

Health Impact Assessment for Proposed Residential Development.

Land at Royal Hill Farm, Spondon, Derby.

Date: August 2023 | Pegasus Ref: P19-2639 R001v4 EC HIA

Author: LD / CD





Document Management.

Version	Date	Author	Checked/ Approved by:	Reason for revision
1	12.10.2022	CD	LD	First draft
2	25.07.2023	AH	LD	Second draft
3	21.08.2023	LD	AS	Final draft
4	30.08.2023	AH	RC	Client comments

Contents.

1. Introduction.....	2
2. Context of Health Impact Assessment.....	3
3. Methodology.....	15
4. Baseline.....	20
6. Conclusions.....	36

Appendices contents.

Appendix I Site Location Plan.....	37
Appendix II Illustrative Masterplan.....	38

1. Introduction

Scheme Description

- 1.1. This Health Impact Assessment (HIA) has been prepared on behalf of Miller Homes in relation to an outline application for a proposed residential development for up to 90 residential dwellings on land at Royal Hill Farm, Spondon, Derby (hereafter referred to as 'the Site').
- 1.2. The proposals are hereafter referred to as the 'Proposed Development'.
- 1.3. The Site is in the administrative area of Derby Council. The Site Location Plan is presented in **Appendix I**.

Report Structure

- 1.4. The remainder of this report is structured as follows:
 - **Section 2 – Overview of Site Location and Proposed Development**, provides a summary of key characteristics of the Site and of the proposals, which forms the basis of this assessment.
 - **Section 3 – Context of the Health Impact Assessment** provides context to the provision of this study including a definition of a HIA, planning policy surrounding the requirement in this context of this specific Proposed Development, and the scope of the study prepared.
 - **Section 4 – Methodology** sets out the process undertaken in respect of the HIA including baseline and identification of impacts.
 - **Section 5 – Baseline** sets out the data collated in respect of the relevant baseline conditions for this site including, but not limited to, population, deprivation, crime, open space and health profile of the local population.
 - **Section 6 – Impacts** sets out the impacts of the HIA aligning with the scope outlined in Section 3 of the study.
 - **Section 7 – Conclusion** provides a summary and conclusion to the assessment presented, including recommendations for any mitigation that may be required following identification of impacts.

2. Overview of Site Location and Proposed Development

Site Location

- 2.1. The site lies directly on the northern edge of Spondon, a suburb located to the north-east of the City of Derby. Spondon is a large suburb, generally rectangular in plan form, extending northwards from the A52 dual carriageway. Spondon is separated from the suburb of Chaddesden to the west, by an area of undeveloped land, defined as “Green Wedge” (GW) in the Derby City Plan. Land further to the north is in the Green Belt. Directly to the east of the site is Spondon, which is residential at this point. Directly to the west of the site is open agricultural land extending to Acorn Way which defines the eastern flank of Chaddesden.
- 2.2. Directly to the north of the site is a disused reservoir which is covered and enclosed by a grassed embankment with an adjacent building. Thereafter, open countryside in agricultural use (mainly arable but with some pasture) extends further north across Lees Brook, to Locko Park, a privately owned 18th century country house (Grade II* listed) and estate.
- 2.3. Directly to the south and south-west of the site, the land within the green wedge is generally undeveloped, and includes smaller scale pastoral fields; larger scale arable fields; a woodland block (including West Park Meadow Nature Reserve); Brookfield, Springfield and Royal Hill Farms; and also Springfield Primary School and West Park Secondary School and their playing fields.
- 2.4. A number of Public Rights of Way (PRoW’s) extend across the wider open countryside to the north, and a number cross the Green Wedge linking Spondon to Chaddesden in a generally east to west alignment.
- 2.5. The site is 4.51 hectares in area and generally rectangular in plan form, with an additional rectangular limb extending from its north-western corner. As such it comprises 4 no. overall field enclosures, or “paddocks”, currently used for horse grazing.
- 2.6. The southern site boundary is defined by a maturely vegetated PRoW, ref. Spondon 7. The eastern site boundary is defined by a fenced private driveway to a neighbouring residence, and by Royal Hill Road and associated vegetation along its southern part.
- 2.7. The western site boundary is slightly articulated and is defined by an intermittent hedgerow with occasional large mature trees. The hedgerow is particularly fragmented and agricultural fencing also runs along its length.

Proposed Development

- 2.8. The planning application seeks outline planning permission with all matters reserved except for means of access into the site from Royal Hill Road for a residential development of up to 90 dwellings including related infrastructure, landscaping and open space. The Illustrative Masterplan is presented in **Appendix II**. This is an illustrative example of how the site could be developed based on the opportunities and constraints of the site.

- 2.9. A residential development area of 2.19 ha is identified which could provide up to 90 dwellings across the Site which would include a range of house types and tenures of varying sizes, including up to 30% affordable housing provision.
- 2.10. The development provides for a new vehicular access into the application site from Royal Hill Road. The access proposals for the scheme are provided on drawing number RHR-BWBGEN-XX-DR-TR-101-S2-P2 – PROPOSED SITE ACCESS ARRANGEMENT. In summary the site would be accessed via a priority-controlled T-junction on Royal Hill Road, the carriageway measures 5.5 metres wide with 2 metres wide footways on both sides of the access. The kerb radii measure 6 metres on both sides of the junction and 43 metres visibility is achievable to both the north and the south.
- 2.11. The development provides for a new vehicular access into the application site from Royal Hill Road. The access proposals for the scheme are provided on drawing number RHR-BWBGEN-XX-DR-TR-101-S2-P2 – PROPOSED SITE ACCESS ARRANGEMENT. In summary the site would be accessed via a priority-controlled T-junction on Royal Hill Road, the carriageway measures 5.5 metres wide with 2 metres wide footways on both sides of the access. The kerb radii measure 6 metres on both sides of the junction and 43 metres visibility is achievable to both the north and the south.
- 2.12. The site also benefits from a wealth of PRow provisions routing through the open fields which surround the site both to the west and north. The development proposals allow access for pedestrians/cyclists onto the public footpath network via links at both the northern and southern extents of the site.
- 2.13. The public open space strategy around the site seeks to retain the existing trees (including four TPO trees) and hedgerows, where possible, using these existing features as the framework for the Masterplan, and the future character of the development. Overall, the site will deliver circa 2.22 ha of public open space. The existing retained features are integrated within a hierarchy of new public spaces, which will provide a variety of uses from natural areas integrating leisure routes and ecological enhancements, to a formal play space in the south of the site.
- 2.14. It is intended that Sustainable Urban Drainage (SuDS) features are integrated within the development to provide additional benefits such as visual amenity and enhanced biodiversity, whilst ensuring the surface water drainage is managed in a considered and sustainable manner. The surface water drainage strategy has been a fundamental part of the development of the overall site development strategy. These areas have been sensitively developed to ensure they appropriately respond to the topography of the site and retain existing trees and hedgerows in-situ as part of a holistic landscape strategy.
- 2.15. Key design principles that have guided the development of the Masterplan are outlined in the Design and Access Statement. These development principles ensure that the development has identified and responded positively to the character of the site and surroundings and respect the local distinctiveness of its context.
- 2.16. Specific principles, character area and street typologies related to layout and detailed design are identified in Section 5 of the submitted Design and Access Statement. These principles are illustrative and will be addressed and confirmed at the time of the submission of a reserved matters application.

