across North Hertfordshire (7.1%) and England (9.8%). In year 6 this drops to 9.5% in the MSOA which is lower than across North Hertfordshire (15.6%) but lower than England (22.3%).
- When standardised against England (100) deaths from cardiovascular disease (71.9), coronary heart disease (75.6), stroke (62.9), and respiratory disease (64.3) were all lower in the MSOA.
- The General Fertility Rate (women aged 15 to 44) is lower in the MSOA (51.4) when compared to North Hertfordshire (58.3) and England (54.6).

Social Infrastructure

- 4.17 As acknowledged within the NPPF, access to social infrastructure including education, health care, community facilities, open space and play space and sports facilities can have a significant impact on health and well-being of a population. A high-level review of community provision has been undertaken and is summarised below:

- **Early years and childcare** –The nearest early years facility is Bunnies Pre School Great Ashby (0.56km).
- **Primary education** –The nearest primary school to the Site is Round Diamond Primary School . This school has capacity for 420 pupils. There are currently 453 pupils registered at this school resulting in a deficit of 33 places.
- **Secondary education** –The closest secondary school to the Site is the Nobel School, which has capacity for 1,526 pupils. There are currently 1,490 pupils registered at this school resulting in a surplus of 36 places.
- **GP provision** – The closest GP practice to the Site is the Canterbury Way Surgery (1.5km walk to the south west) which is part of the Stanmore Medical Group which has 49,011 registered patients and 20 FTE practicing GPs, resulting in a GP to patient ratio of 1: 2,451, which is above the recommended benchmark. However, the practice is accepting new patients..
- **Sports facilities** – there is a variety of sports facilities in the Local Impact Area including: 3 Sports Halls; 2 Health and Fitness Suites; 2 Artificial Grass Pitches; and 17 Grass Pitches..
- **Community facilities** – The closest library is Stevenage Old Town Library, located 3.7km from the Site. Places of worship include the Great Ashby Community Church located 500m to the west of the Site, and St Nicholas Community Centre located 1.5km to the south-west.

Environmental Profile

Open Space and Play Space

- 4.18 The North Hertfordshire Open Space Review (2016)⁸ provides an overview of open space provision in the district. There are 585 open spaces providing different types of open space and covering an area of approximately 2,343ha. The largest proportion of the District's open spaces are classified as Natural and Semi-Natural Greenspace (1,195ha). Provision for Children and Young People includes 12.8ha space.
- 4.19 The study highlights that there are 11 Parks and Gardens within North Hertfordshire providing around, 59.49ha of open space. The Site is located within Rural Area East within the Open Space Review. Rural Area East has the highest number of open space sites in the district. It also has the largest provision of open spaces (62.64ha/1000 persons). The nearest park to the Site is Great Ashby District Park located 0.4km to the south of the Site. The park provides a play area and picnic area.
- 4.20 The Stevenage Open Space Strategy Review (2015) indicates that there are around 8.9ha of open space within Stevenage including 0.73ha of parks and gardens. This includes St Nicholas Park, a 11ha park located 0.72km to the south west of the Site. Facilities at the park include play areas, a BMX track, football pitches and fitness area. The larger Fairlands Valley Park (48ha) is located 3.4km away and provides play areas, water play facilities, sailing club and café.
- 4.21 There are a number of play areas located within 800m of the Site. These include the Mendip Way and Cromdale Walk play area adjacent to the west of the Site, Cleveland Way play area (0.27km away) and the Snowdonia Way play area (0.4km away).

Access to Healthy Foods

- 4.22 A number of convenience stores are situated within Great Ashby, the nearest being Budgens Great Ashby (within Whitehorse Lane parade of shops. Also includes pharmacy, hairdressers, post office and hot food takeaway) approximately 0.5km from the Site, Budgens Pin Green approximately 1.2km from the Site and Morrisons Daily (approximately 1.6km away). The closest large supermarkets and high street shops are located within Stevenage Town Centre around 4.2km from the Site.

Consultation

- 4.23 A community engagement exercise has been undertaken as outlined in the Statement of Community Involvement. This included a public exhibition, stakeholder meetings, feedback forms and emails. Specific meetings and consultations were held with Design Review Panel, Great Ashby Community

⁸ North Hertfordshire District Council (2016) Open Space Review

Council, Herts and Middlesex Badger Group, as well as officers at NHBC and HCC. A summary of the key issues relating to health and wellbeing matters are summarised as:

- the lack of medical facilities in the area, or the difficulty getting a doctor or dentist appointment;
- the location of the community hub;
- play area locations; and
- access and road details, including the emergency access.

Summary

- 4.24 The baseline assessment provides an overview of the demographic and health profile of the local population. It also establishes the levels of community infrastructure provision in proximity to the Site.
- 4.25 There is a higher proportion of younger people (aged 0-14) and people aged 30-49 in the Impact Area when compared to the East of England and England. Conversely, there is a lower proportion of older people (aged 60 and over) within the Impact Area than the East of England and England.
- 4.26 The Site is situated within an LSOA which is ranked as being in the 10% least deprived neighbourhoods in the country in terms of health. The area surrounding the site experiences high levels of deprivation in relation to Barriers to Housing and Living Environment.
- 4.27 Public health indicators suggest that the Site performs above average when compared to the national average.
- 4.28 This HIA considers the impacts of the Proposed Development on both the health of the general population as well as the impacts on priority or vulnerable groups. These priority or vulnerable groups are likely to be more sensitive to changes to health determinants. The priority groups are identified in Table 4.2.

Table 4.2 Identified Priority Groups

Priority Group	Explanation
Children and young people	There is a higher proportion of people aged 0-14 in the Impact Area when compared to the East of England and England. Rates of obesity in reception aged children are higher in the MSOA in which the Site is located than across North Hertfordshire and England.
People unable to access services and facilities	The Site falls within the 10% most deprived neighbourhoods in England in terms of the physical and financial access to housing and local services.

5. ASSESSMENT OF HEALTH IMPACTS

- 5.1 This section provides an assessment of the health impacts of the Development over both the construction and operation phases.

Proposed Development

- 5.2 The Proposed Development is seeking to achieve planning permission for the following: *“Hybrid application for a residential-led development comprising residential (Use Class C3), educational use (Use Class F1), a community hub (Use Class F2) with associated new internal roads, access, parking, cycling infrastructure, landscaping and other associated infrastructure.*

Full application comprises the construction of vehicle access and an active travel link via Mendip Way, with associated landscaping and drainage works.

The outline application, for which all matters are reserved except for means of access, comprises the erection of up to 640 dwellings (Use Class C3), a site for a primary school, further land reserved for educational use (Use Class F1), a site for a community hub (Use Class F2), with associated infrastructure.”

Health Determinants

- 5.3 This HIA identifies the link between the determinants (factors that can influence health outcomes) and health impact. The Wales HIA Determinants Checklist considers the connection between determinants and potential health impacts that have been considered in the identification of the impact of the Proposed Development during the construction and operation phases. The full list of determinants can be seen in the assessment table below.

Table 5.1 Health Impact Assessment Matrix for the Construction and Operational Phases

Determinant	Description of the Potential Impact	Significance of Impact on Priority Groups	Priority Groups Most Affected	Impact (Beneficial / Adverse / Neutral)	Duration	Mitigation	Overall Significance
Lifestyles	<u>Construction Phase</u> The Proposed Development will generate additional employment within the construction sector which would positively contribute to construction workers' incomes and lifestyles. The employment opportunities created would include a range of skill levels and could provide parents and guardians access to employment and thereby could help to reduce child poverty. As outlined in the socio-economic chapter up to 300 direct construction jobs could be supported per annum over the construction period. In terms of workplace conditions, a CEMP will include roles and responsibilities, control measures and activities to be undertaken to minimise environmental effects, as well as monitoring and record-keeping requirements. It will remain a live document to ensure that it is specific to the works and processes that are to be employed during construction site activities.	Minor	People on Low Incomes People from ethnic minorities Children and Young People Unemployed and/or workless	Beneficial	Short-term (temporary)	Measures and control strategies to minimise the impacts of construction activities on workers and neighbouring residents could be set out within a Construction Environmental Management Plan (CEMP). This would be developed and formally adopted prior to the commencement of works on-site and secured via an appropriate worded planning condition. Where possible local employment opportunities should be encouraged.	Minor Beneficial long-term (temporary) for the construction phase

Determinant	Description of the Potential Impact	Significance of Impact on Priority Groups	Priority Groups Most Affected	Impact (Beneficial / Adverse / Neutral)	Duration	Mitigation	Overall Significance
	Operational Phase Evidence highlights that walking and cycling are good for our physical and mental health. Switching more journeys to active travel will improve health, quality of life and the environment. The Proposed Development aims to promote active lifestyles through enabling cycling and walking through and beyond the Site. The layout of the Proposed Development will be designed to encourage pedestrian and cycle travel throughout the Site. These proposals will encourage walking/cycling internalisation within the site and reduce single occupancy car trips. Access to play spaces, community or sport facilities such as sport pitches can encourage physical activity. Open space that is of a higher quality is also more likely to be used for physical activity, social interaction or relaxation. The Proposed Development includes a green infrastructure network, a site for allotments, new public open space, children's play areas and a new community hall which will provide recreational facilities for local groups and encourage social interaction. Healthy developments can reduce health inequalities, reduce obesity and overweight. A review of local food stores in the Local Impact Area showed that there is one convenience store that provides fresh fruit and vegetables, helping to encourage healthy eating.	Major	People on Low Incomes Children and Young People People with existing health issues and disabilities People unable to access services and facilities	Beneficial	Permanent	The Travel Plan includes several measures to reduce the level of single occupancy car trips associated with the Site. Implementation of Landscape Strategy. The provision of amenity spaces to encourage physical activity and social interaction, which is considered beneficial for various groups particularly young and older people, people with mental health issues and health issues. Inclusion of food growing spaces to support both physical and mental health, provide opportunities for social cohesion, support the climate, as well as help to support families who may experience fuel and/or food poverty.	Major Beneficial, permanent for the operational phase.

Determinant	Description of the Potential Impact	Significance of Impact on Priority Groups	Priority Groups Most Affected	Impact (Beneficial / Adverse / Neutral)	Duration	Mitigation	Overall Significance
Social and community influences on health	Construction Phase The provision of local employment opportunities during the construction phase will help improve social cohesion and mental well-being among construction workers. The construction phase will also lead to a new community of workers in the area. Construction activity may cause disturbance and stress to neighbouring residents which can have an adverse effect on physical and mental health. It could temporarily lead to isolation, insecurity and a lack of cohesion amongst the neighbouring residents. These factors indicate that there will be both beneficial and adverse impacts on social cohesion and lifetime neighbourhoods during the construction phase. Before the construction phase, a community consultation exercise has been undertaken as detailed in the Design and Access Statement submitted alongside the application.	Minor	People on Low Incomes People living in areas known to exhibit poor economic and/or health indicators People unable to access services and facilities Unemployed/workless	Adverse	Short-term (temporary)	Implementation of CEMP. Local contractors should be encouraged to use sub-contractors from the local area to reduce journeys to work and the impact of travel on local communities and road network. Local construction colleges could also be contacted in order to seek employment from the local area. Mental Health Awareness Toolbox Talk to be provided to all employees at the Site.	Minor Adverse short-term (temporary) for the construction phase