- 2.17. The illustrative street typologies have been developed alongside an illustrative strategy for the distribution of each typology around the site. Detailed analysis within the Design and Access Statement demonstrates that the street typologies provide a number of potential design solutions that help create legibility and character across the site.
- 2.18. Ecological enhancement is proposed across the site to deliver an on-site biodiversity net gain. This is through the provision of modified grassland, an orchard, neutral grassland, SUDS, retaining of trees and hedgerows, the planting of tree and hedgerows and improvements to the ditch along the southern boundary of the site. These enhancements deliver a net gain of 11.31%.
- 2.19. Extensive technical work has been undertaken to ensure the proposed development is sustainable, mitigates potential impact to the natural environment and is of a high standard of design. The development of the scheme has included working alongside urban design, highway and drainage engineers, ecology, landscape and heritage consultants, amongst others, to provide the optimum development at this location.

3. Context of Health Impact Assessment

What is a HIA?

- 3.1. Health is defined by the World Health Organization as:

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”¹.
- 3.2. A HIA is commonly defined as:

“A combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population”².
- 3.3. HIA is based upon a socio-economic model of health. It is a tool to organise and appraise both positive (for example, the creation of jobs) and negative (for example, the generation of pollution) impacts on the different affected subgroups of the population that might result from a development.
- 3.4. HIA aims to identify all these effects on health in order to enhance the benefits for health and minimise any risks. The HIA framework moves beyond analysing healthcare services, which help people when they are ill, to assessing the effects of development upon major health assets, which help people stay healthy.
- 3.5. Many factors influence health and well-being. The World Health Organisation (WHO) indicate that the determinants of health include the social and economic environment, the physical environment, and people’s individual characteristics and behaviours³. Within these determinants, there are a number of key themes, these include income and social status, education, physical environment and social support networks.
- 3.6. One of the additional aims of a HIA is to assist public health management planning. Management planning is an impartial output as it proposes ways in which health and health inequalities can be addressed by all parties involved in the physical design of the scheme. In this way, benefits can be embodied within the scheme and extend beyond the life of the HIA itself.
- 3.7. **Figure 3.1** shows the many factors that influence health and well-being. This vision for health was first captured by Dahlgren and Whitehead in their ‘Rainbow of Determinants’ diagram, which depicts all of the wider factors which determine our health and well-being. The factors include housing, community networks, places to play and modes of travel and opportunities

¹ Constitution of the World Health Organisation (adopted by the International Health Conference July 1946. Available at: <https://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf?ua=1>.

² Health impact assessment for intersectoral health policy: a discussion paper for a conference on health impact assessment: from theory to practice: Lehto & Ritsataki, 1999.

³ World Health Organisation (WHO). Determinants of health, February 2017. Available at: [Determinants of health \(who.int\)](https://www.who.int/determinants-of-health). Accessed 22nd February 2022.



to move. These determinants of health are addressed in reference to the proposed development in this HIA.

- National Planning Policy Framework (NPPF) (July 2021)⁷.
- National Planning Practice Guidance (NPPG).
- NHS Long Term Plan (January 2019).
- National Infrastructure Commission consultation (October 2017).
- Health Impact Assessment in Spatial Planning (October 2020)⁸.
- Derby City Local Plan, 2017–2028⁹.
- The Derby Health and Wellbeing Strategy¹⁰.
- Derby City Joint Strategic Needs Assessment 2011¹¹.

HIA of Government Policy

- 3.9. This guide was prepared by Department of Health to help policymakers decide the level of HIA required in preparing policies in the respective local administrations, and then to guide them through the process of undertaking the HIA. As such, plans referred to in paragraph 2.7 of this report are assumed to have been informed, in some form and extent, by the content provided within this guide.

Health Equity in England: The Marmot Review 10 Years On (2020)

- 3.10. The report, published in 2020, reviews the evidence and conclusions made in the Marmot Review of health equality in England in 2010. It identifies that, while life expectancy was projected to improving beyond 2010 Marmot Review, since 2015/16 increases have slowed, and there have been notable deteriorations in physical and mental health and widening health inequalities. The Marmot Review 10 Years On indicates that the conclusion reached in the 2010 Marmot Review is endorsed once again in 2020 publication, and is noted as follows (p.6):

“Health inequalities are not inevitable and can be significantly reduced...avoidable health inequalities are unfair and putting them right is a matter of social justice. There will be those who say that our recommendations cannot be afforded, particularly in the current economic climate. We say that it is inactions that cannot be afforded, for the human and economic costs are too high”.

⁷ National Planning Policy Framework (NPPF), July 2021.

⁸ Health Impact Assessment in Spatial Planning – A guide for local authority public health and planning teams, Public Health England, October 2020. Available at: [Health Impact Assessment in spatial planning \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/92421/Health_Impact_Assessment_in_spatial_planning.pdf).