Determinant	Description of the Potential Impact	Significance of Impact on Priority Groups	Priority Groups Most Affected	Impact (Beneficial / Adverse / Neutral)	Duration	Mitigation	Overall Significance
	Operational Phase The provision of community uses, and landscaped amenity spaces seek to maximise opportunities for social interaction. Networks in a community can help to reduce depression and levels of chronic illness as well as speed recovery after illness and improve well-being. The baseline analysis of community infrastructure in the Impact Area showed that there is an adequate range of facilities. This includes Great Ashby Community Centre which promotes community events which strengthens social cohesion and social pride in the area. The Proposed Development includes a new amenity park with a new community building, sports facilities and pitches, and picnic areas which will provide recreational facilities for local groups. The Community Hub will be a vibrant and welcoming focal point within the development. Designed as a dynamic and inclusive space, it will incorporate land for a new primary school with sports pitches, a community hall, green spaces including a play area, and a civic space that encourages social interaction. It can also be used by the surrounding community. The Proposed Development will also improve natural surveillance to improve safety.	Moderate	People on Low Incomes Children and Young People People living in areas known to exhibit poor economic and/or health indicators People unable to access services and facilities	Beneficial	Permanent	Implementation of Landscape Strategy. The provision of amenity spaces to encourage physical activity and social interaction, which is considered beneficial for various groups particularly young and older people, people with mental health issues and health issues	Moderate Beneficial, permanent, for the operational phase

Determinant	Description of the Potential Impact	Significance of Impact on Priority Groups	Priority Groups Most Affected	Impact (Beneficial / Adverse / Neutral)	Duration	Mitigation	Overall Significance
Living / environmental conditions affecting health	Construction Phase Poor air quality is linked to incidence of chronic lung disease, heart conditions and asthma in children therefore people with respiratory health issues, children and older people are more likely to be vulnerable to a change in air quality. Whilst the health profile indicates that incidences of these diseases within the Local Impact Area are generally lower than across East of England and England, air quality should still be improved wherever possible. The Air Quality Assessment concluded the main likely effects on local air quality during demolition and construction relate to nuisance dust and exhaust emissions from construction vehicles and plant. A Noise Impact Assessment has been carried out by Waterman. During the construction phase an increase in the prevailing conditions are predicted when works are undertaken at the shortest distance to the sensitive receptors (residential housing, schools).	Minor	Children and Young People People living in areas known to exhibit poor economic and/or health indicators	Adverse	Short-term (temporary)	Implementation of measures set out in the Air Quality Assessment. Implementation of a CEMP, with measures including: Agreement of construction traffic movements with NHDC and consideration given to the avoidance, or limited use of roads during peak hours	Neutral for the construction phase

	<u>Operational Phase</u> Research shows that where someone lives can have an impact on their mental health with the quality of the built environment being a determining factor for mental health, with noise, pollution levels, quality of greenspace, access to services and even 'beauty' all playing a part. There are strong links between environmental noise and the impacts on health including sleep disturbance, annoyance, hypertension and related diseases. A Noise Impact Assessment has been carried out by Waterman. The assessment indicates that additional road traffic noise on the existing local road network due to the Proposed Development has been predicted and shown to result in predominantly negligible (less than 1dB which is imperceptible) increases. A relatively large increase in road traffic noise is predicted on Mendip Way which is the access route into the Proposed Development, although the absolute level is predicted to be below the SOAEL. As part of the Air Quality Assessment a detailed modelling exercise has been undertaken to assess likely effects on local air quality associated with changes to road traffic from the Proposed Development. The modelling indicates levels of nitrogen dioxide and particulates would not exceed nationally accepted limits at any of the nearby residential properties or within the Proposed Development in 2030.	Moderate	Children and Young People People living in areas known to exhibit poor economic and/or health indicators	Beneficial	Permanent	The Noise Impact Assessment recommends: Measures will be taken to reduce reliance on the car such as the use of electric HGVs should be encouraged along with training that supports driver efficiency Noise from other sources such as plant noise, servicing and delivery vehicles would be controlled through planning conditions. Mitigation measures will be incorporated as part of the scheme to ensure operational noise is reduced to acceptable levels so as not to cause a nuisance. Plant noise limits have been recommended based on the measured noise levels.	Moderate Beneficial permanent for the operational phase
Economic conditions	<u>Construction Phase</u>	Moderate	People on low incomes	Beneficial	Short-term	The Proposed Development is expected to provide local	Moderate Beneficial

Determinant	Description of the Potential Impact	Significance of Impact on Priority Groups	Priority Groups Most Affected	Impact (Beneficial / Adverse / Neutral)	Duration	Mitigation	Overall Significance
affecting health	The Proposed Development could support 1,498 direct construction jobs and 506 indirect construction jobs over the 5-year duration of the construction works which will positively contribute towards the construction employment sector in the East of England in the medium-term. Furthermore, the construction of the Proposed Development will also support further jobs through the wage spending of construction and supply chain workers in shops, services and other businesses throughout the economy. Employment and income contribute to health and wellbeing. Unemployment can lead to poverty, illness and a reduction in personal and social esteem. Being in employment can also support recovery from both physical and mental illness.		People from ethnic minorities People living in areas known to exhibit poor economic and/or health indicators Unemployed /workless			employment opportunities during the construction phase where appropriate. Contractors will be encouraged, wherever possible, to use sub-contractors from the local area. Applicant should consider the development of an employment and skills plan to ensure local people have access to employment opportunities.	short-term (temporary) for the construction phase