⁹ Derby City Local Plan – Part 1, Derby City Council, January 2017. Available at: [Core-Strategy_ADOPTED_DEC-2016_V3_WEB.pdf \(derby.gov.uk\)](https://www.derby.gov.uk/media/10000/derby-city-local-plan-part-1-2017.pdf)

¹⁰ Derby Health and Wellbeing Strategy, Derby City Council, 2021. Available at: [Health and Wellbeing Strategy – Plan on a Page \(derby.gov.uk\)](https://www.derby.gov.uk/media/10000/derby-city-local-plan-part-1-2017.pdf).

¹¹ Joint Strategic Needs Assessment (JSNA), Derby City Council, September 2011. Available at: [Microsoft Word – 111123 JSNA 2011_FINAL.docx \(derby.gov.uk\)](https://www.derby.gov.uk/media/10000/derby-city-local-plan-part-1-2017.pdf).

National Planning Policy Framework

- 3.11. The July 2021 National Planning Policy Framework (NPPF) is the main guidance for local authorities when assessing proposed schemes in an area. The NPPF has a section on Promoting Healthy and Safe Communities, which recognises that planning policies and decisions should aim to achieve healthy, inclusive and safe places which:
- Promote social interaction, for example through mixed-use developments, strong neighbourhood centres, and street layouts to allow for easy pedestrian and cycle connections and active street frontages.
 - Are safe and accessible, so crime and disorder, and the fear of crime, do not undermine the quality of life or community cohesion.
 - Enable and support healthy lifestyles where this would address identified local health and well-being needs.
- 3.12. The NPPF states that to deliver the social, recreational and cultural facilities and services a community needs, planning policies and decisions should guard against the unnecessary loss of valued facilities and services. It also highlights the importance of ensuring an integrated approach to considering the location of housing, economic uses and community facilities and services.

National Planning Practice Guidance

- 3.13. The NPPG further strengthens the relationship between health and planning and recommended the use of HIAs where there are expected to be significant impacts on an area. The NPPG highlights that a range of issues can be identified through the plan-making and decision-making processes in respect of health and healthcare infrastructure, including how:
- Development proposals can support strong, vibrant and healthy communities and help create healthy living environments, which should include making physical activity easy to do and create places and spaces to support community engagement and social capital.
 - The healthcare infrastructure implications of any relevant proposed local development should be considered.
 - Opportunities for healthy lifestyles have been considered, for example planning for an environment that supports people of all ages in making healthy choices, helps to promote active travel and physical activity.
 - Potential pollution and other environmental hazards, which might lead to an adverse impact on human health, are accounted for in the consideration of new development proposals.
 - Access to the whole community, by all sections, whether able bodied or disabled, has been promoted.

NHS Long Term Plan

3.14. In January 2019, the Five Year Forward View was superseded when the NHS published their Long-Term Plan¹². The Long-Term Plan focuses on three key objectives:

- **Making sure everyone gets their best start in life:** this includes reducing mother and child deaths during birth, providing extra support for expectant mothers at risk of premature births, taking further action on childhood obesity and providing the right care for children with a learning disability.
- **Delivering world-class care for major health problems:** this includes preventing 150,000 heart attacks, strokes and dementia cases providing education and exercise programmes to patients with heart problems to help prevent premature deaths, save more lives by diagnosing cancer early and spending at least £2.3billion more a year on mental health care.
- **Supporting people to age well:** this includes increasing funding for primary and community care, bringing together different professionals to coordinate care better and making further progress on care for people with dementia.

3.15. To ensure the delivery of the Long-Term Plan and to overcome the challenges faced by the NHS, such as staff shortages and growing demand for services, the Plan sets out the following:

- **Doing things differently:** people will be given more control over their own health and the care they receive and there will be encouragement to have more collaboration between GPs, their teams and community services.
- **Preventing illness and tackling health inequalities:** there will be increased contribution to tackling the most significant causes of ill health including stopping smoking, overcoming drinking problems and avoiding type 2 diabetes.
- **Backing our workforce:** there will be an increase in the NHS workforce, training and recruiting more professionals and making the NHS a better place to work.
- **Making better use of data and digital technology:** there will be more convenient access to services and health information for patients and the improvement to the planning and delivery of services based on the analysis of patient and population data.
- **Getting the most out of taxpayers' investment in the NHS:** there will be continued work with doctors and other health professional to identify ways to reduce duplication in how clinical services are delivered, make better use of the NHS' combined buying power to get commonly used products for cheaper, and reduce spend on administration.

¹² The NHS Long Term Plan: NHS, January 2019.

National Infrastructure Commission

- 3.16. The National Infrastructure Commission's October 2017¹³ consultation on a National Infrastructure Assessment sets out the need to support growth in a way that enhances people's quality of life. Green infrastructure, such as sustainable drainage systems, is identified as a way of delivering infrastructure services and providing a more pleasant environment.
- 3.17. A particular issue of relevance identified in the consultation is air pollution – mainly emitted by road transport – as it remains the largest risk to public health quality of life, productivity and the natural environment. The document states that new public transport, cycling and walking infrastructure is vital to tackling urban congestion and promoting healthy growth.

Health Impact Assessment in Spatial Planning

- 3.18. The Health Impact Assessment in Spatial Planning guide was published in 2020 by Public Health England (PHE) and aims to guide the use of HIA in respect of consideration of development proposals. It puts people and their health at the heart of the planning process and supports the use of HIA in the planning system to address local health and wellbeing needs and tackle inequalities through influencing the wider determinants of health.
- 3.19. The guide indicates the process a HIA should follow (Screening, Scoping, Assessment, Reporting and Monitoring), and advises on the types of HIA that can be undertaken and the decision-making process to determine the appropriate option to take forward.
- 3.20. A HIA should identify positive and negative impacts of a proposal and identify measures to both maximise the positives and minimise the negatives. Overall, the output of the HIA can help to identify a set of evidence-based practical recommendations to promote and protect the health of local communities.

Derby City Local Plan, 2017–2028

- 3.21. The Derby City adopted Local Plan has a spatial objective relating to health (SO9) which is: 'to increase the opportunity for people to socialise, play, be physically active and lead healthy lifestyles through a network of high quality, safe and accessible green infrastructure, sporting facilities, walking and cycling routes to help Derby become one of the most active cities in the country and tackle the incidence of premature deaths and childhood obesity.'
- 3.22. Developers have a role in this objective which is outlined in the placemaking principles which state that good urban design can benefit residents' health and wellbeing. The need to raise the overall design standard of the city is therefore a key theme that runs through the core strategy.

¹³ *Congestion, Capacity, Carbon: Priorities for National Infrastructure – Consultation on a National Infrastructure Assessment*: National Infrastructure Commission, October 2017.

Derby Health and Wellbeing Strategy

3.23. The Derby Health and Wellbeing Strategy sets out the vision '*to improve the health and wellbeing of the people of the city and to reduce inequalities*'. Forming this vision are the following objectives:

- The people of Derby will have the best start in life.
- The people of Derby will stay well.
- The people of Derby will age well and die well.

3.24. These objectives will be achieved by looking at a number of areas such as wider determinants of health, health behaviours and lifestyles, integrated health and care system and communities.

Derby City Joint Strategic Needs Assessment (JSNA), 2011

3.25. The 2011 JSNA provides information and detail to support strategic priority setting and planning. The purpose of the JSNA is to identify the current and future health and wellbeing needs of the local population. This is to support effective strategic planning, priority-setting and commissioning decisions to improve the health and wellbeing of the people of Derby and reduce health inequalities.

3.26. The key points of the assessment are as follows:

- Derby has more young people participating in sport per week and gaining a GCSE pass (5A*-C) than the national average; excellent smoking quit rates and decreasing mortality rates from cardiovascular disease.
- Derby's population is growing in terms of size and diversity and has a changing age profile. Service provision needs to reflect this.
- Derby remains comparatively deprived – ranked 88th (of 326) most deprived local authority. Levels of deprivation vary substantially across the city.
- Around a third of private sector dwellings are classed as 'non-decent' and there were over 7,000 applicants for social housing in March 2011.
- Derby has a higher than average: proportion of people smoking; alcohol related harm; number of problematic drug users.
- The numbers of people in the city who are blind, partially sighted or have a visual impairment are predicted to increase year-on-year, as are the number of people with physical disabilities.
- Mortality rates from cardiovascular disease have reduced substantially but remain higher than the national average.
- Premature mortality from cancer had been reducing since 1999 but increased in 2007 and 2008 and is now significantly higher than the national rate.

- There are increasing numbers of: children on child protection plans; referrals relating to safeguarding and family support; looked after children.
- Wide variation in deprivation, need and outcomes across the city's wards.

3.27. The report explains that housing is a key determinant of health, with poor quality housing being intrinsically linked with poor health. Poor housing conditions continue to cause preventable deaths, illness and accidents; they contribute to health inequalities, impact on peoples' life expectancy and on their overall quality of life.

3.28. People are able to enjoy a better home environment, enhanced quality of life, improved health and general well-being when they are warm, safe and secure in their own home – and where that can be achieved, they are at significantly reduced risk of accident and housing related poor health.

4. Methodology

Aims of the HIA

4.1. The aims of the HIA are twofold:

- To identify the potential impacts on health and well-being arising from both the construction and operation of the Proposed Development.
- To identify ways to minimise any negative impacts and enhance any potentially positive impacts.

Screening for HIA

4.2. A review of Derby City Local Plan (adopted 2017) indicates no specific requirement for a HIA in respect of planning applications. Furthermore, a HIA is not listed on the Council's validation checklist. Nevertheless, in pre-application correspondence to date in respect of the Proposed Development, DCC has identified health impacts as being relevant to this proposal. As such, the Applicant is opting to submit a HIA which considers a range of potential health and wellbeing impacts, both positive and negative, to inform the design evolution, and the planning application and determination process.

Scope of HIA

- 4.3. This HIA is aligned to the Healthy Urban Development Unit (HUDU) Rapid HIA Tool¹⁴, recognised as a best practice tool in the UK at the present time. It is designed to assess the healthy impacts of development plans and proposals, including planning frameworks and masterplans for large areas, regeneration and estate renewal programmes, and outline and detailed planning applications. It guides the identification of determinants of health which are likely to be influenced by the development proposal for which the tool is being applied. The tool encourages the active prioritisation of key impacts, rather than aim to identify all potential impacts which might have some relevance and influence on health determinants of the study area and relevant receptors. The tool encourages cross-referencing of any additional, relevant, technical reports, to inform the assessment. Ultimately, it should aid the identification of appropriate action to address any negative impacts and maximise benefits.
- 4.4. The Rapid HIA Tool provides an assessment matrix that includes for eleven broad determinants. A review of the range of determinants to be considered in the assessment has been undertaken in the context of the Proposed Development to ascertain which are most relevant and contribute to a meaningful and proportionate assessment. The full range of eleven determinants considered in the scope of the HIA are as follows:
- Housing Design and Affordability.
 - Access to health and social care services and other social infrastructure.

¹⁴ HUDU Planning for Health – Rapid Health Impact Assessment Tool (Fourth Edition); HUDU; NHS, October 2019.

- Access to open spaces and nature.
- Air quality, noise and neighbourhood amenity.
- Accessibility and active travel.
- Crime reduction and community safety.
- Access to healthy food.
- Access to work and training.
- Social cohesion and inclusive design.
- Minimising use of resources.
- Climate change.

Study Area

- 4.5. The geographical area that will be influenced by the Proposed Development varies depending on the health determinant category being addressed. This is borne from the fact that the determinants considered in the scope of a HIA are varied in nature and focus and therefore the study area needs to reflect this to be able to ensure all appropriate receptors and impacts are identified during the course of the assessment. As such, the study area ranges include:

- Local – the geographical area in the immediate vicinity of the Site, considering social receptors and impacts located within walking distance of the Proposed Development.
- District – the wider Derby District, considering for impacts (for example, in relation to employment and training) that have influence beyond the immediate area and extend into the wider local economy.