Determinant	Description of the Potential Impact	Significance of Impact on Priority Groups	Priority Groups Most Affected	Impact (Beneficial / Adverse / Neutral)	Duration	Mitigation	Overall Significance
	Operational Phase The Proposed Development will deliver up to 640 new residential dwellings. The Impact Area is particularly deprived in terms of Barriers to Housing and Services and housing is generally less affordable than nationally. Access to decent and adequate housing is critically important for health and well-being, therefore contributing positively to the health of residents. The Proposed Development will generate a small amount of employment associated with the community hub. It is estimated that the Proposed Development could support around three jobs. Moreover, additional spending in the local area from the new residents will contribute to an improved local economy and support spin-off jobs in the supply chain.	Moderate	People on low incomes Unemployed /workless People unable to access services and facilities	Beneficial	Permanent		Minor Beneficial permanent for the operational phase

Determinant	Description of the Potential Impact	Significance of Impact on Priority Groups	Priority Groups Most Affected	Impact (Beneficial / Adverse / Neutral)	Duration	Mitigation	Overall Significance
Access and quality of services	Construction Phase As the Proposed Development site is currently accommodates agricultural land, there will be no disruption to access to existing services. Access to public footpaths in the vicinity of the Site could be disrupted or reduced as a result of route diversions or additional traffic to accommodate the construction activities. Barriers to access to open / amenity space could reduce activity levels, cause disturbance and stress which can have an adverse effect on physical and mental health. For further detail please refer to the Transport Statement.	Minor	Children and Young People People living in areas known to exhibit poor economic and/or health indicators People unable to access services and facilities	Adverse	Short-term, temporary	Implementation of Construction Environment Management Plan	Minor Adverse long-term (temporary) for the construction phase

Determinant	Description of the Potential Impact	Significance of Impact on Priority Groups	Priority Groups Most Affected	Impact (Beneficial / Adverse / Neutral)	Duration	Mitigation	Overall Significance
	Operational Phase The Proposed Development aims to deliver land suitable for a new 2FE primary school and a community facility, new cycle and pedestrian routes, play area and great infrastructure which will help serve local community needs. Convenient access to a range of services and facilities minimises the need to travel and provides greater opportunities for social interaction. For example, shops and services are located within Great Ashby, approximately 0.5km from the Site. Buildings and spaces that are easily accessible and safe also encourage all groups, including older people and people with a disability, to use them. Several non-vehicular links will also be provided to tie into the existing Public Rights of Way and infrastructure along Great Ashby Way. A zebra crossing is also proposed across Mendip Way to the south of the proposed site access. For further details please refer to the DAS and the Transport Assessment submitted with the planning application.	Moderate	Children and Young People People unable to access services and facilities	Beneficial	Permanent	Provision of new commercial space, community and recreation facilities.	Minor Beneficial permanent for the operational phase

Micro-economic, environmental and sustainability factors	<u>Construction Phase</u> During construction, measures will be put in place to promote a healthy environment, including the day-to-day assessment of climatic conditions, and the undertaking of demolition and construction works in line with relevant legislation, regulations and best practice. A range of sustainable design features are proposed, and construction will be responsibly managed to ensure minimal impact on the environment and local community Materials used for the construction of the Proposed Development will be selected in consideration of their environmental effects, and potential impacts on future occupant health. Where appropriate, materials will be procured in line with the recommendations of the Building Research Establishment's (BRE) Green Guide to Specification. Circular economy principles will be embedded to ensure materials are kept at their highest value for as long as possible, and to aid in reducing the generation of waste. In addition to selecting the design and layout of their new home, self-build plot developers will be able to specify the standards to which their new home will be built. This includes aspects such as insulation levels, heating and ventilation and renewable energy technology, which directly affect the energy consumption and therefore carbon dioxide emissions of the home.	Minor	People living in areas known to exhibit poor economic and/or health indicators	Adverse	Short-term, temporary	A CEMP should set out the strategy, control measures and monitoring procedures that will be implemented to manage and mitigate any adverse environmental effects of the construction process.	Minor Adverse long-term (temporary) for the construction phase
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	<u>Operational Phase</u> Energy-efficient homes have broader environmental and pollution benefits which influence public health. There would also be lower energy bills meaning more disposable income for other health-related expenses, such as healthier food, healthcare services, or fitness activities. Financial stability can also reduce stress and contribute to better mental health. The Proposed Development will have high levels of fabric efficiency, and the use of renewable technologies, such as heat pumps, will aid in reducing the demand for energy within the scheme. Electric-only systems will be used to heat and power the buildings to decarbonise in line with the national grid. The incorporation of footpaths and cycleways throughout the proposals will aid in delivering sustainable travel options for future residents. In addition, electric vehicle charging facilities will be provided to support the shift away from fossil-fuel reliant private cars. Developments that take advantage of sunlight and tree planting have the potential to contribute towards mental wellbeing. A landscape-led approach will be adopted, with green infrastructure woven throughout the Site. The Proposed Development has been designed with embedded mitigation, in the form of a SuDS compliant drainage strategy.	Moderate	People living in areas known to exhibit poor economic and/or health indicators	Beneficial	Long-term	Mitigation measures include • Incorporation of planting along internal road verges, hedgerows and car parking areas. • Attenuating surface water in SuDS • Passive and active measures within the design to reduce the energy demand for the site Implementation of Travel Plan Implementation of the Landscaping Strategy	Moderate Beneficial permanent for the operational phase
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6. MITIGATION AND RECOMMENDATIONS

Mitigation and Recommendations

- 6.1 The Proposed Development is expected to result in a range of beneficial health outcomes, notably in relation to employment and expenditure generation as well as provision of new community and recreation facilities which encourages active and healthy lifestyles. The delivery of the commercial space and community facilities will help to serve the needs of the existing and future community.