Receptors Potentially Affected

- 4.6. Receptors of the Proposed Development in respect of HIA include:

- Existing residents within close proximity of the Site.
- Future residents of the Proposed Development.
- People using existing amenities in local area.

Summary

- 4.7. A summary of the scope of the HIA including health determinant categories identified as being relevant to this Proposed Development, relevant study area, potential receptors, and potential impacts of the Proposed Development that will be considered in more detail in Section 6 of this study are presented in **Table 4.1**.

Table 4.1: Scope of HIA

Health Determinant Category	Relevant Study Area Considered	Potential Receptors	Potential impact from Proposed Development
Housing design and affordability	<ul style="list-style-type: none"> Local District 	<ul style="list-style-type: none"> Future residents Existing residents in nearby communities 	Scheme design, objectives and benefits of new built environment
Access to health and social care services and other social infrastructure	<ul style="list-style-type: none"> Local 	<ul style="list-style-type: none"> Future residents People using existing services in the local area 	Demand for services (including but not limited to GPs, dentists, hospitals)
Access to open spaces and nature	<ul style="list-style-type: none"> Local 	<ul style="list-style-type: none"> Future residents Existing residents in nearby communities 	Demand on existing and new open space
Air quality, noise and neighbourhood amenity	<ul style="list-style-type: none"> Local 	<ul style="list-style-type: none"> Existing residents in nearby communities 	Construction impacts, beneficial impacts of scheme design
Accessibility and active travel	<ul style="list-style-type: none"> Local 	<ul style="list-style-type: none"> Future residents 	Opportunities and accessibility in respect of non-car travel, scheme design
Crime reduction and community safety	<ul style="list-style-type: none"> Local District 	<ul style="list-style-type: none"> Future residents Existing residents in nearby communities 	Scheme design, social cohesion of new residents with existing community

Health Determinant Category	Relevant Study Area Considered	Potential Receptors	Potential impact from Proposed Development
Access to healthy food	<ul style="list-style-type: none"> Local 	<ul style="list-style-type: none"> Future residents Existing residents in nearby communities 	Accessibility of existing and future residents to availability of health food ranges
Access to work and training	<ul style="list-style-type: none"> District 	<ul style="list-style-type: none"> Future residents Existing residents in nearby communities 	Creation of construction jobs, provision of labour supply, local expenditure.
Social cohesion and inclusive design	<ul style="list-style-type: none"> Local 	<ul style="list-style-type: none"> Future residents Existing residents in nearby communities 	Integration with existing community and social infrastructure, accessibility
Minimising the use of resources	<ul style="list-style-type: none"> Local 	<ul style="list-style-type: none"> Future residents Existing residents in nearby communities 	Prioritisation of zero waste hierarchy to minimise negative direct impact on the environment and indirect impacts on local communities
Climate change	<ul style="list-style-type: none"> Local District 	<ul style="list-style-type: none"> Future residents Existing residents in nearby communities 	Opportunities for use of natural resources to minimise direct and indirect impacts relating to climate change

5. Baseline

Introduction

5.1. A review of the local conditions relative to health and well-being has been undertaken to provide a baseline against which the potential impacts can be assessed, and recommendations developed. The baseline includes coverage of the following:

- Population.
- Deprivation.
- Employment.
- Unemployment.
- Education provision.
- Healthcare provision.
- Open space and public realm.
- Crime.
- Health characteristics of the local population.

Local Area Profile

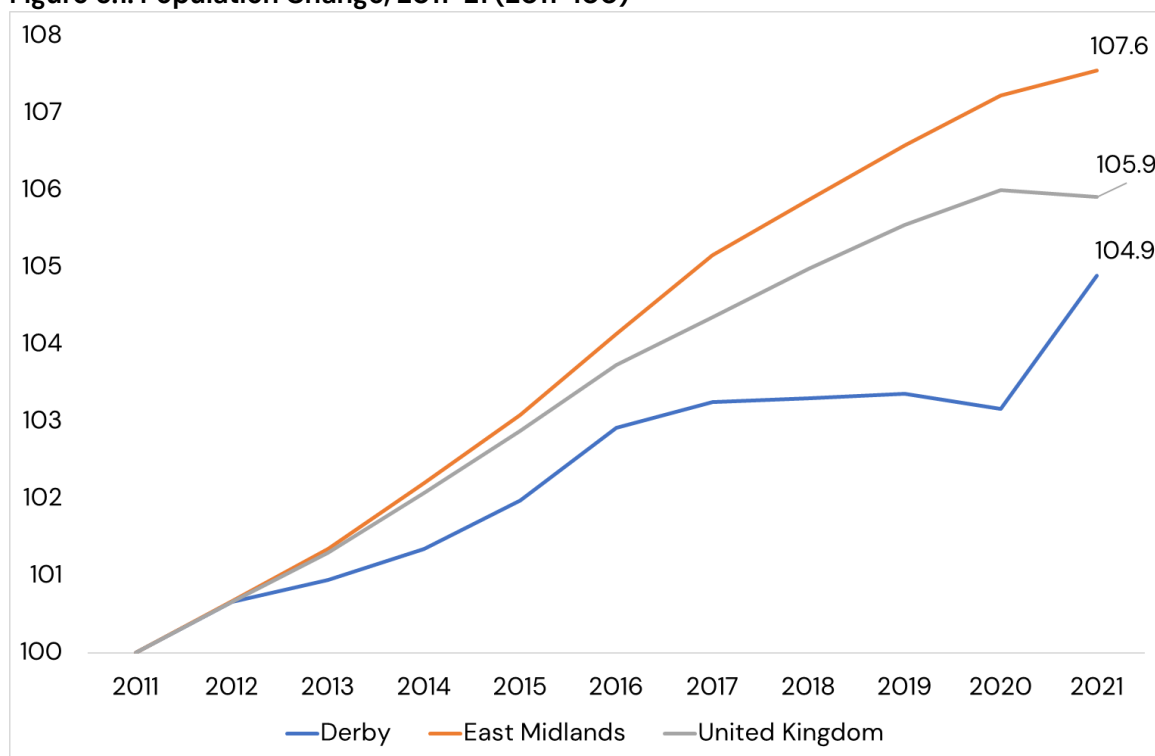
5.2. The Site falls within the Derby O10C Lower Super Output Area (LSOA). Up to date population and health related data at LSOA level is available from the Index of Multiple Deprivation (2019). This data is used to assess the immediate development area while other data in the profile relating to general health, housing and active travel, applies at district and ward level in order to provide more recent data than the 2011 Census which is now considered of limited value due to its age.

Population

Population Estimates

5.3. Figure 5.1 shows the population change in Derby and regional and national comparators between 2011 and 2021. In this time the population of Derby grew by 4.9%. This is an absolute increase of 12,193. This compares to a population growth of 7.6% in East Midlands and 5.9% in the United Kingdom.

Figure 5.1: Population Change, 2011–21 (2011=100)



Source: ONS, Population Estimates

- 5.4. The fastest growing age group in Derby were those aged 65 and over which increased by 13.6% (5,155) between 2011 and 2021. The number of people aged 0–15 grew by 2.8% (1,430), and those aged 16–64 grew by 3.5% (5,608). Although those aged over 65 was the fastest growing age group in the East Midlands and the United Kingdom, the regional growth rate (22.8%) and national growth rate (19.9%) were significantly higher than the growth rate in Derby.

Population Projections

- 5.5. Tables 5.1–5.4 show the population projections in Derby, East Midlands, and England up to 2038. In all areas the fastest growing age group is projected to be those aged 65 and over with a growth of 36.3% in Derby, 43.1% in East Midlands, and 40.8% in England up to 2038. The number of people aged 0–15 is projected to fall by 7.7% in Derby, increase by 1.3% in the East Midlands, and fall by 3.5% in England in the same time period. The working age population is set to grow at all spatial scales, but by a much smaller proportion than those aged 65+; increase by 1.3% in Derby, increase by 5.6% in the East Midlands and by 2.9% in England. This means that it already is, and will further become, increasingly important to create employment opportunities within the area to attract people of working age to the area.

Table 5.1: Population Projections in Derby, 2018–38

	2018	2038	Absolute Change	% Change
0–15	53,993	49,851	–4,142	–7.7%
16–64	161,305	163,363	2,058	1.3%
65+	41,876	57,069	15,193	36.3%
Total	438,727	459,204	13,109	5.1%

Source: ONS, Population Projections

Table 5.2: Population Projections in East Midlands, 2018–38

	2018	2038	Absolute Change	% Change
0–15	893,824	905,068	11,244	1.3%
16–64	2,983,294	3,149,389	166,095	5.6%
65+	927,031	1,326,829	399,798	43.1%
Total	4,804,149	5,381,271	577,122	12.0%

Source: ONS, Population Projections

Table 5.3: Population Projections in England, 2018–38

	2018	2038	Absolute Change	% Change
0–15	10,748,458	10,370,237	–378,221	–3.5%
16–64	35,049,467	36,066,076	1,016,609	2.9%
65+	10,179,253	14,329,964	4,150,711	40.8%
Total	55,977,178	60,766,251	4,789,073	8.6%

Source: ONS, Population Projections

Deprivation

- 5.6. The 2019 Index of Multiple Deprivation (IMD 2019) provides an indication of the average levels of deprivation for Lower Layer Super Output Areas (LSOAs) across England. The index provides an overall assessment of the average levels of deprivation as well as an assessment against domains of deprivation. In total, England has 32,844 LSOAs.
- 5.7. The scheme falls within Derby O10C, which has an overall rank of 28,949. When looking at individual domains of deprivation, Derby O10C has its highest rank in Health with a rank of 17,869. Its lowest rank in an individual domain is in the income domain, which is 28,265.
- 5.8. The full list of domain rankings for Derby O10C is set out in Table 5.4 below. The lower the number the more deprived the area is relative to other LSOAs nationally.

Table 5.4: Derby O10C IMD 2019 Domain Rankings

IMD 2019 Domain	Derby O10C Rank (out of 32,844, 1 being the most deprived)
Overall IMD	28,948
Income	28,265
Employment	22,983
Education & Training	27,352
Health	17,869
Crime	27,172
Barriers to Housing and Services	31,399
Living Environment	21,084

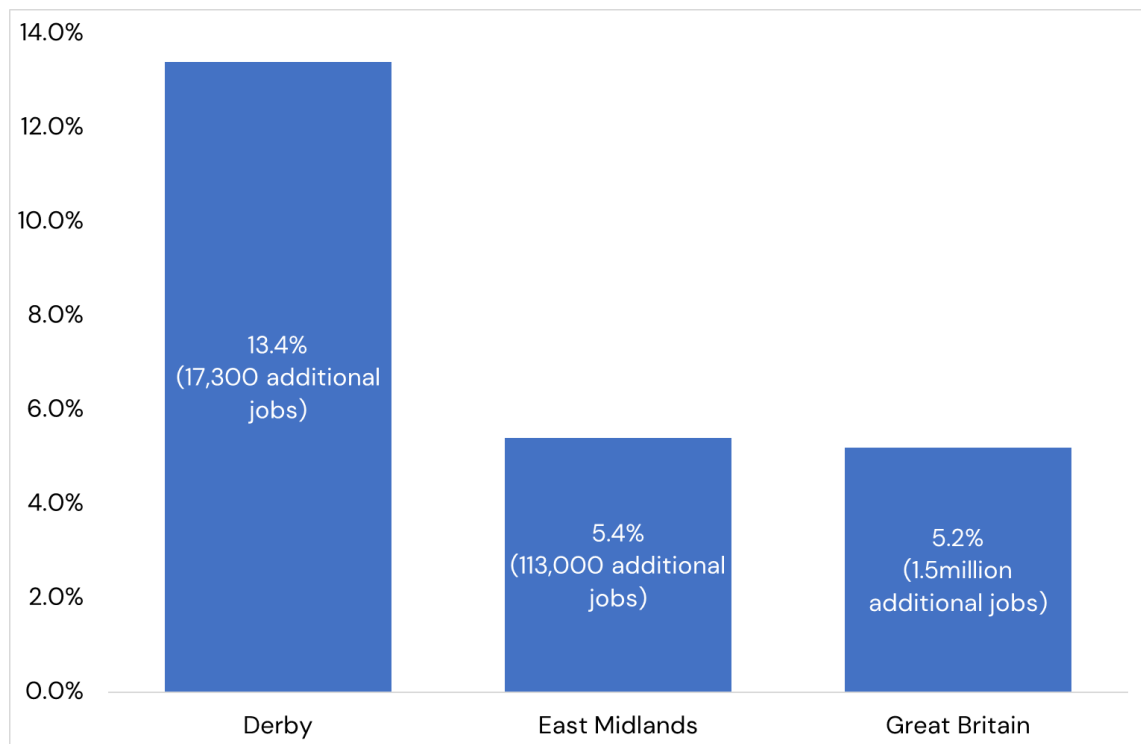
Source: Ministry for Housing, Communities & Local Government