Construction Phase

- 6.2 During the construction phase there will be an injection of capital into the North Hertfordshire economy, which will provide jobs to local people and spending in the local area. To ensure that the construction jobs utilise the local labour force, a procurement plan could be arranged. This is because employment opportunities generated during both the construction and operational phase will directly help people on low income and indirectly help children as it could provide opportunities for parents or guardians to gain employment increasing household income. This is of particular benefit for the priority group of people living in poverty to gain employment opportunities. Contractors will be encouraged, wherever possible, to use sub-contractors from the local area. This could be through a planning condition which ensures training for construction skills is provided to facilitate employment opportunities for local people.
- 6.3 Environmental control during the construction period will be achieved by the agreement of a Construction Environment Management Plan (CEMP). This will mitigate measures and set parameters for the work needed during the construction process. To ensure that health impacts are minimised in the construction the management plan must be adhered to.

Operational Phase

- 6.4 The assessment has not identified any adverse health impacts once the Proposed Development is operational. Various measures will be implemented to enhance the identified beneficial impacts of the Proposed Development including:
- Measures to reduce reliance on the car such as: new pedestrian and cyclist links that will improve the accessibility and connectivity for existing residents of Great Ashby, a new bus route is proposed to be incorporated within the development; and promoting all forms of sustainable travel through the Travel Plan.
 - A lighting strategy will be implemented to ensure the site is well-lit and safe after dark for pedestrians, to reduce the 'fear of crime' and decrease opportunities for anti-social behaviour or criminal activity. By incorporating design that promotes natural surveillance and social

interaction, it helps to reduce crime and the 'fear of crime', both of which can impact mental wellbeing.

- Implementation of a Landscape Strategy. The provision of amenity spaces to encourage physical activity and social interaction, which is considered beneficial for various groups particularly young and older people, people with mental health issues and health issues. This includes the incorporation of planting along internal road verges, hedgerows and car parking areas.
- Implementation of both passive and active measures within the design to reduce the energy demand for the site.
- Inclusion of food growing spaces to support both physical and mental health, provide opportunities for social cohesion, support the climate, as well as help to support families who may experience fuel and/or food poverty.
- The applicant should consider the development of an employment and skills plan with North Hertfordshire District Council to ensure local people have access to employment opportunities. This could include the development of an employment centre designed to support the health and wellbeing of local employees.

7. SUMMARY AND CONCLUSIONS

- 7.1 This HIA has been prepared by Iceni Projects to identify any potential impacts on the health (both physical and mental) of the new and existing population, construction workers, permanent employees, and visitors to the Site arising from the Proposed Development at land to the north east of Stevenage. The assessment takes into consideration the key determinants of health and, where an impact is identified, actions and measures are recommended to mitigate adverse impacts or secure beneficial impacts.
- 7.2 The baseline assessment provides an overview of the demographic, socio-economic and health profile of the local population. It also sets out the social infrastructure provision within an accessible walkable distance from the proposed development.
- 7.3 Overall, there is a higher proportion of younger people (aged 0-14 and 30-49) in the Local Impact Area compared to the Wider Impact Area and England. Conversely, there is a lower proportion of older people (aged 55 and over) within the Local Impact Area than Wider Impact Area and England.
- 7.4 The Site is situated within an LSOA which performs well for most indicators apart from Barriers to Housing and Services, and Living Environment where it is extremely deprived, being in the 10% of most deprived areas in England. It is within the least deprived areas in terms of health, employment, education, skills and training.
- 7.5 There is an adequate capacity for community and social infrastructure, in line with a semi-rural location. Access to social infrastructure including health care and community facilities can have a significant impact on health and well-being of a population.
- 7.6 The construction phase of the Proposed Development is anticipated to result in short-term (temporary) minor adverse impacts on the following health determinants: social and community influences on health, access and quality of services, and micro-economic, environmental and sustainability factors as a result of the anticipated construction activities. The associated risk to health, particularly for the priority groups identified will be minimised through the implementation of measures set out within the CEMP. The CEMP will set out the strategy, control measures and monitoring procedures that will be implemented to manage and mitigate any adverse environmental effects of the construction process.
- 7.7 The Proposed Development will generate additional employment within the construction sector which would positively contribute to construction workers' incomes and lifestyles. The employment opportunities created would include a range of skill levels and could provide parents and guardians access to employment and thereby could help to reduce child poverty. As outlined in the socio-

economic chapter up to 300 direct construction jobs could be supported per annum over the five-year construction period.

- 7.8 As such, during the construction phase the impact on health determinants: lifestyles, and economic conditions affecting health are considered to be beneficial. Employment and training initiatives should be supported throughout the construction phase which will result in positive health outcomes.
- 7.9 The Proposed Development will provide land suitable for education uses including a 2FE primary school if required.
- 7.10 The Proposed Development promotes active lifestyles through pedestrian and cycling routes. It also includes a green infrastructure network, a site for growing food, new public open space, children's play space, and a new community hub to encourage physical activity and social interaction.
- 7.11 Good design and future management will ensure a beneficial impact on minimising the use of resources and climate change. The Proposed Development aims to achieve Net Zero operational carbon on site. It will also enhance the ecological and biodiversity value through extensive areas of open space and incorporation of planting. This brings wider health benefits as a result of improved air quality and a better-protected natural environment.
- 7.12 In summary, planning should seek to promote health, successful places for people to live and work. This can be achieved through providing the jobs and services that people need, reducing environmental risks and delivering well-designed buildings and spaces which will create conditions for healthy, active lifestyles. It is considered that the proposed development achieves this aim.

A1. HEALTH AND THE BUILT ENVIRONMENT LITERATURE REVIEW

Department of Health and Social Care (2010) Healthy Lives, Healthy People: Our Strategy for Public Health in England

- A1.1 Published in November 2010, the White Paper sets out the Government's long-term vision for the future of public health in England. It aims to create a 'wellness' service (Public Health England) and to strengthen both national and local leadership. It adopts a life-course framework for tackling the social determinants and aims to support healthy communities.
- A1.2 While the White Paper dates to 2010 and has not given rise to legislation, it remains a widely referenced document that provides relevant context for public health and the principles for monitoring health outcome indicators (as used in this assessment).

Department for Environmental Food and Rural Affairs (DEFRA) (2014) Environmental Noise Valuing Impacts on Sleep Disturbance, Annoyance, Hypertension, Productivity and Quiet

- A1.3 The report details current understanding of the links between environmental noise and various effects including sleep disturbance, annoyance, hypertension and related diseases. It also includes some commentary on productivity and the value of quiet areas. The report presents recommended methods to assess these impacts to support policy, programme and project appraisal.

Public Health England (2016) Working Together to Promote Active Travel, A briefing for Local Authorities

- A1.4 Walking and cycling are good for our physical and mental health. Switching more journeys to active travel will improve health, quality of life and the environment, and local productivity, while at the same time reducing costs to the public purse. These are substantial 'win-wins' that benefit individual people and the community as a whole.

Sustrans (2017) Active Travel Toolbox: Linking Active Travel and Public Transport to Housing Growth and Planning

- A1.5 National and Local Policy join up housing and transport needs is becoming normal practice local implementation can be much more challenging. It is therefore essential to continue to share best practice and unlock funding and resources. The Housing Growth and Planning Toolkit therefore focuses on some of the successful approaches and tools local planning authorities and other stakeholders can use to integrate their objectives for housing growth and sustainable transport.

Public Health England (2017) Spatial Planning for Health

- A1.6 Although there is a multitude of guidance supporting and advocating action on the built and natural environment to improve health outcomes, the evidence base underpinning these principles is still a matter of debate amongst the scientific and practitioner communities. The report provide UK-centric

evidence review that analyses and demonstrates the links between health and the built and natural environment.

Department for Environment, Food and Rural Affairs (2018) 25-Year Environmental Plan

- A1.7 This 25-Year Environmental Plan sets out government action to help the natural world regain and retain good health. It aims to deliver cleaner air and water in our cities and rural landscapes, protect threatened species and provide richer wildlife habitats. It calls for an approach to agriculture, forestry, land use and fishing that put the environment first.
- A1.8 The Plan champions sustainable development which is lead by environmental science. It also sets a gold standard in protecting and growing natural capital leading the world in using this approach as a tool in decision-making.

Local Government Association (2018) Developing Healthier Places, How Councils can Work with Developers to Create Places that Support Wellbeing

- A1.9 Through case studies examples to demonstrate how Local Councils can work with developers to bring about and create healthy places as per their local plan policies. The report shares best practice approaches and how to champion healthy places in every development. The outcome of healthy developments they define as reducing health inequalities, reducing obesity and overweight, planning for an ageing population, improving mental health and addressing social isolation.

Healthy Urban Development Unit (2019) Rapid Health Impact Assessment Tool

- A1.10 The Healthy Urban Development Unit (HUDU) provides bespoke advice and support on assessing the health and wellbeing impacts of development. The tool is designed to assess the likely health impacts of development plans and proposals, including planning frameworks and masterplans for large areas, regeneration and estate renewal programmes and outlines and detailed planning applications.

NHS (2019) The NHS Long Term Plan

- A1.11 The Plan looks forward for the next 10 years and acknowledges the redesign of patient care to future proof the NHS for the decade ahead. For the NHS to deliver for patients there are three main areas the NHS seeks to improve:
- Making sure everyone gets the best start in life
 - Delivering world-class care for major health problems
 - Supporting people to age well

RTPI (2020) Mental Health and Town Planning

- A1.12 Where someone lives can have an impact on their mental health with the quality of the built environment being a determining factor for mental health, with noise, pollution levels, quality of greenspace, access to services and even 'beauty' all playing a part. Town planning decisions can therefore impact on mental health.
- A1.13 The practice note gives advice how planners can work within the current UK planning systems and with other professionals to take account for mental health when making changes to the built environment.

Public Health England (2020) Improving Access to Greenspaces

- A1.14 Greenspace, such as parks, woodland, fields and allotments as well as natural elements including green walls, roofs and incidental vegetation, are increasingly being recognised as an important asset for supporting health and wellbeing. This 'natural capital' can help local authorities address local issues that they face, including improving health and wellbeing, managing health and social care costs, reducing inequalities, improving social cohesion and taking positive action to address climate change.

Kellogg College Oxford and Global Centre on Healthcare and Urbanisation (2022) What Creates Healthy Cities?

- A1.15 This report found that there is an inextricable link between place and health, and the recommendation that 'health creation' interventions that improve health and wellbeing should be the determining factor for the built environment, planning and placemaking policies.
- A1.16 The report concludes that if central and local governments give priority to achieving better outcomes for physical and mental health, they will simultaneously address wider inequalities in society, improve the city's economy and productivity, support efforts to combat climate change, and reduce the escalating costs of the NHS and social care.