Employment

- 5.9. Based on the most recent data from the Business Register & Employment Survey (BRES) published by ONS, in 2021 there were around 146,375 jobs in Derby.

Between 2015 and 2021, Derby experienced an employment increase of 13.4% (17,300 additional jobs – see Figure 5.2). This was significantly higher than the 5.4% employment growth (113,000 additional jobs) for the East Midlands and the 5.2% growth for Great Britain (1.5million additional jobs). The Proposed Development will create new job opportunities for residents and people living in the wider area so that growth can remain above regional and national growth rates. This point is particularly important considering the long-term impact which the Covid-19 pandemic is expected to have on the economy.

Figure 5.2: Employment Change, 2015–21



Source: ONS, Business Register & Employment Survey

- 5.10. Figure 5.3 shows the employment change in Derby, the East Midlands, and Great Britain for 2019–2020, reflecting the impact of the COVID-19 pandemic on the labour market. In this time areas experienced a decline in jobs. Derby experienced a decline (2% – 2,850 fewer jobs) larger than the East Midlands (1.3% – 29,000 fewer jobs) and Great Britain (1.7% – 542,000 fewer jobs). Set in the context of the overall rise of 9.9% jobs between 2015 and 2020, compared to much lower increases at the regional and national scale, the employment market at the local scale is arguably strong and has great potential to regain its pre-pandemic upward trend and continue growing.

Figure 5.3: Employment Change, 2019–20



Source: ONS, Business Register & Employment Survey

- 5.11. Table 5.4 shows employment by sector in all comparator areas. In Derby, public administration, education and health accounts for the highest proportion of jobs accounting for 30.7% (45,000 jobs) of total employment. This is slightly above the figures for the East Midlands (25.6%) and Great Britain (26.3%). Construction accounts for 3.4% of employment, which is below the regional and national figures. This sector is likely to see new opportunities created during the build phase of the scheme so is expected to boost the proportion of workers in construction for the duration of the build programme.

Table 5.4: Employment by Sector, 2021

	Derby	East Midlands	Great Britain
Agriculture, mining, utilities etc.	3.2%	3.3%	2.8%
Manufacturing	14.3%	11.6%	7.4%
Construction	3.4%	4.9%	5.0%
Wholesale & retail	12.3%	16.2%	14.4%
Transport & storage	4.8%	6.4%	5.1%
Accommodation & food services	6.1%	6.6%	7.5%
Information & communication	2.7%	2.9%	4.3%
Business, financial & professional services	19.0%	18.2%	23.0%
Public admin, education & health	30.7%	25.6%	26.3%
Arts, entertainment, recreation & other services	3.4%	4.4%	4.3%

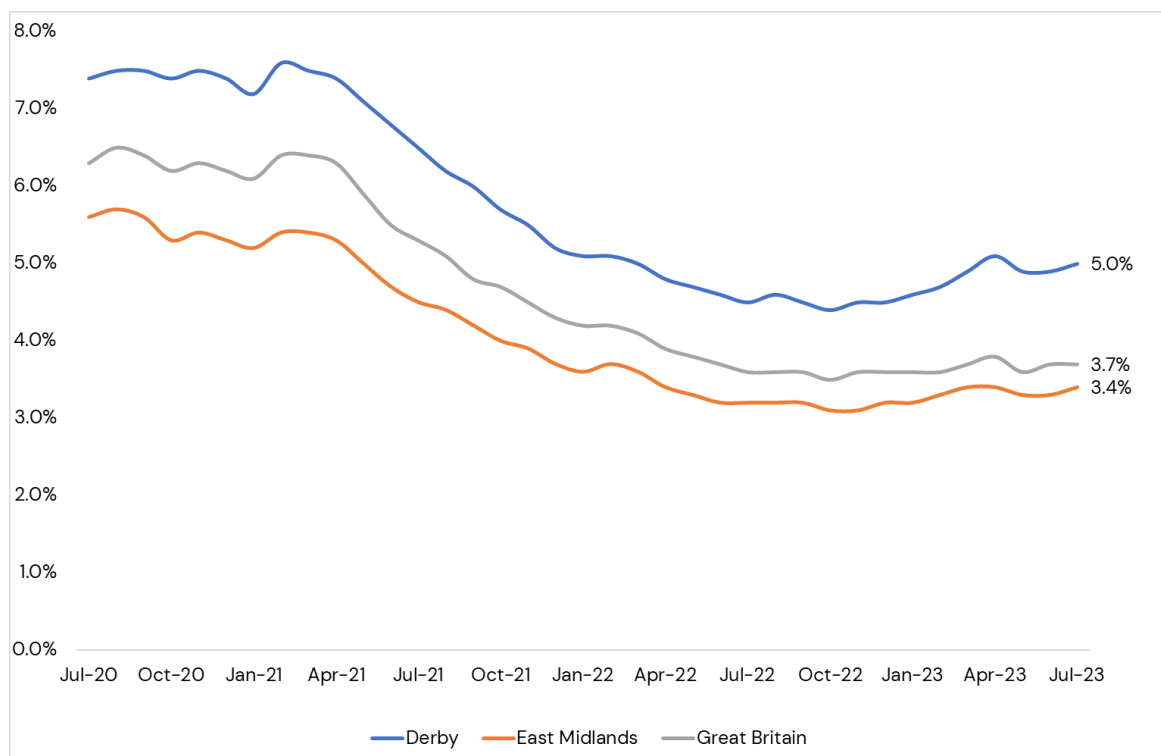
Source: ONS, Business Register & Employment Survey

Unemployment

- 5.12. The most accurate measure of unemployment at the current time is the claimant count, which counts the number of people claiming Jobseeker's Allowance plus those who claim Universal Credit and are required to seek work and be available for work.