The Kings Fund (2022) What are health inequalities?

- A1.17 Health inequalities are avoidable, unfair and systematic differences in health between different groups of people. There are many kinds of health inequality and many ways in which the term is used. This means that when 'health inequality' is useful to be clear on which measure is unequally distributed, and between which people.

Spots England (2022) Uniting the Movement

- A1.18 Spots England have set out that their vision for the next ten years is to invest in sport and physical activity to make it a normal part of life for everyone in England, regardless of who you are. To achieve this, they have three key objectives:

-
- Advocating for movement, sport and physical activity
 - Joining forces for the five big issues (recover and reinvent, connecting communities, positive experiences for children and young people, connecting with health and wellbeing and active environments).
 - Creating the catalysts for change

A1.19 To know if they have been successful in their mission for an increase in sports participation, Sports England will measure the success through their Active Lives Survey as well as through key performance indicators to understand the progress that their investment has had.

A2.HEALTH PROFILE

Indicator	Period	016 Ashwell, Weston & Barley		North Herts	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Population								
Resident population (aged 0 to 15)	2022	1,348	17.5%	19.1%	18.5%	0.9%		
Resident population (aged 65 and over)	2022	7,892	25.5%	19.7%	18.6%	0.2%		
Resident population (aged 85 and over)	2022	227	2.9%	3.1%	2.5%	0.0%		
Population density: people per square kilometre	2022	7,735	47	357	438	5		
Deprivation, Housing, and living environment								
Poverty: Index of Multiple Deprivation	2019	-	-	11.6	21.7	2.2		
Poverty: English Indices of Deprivation	2019	-	-	7.9%	12.9%	48.8%		0.9%
Children in poverty: Income Deprivation Affecting Children Index (IDACI) (aged 0 to 15)	2019	-	-	10.6%	17.1%	64.7%		0.9%
Older people in poverty: Income Deprivation Affecting Older People Index (IDAOPI) (aged 60 and over)	2019	-	-	9.2%	14.2%	76.0%		2.0%
Fuel poverty (low income, low energy efficiency methodology)	2023	441	13.3%	8.5%	11.4%	51.1%		2.4%
Employment								
Unemployment: people claiming out of work benefit (aged 16 to 64)	2024/25	-	*	2.3%*	4.1%*	22.0%		0.5%
Long-term unemployment: people claiming out of work benefit for over 12 months (aged 16 to 64)	2024/25	-	*	0.32*	0.51*	5.04		0.00

Indicator	Period	016 Ashwell, Weston & Barley		North Herts	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Behavioural risk factors								
Reception prevalence of obesity (including severe obesity), 3 years data combined	2022/23 - 24/25	-	10.3%	7.1%	9.8%	22.4%		2.5%
Reception prevalence of overweight (including obesity), 3 years data combined	2022/23 - 24/25	-	20.5%	18.3%	22.3%	40.0%		7%
Year 6 prevalence of obesity (including severe obesity), 3 years data combined	2022/23 - 24/25	-	9.5%	15.6%	22.3%	42.9%		7%
Year 6 prevalence of overweight (including obesity), 3 years data combined	2022/23 - 24/25	-	19.0%	27.5%	36.2%	56.5%		7%
Child and Maternal Health								
General fertility rate (women aged 15 to 44)	2018 - 22	281	51.4	58.3	54.6	2.4		
Low birth weight of live babies	2018 - 22	12	4.6%	5.3%	6.8%	16.2%		1.3%
Children and Young people: Health care use								
Emergency hospital admissions: all causes (aged under 5)	2016/17 - 20/21	-	-	163.6	140.7	352.2		24.8
Unintentional and deliberate injuries: emergency hospital admissions in children (aged under 5)	2016/17 - 20/21	-	-	143.1	119.3	363.7		0.0
Unintentional and deliberate injuries: hospital admissions in children (aged under 15)	2016/17 - 20/21	-	-	109.3	92.0	251.2		18.7
Unintentional and deliberate injuries: hospital admissions in young people (aged 15 to 24)	2016/17 - 20/21	-	-	137.7	127.9	733.3		14.4

Indicator	Period	016 Ashwell, Weston & Barley		North Herts	England	England		
		Count	Value	Value	Value	Worst	Range	Best
Emergency Hospital Admissions: Adults								
Emergency hospital admissions: all causes 	2016/17 - 20/21	-	-	88.2	100.0	215.6		31.5
Coronary heart disease: emergency hospital admissions 	2016/17 - 20/21	-	-	73.0	100.0	396.1		23.0
Stroke: emergency hospital admissions 	2016/17 - 20/21	-	-	100.8	100.0	260.9		28.4
Heart attack (myocardial infarction): emergency hospital admissions 	2016/17 - 20/21	-	-	80.9	100.0	318.7		21.4
Chronic obstructive pulmonary disease (COPD): emergency hospital admissions 	2016/17 - 20/21	-	-	86.9	100.0	554.5		9.3
Hospital admissions, harm and injury and Long Term Conditions								
Intentional self-harm: emergency hospital admissions 	2016/17 - 20/21	-	-	66.0	100.0	541.4		10.2
Hip fracture: emergency hospital admissions (aged 65 and over) 	2016/17 - 20/21	-	-	100.6	100.0	527.4		29.3
Alcohol-related conditions: admission episodes (all primary and secondary diagnoses) 	2016/17 - 20/21	-	-	88.6	100.0	391.1		35.9
Hospital admissions for alcohol attributable conditions, narrow definition 	2016/17 - 20/21	-	-	85.4	100.0	471.9		22.6

Indicator	Period	016 Ashwell, Weston & Barley		North Herts	England	England		
		Count	Value	Value	Value	Worst	Range	Best
Life Expectancy								
Life expectancy at birth (Male)	2019 - 23	-	83.5*	81.1	79.1	65.6		

A3.HEALTH DETERMINANTS

Table 7.1 Health Determinants and Potential Health Impacts

Determinants	Potential Health Impacts
Lifestyles: Diet, Physical Activity, Sexual Activity, Use of alcohol, cigarettes, non-prescribed drugs, Other risk-taking activity	Access to healthy and nutritious food can improve diet and prevent chronic diseases related to obesity. People on low incomes, including young families and older people are the least able to eat well because of lack of access to nutritious food. They are more likely to have access to food that is high in salt, oil, energy-dense fat and sugar. Opportunities to grow and purchase local healthy food and limiting concentrations of hot food takeaways can change eating behaviour and improve physical and mental health. The patterns of physical activity established in childhood are perceived to be a key determinant of adult behaviour; a growing number of children are missing out on regular exercise, and an increasing number of children are being diagnosed as obese. Access to play spaces, community or sport facilities such as sport pitches can encourage physical activity. There is a strong correlation between the quality of open space and the frequency of use for physical activity, social interaction or relaxation.
Social and community influences on health: Family organisation and roles, Citizen Power and influence, Social support and social networks, Neighbourliness, Sense of belonging, Local pride, Divisions in community, Social isolation, Peer pressure, Community identity, Cultural and	Friendship and supportive networks in a community can help to reduce depression and levels of chronic illness as well as speed recovery after illness and improve wellbeing. Fragmentation of social structures can lead to communities demarcated by socioeconomic status, age and/or ethnicity, which can lead to isolation, insecurity and a lack of cohesion. Voluntary and community groups, properly supported, can help to build up networks for people who are isolated and disconnected, and to provide meaningful interaction to improve mental wellbeing.

Determinants	Potential Health Impacts
spiritual ethos, Racism and other social exclusion	
Living/environmental conditions affecting health: Built environment, Neighbourhood design, Housing, Indoor environment, Noise, Air and water quality, Attractiveness of area, Green Space, Community Safety, Smell/odour, Waste disposal, Road hazards, Injury hazards, Quality and safety of play area	Access to decent and adequate housing is critically important for health and wellbeing, especially for the very young and very old. Environmental factors, overcrowding and poor sanitation in buildings as well as unhealthy urban spaces have been widely recognised as causing illness since urban planning was formally introduced. Post-construction management also has impact on community welfare, cohesion and mental wellbeing. The quality of the local environment can have a significant impact on physical and mental health. Pollution caused by construction, traffic and commercial activity can result in poor air quality, noise nuisance and vibration. Poor air quality is linked to incidence of chronic lung disease (chronic bronchitis or emphysema) and heart conditions and asthma levels of among children. Noise pollution can have a detrimental impact on health resulting in sleep disturbance, cardiovascular and psycho-physiological effects. Good design and the separation of land uses can lessen noise impacts. Planning and urban design that promotes natural surveillance and social interaction can help to reduce crime and the 'fear of crime', both of which impacts on the mental wellbeing of residents. As well as the immediate physical and psychological impact of being a victim of crime, people can also suffer indirect long-term health consequences including disability, victimisation and isolation because of fear. Community engagement in development proposals can lessen fears and concerns.
Economic conditions affecting health: Unemployment, Income, Economic inactivity, Type	Employment and income is a key determinant of health and wellbeing. Unemployment generally leads to poverty, illness and a reduction in personal and social esteem. Work aids recovery from physical and mental illnesses.

Determinants	Potential Health Impacts
of employment, Workplace conditions	
Access and quality of services: Medical services, Public amenities, Other caring services, Careers advice, Shops and commercial services, Transport including parking, Education and training, Information technology	Strong, vibrant, sustainable and cohesive communities require good quality, accessible public services and infrastructure. Encouraging the use of local services is influenced by accessibility, in terms of transport and access into a building, and the range and quality of services offered. Access to good quality health and social care, education (primary, secondary and post-19) and community facilities has a direct positive effect on human health. Opportunities for the community to participate in the planning of these services has the potential to impact positively on mental health and wellbeing and can lead to greater community cohesion. Convenient access to a range of services and facilities minimises the need to travel and provides greater opportunities for social interaction. Buildings and spaces that are easily accessible and safe also encourage all groups, including older people and people with a disability, to use them. Discouraging car use and providing opportunities for walking and cycling can increase physical activity and help prevent chronic diseases, reduce risk of premature death and improve mental health.
Macro-economic, environmental and sustainability factors: Government policies, Gross Domestic product, Economic development, Biological diversity, Climate	Planning is at the forefront of incorporating sustainability objectives, ensuring economic, environmental and social goals are met. Planning is both trying to reduce carbon emissions and adapt urban environments to cope with higher temperatures, more uncertain rainfall, and more extreme weather events and their impacts such as flooding. Poorly designed homes can lead to fuel poverty in winter and overheating in summer contributing to excess winter and summer deaths. Developments that take advantage of sunlight, tree

Determinants	Potential Health Impacts
	planting and accessible green/brown roofs also have the potential to contribute towards the mental wellbeing of residents. Reducing or minimising waste including disposal, processes for construction as well as encouraging recycling at all levels can improve human health directly and indirectly by minimising environmental impact, such as air pollution.