- 5.13. Figure 5.4 shows the claimant count in Derby, East Midlands, and Great Britain for every month from July 2020 to July 2023, expressed as a proportion of residents aged 16–64. For all areas shown in the chart, the claimant count is relatively high between July 2020 and February 2021, which will be down to the impact of Covid-19. This is down in part to more people claiming unemployment-related benefits and also because of changes made to the system by government which means more people are eligible to claim benefits.
- 5.14. ONS state that enhancements to Universal Credit as part of the UK Government's response to the coronavirus mean that an increasing number of people became eligible for unemployment-related benefit support despite still being in work. Consequently, changes in the claimant count will not be wholly because of changes in the number of people who are not in work. It is not possible to identify to what extent people who are employed or unemployed have affected the numbers.
- 5.15. In July 2020, the claimant count in Derby was 7.4%. At the height of the pandemic, it reached 7.6%, but has since fallen to 5%. This rate is 1.6% higher than the rate in the East Midlands (3.4%), and 1.3% higher than the rate for Great Britain (3.7%). The comparator areas experienced smaller increases than the increase seen in Derby in the timeframe.
- 5.16. Changes to the benefits system which came into force at the beginning of October 2021 may mean the claimant count starts to drop at a slightly faster rate, however it is still reasonable to assume that the legacy effects of the pandemic mean it will be higher than it was pre-March 2020. This makes it imperative that new job opportunities are created in all parts of the country over the next few years and bring the claimant count rate in the local area more in line with regional and national trends.

Figure 5.4: Claimant Count as % of Residents aged 16–64, 2020–23



Source: ONS, Claimant Count

Education Provision

- 5.17. Local Education Authorities (LEA) have a statutory duty to secure sufficient school places within their area. The school that any particular child attends is a matter of parental choice subject to availability of capacity at the selected school. It is always subject to the overriding requirements of any published admission criteria that the school has, as well as the appeals procedure for individual pupils.
- 5.18. The Home to School Travel and Transport Guidance¹⁵, published by the Department for Education in June 2014 is largely derived from the Education and Inspections Act 2006¹⁶. The Act states that the statutory walking distances are two miles for children aged under eight, and three miles for children aged eight and over. When looking at current school provision around the Site, the current capacity of primary schools has been taken from a 2-mile radius and secondary schools have been taken from a 3-mile radius.
- 5.19. Table 5.5 presents the capacity of the primary schools within a 2-mile radius of the site. Within two miles, there is a combined capacity of 357 primary school places.

Table: 5.5: Capacity of Primary Schools

School	Distance from Site	Capacity	No. of Pupils on Roll	Surplus/Deficit
Springfield Primary School	0.18 miles	344	341	3
St Werburgh's CofE Primary School	0.36 miles	315	313	2
Borrow Wood Primary School	0.54 miles	472	346	126
Cherry Tree Hill Primary School	0.74 miles	630	633	-3
Chaddesden Park Primary School	0.81 miles	420	316	104
Asterdale Primary School	0.93 miles	210	237	-27
Cavendish Close Junior Academy	1.11 miles	360	309	51
Meadow Farm Community Primary School	1.12 miles	284	174	110
Cavendish Close Infant School	1.19 miles	270	271	-1
St Alban's Catholic Voluntary Academy	1.32 miles	315	347	-32
Ashbrook Junior School	1.58 miles	210	167	43
Ashbrook Infant School	1.58 miles	136	169	-33
Redhill Primary School	1.62 miles	210	221	-11
Parkview Primary School	1.75 miles	210	242	-32
St John Fisher Catholic Voluntary Academy	1.9 miles	230	200	30
Roe Farm Primary School	1.98 miles	455	428	27
Total	-	5,071	4,714	357

Source: Get information about Schools, Gov.uk (Accessed: 03/07/2023)

- 5.20. Table 5.6 presents the capacity of the secondary schools within a 3-mile radius of the site. Within three miles, there is a combined capacity of 826 secondary school places.

¹⁵ New Home to School Travel And Transport Guidance: Department for Education, March 2014.

¹⁶ Education and Inspections Act 2006: <https://www.legislation.gov.uk/ukpga/2006/40/contents>

Table: 5.6: Capacity of Secondary Schools

School	Distance from Site	Capacity	No. of Pupils on Roll	Surplus/Deficit
West Park School	0.28 miles	1,390	1,442	-52
Lees Brook Community School	0.94 miles	1,147	1,123	24
Da Vinci Academy	2.05 miles	750	666	84
UTC Derby Pride Park	2.27 miles	600	167	433
Landau Forte College	2.74 miles	1,125	1,132	-7
Alvaston Moor Academy	2.9 miles	1,200	856	344
Total	-	6,212	5,386	826

Source: Get information about Schools, Gov.uk (Accessed: 03/07/2023)

Healthcare Provision

- 5.21. Table 5.7 below provides an overview of the practice size and the patient number for the surgeries identified above. This gives an indication as to whether there is capacity for the existing surgeries to absorb additional patients having regard to the number of patients per GP.
- 5.22. The Centre for Workforce Intelligence¹⁷ identified that across England in 2013, there were an average of 5.96 GPs per 10,000 patients. This translates to between 1,620 and 1,680 average no. patients per GP.

Table 5.7: GP Services within 2 Miles of the Site

GP Practice	Distance from Site	Number of Patients	Number of GPs	Patient-to-GP Ratio	Accepting new patients
Chapel Street Medical Centre	0.3 miles	12,659	6.24	2,028.7	Yes
Derwent Valley Medical Practice	0.4 miles	11,537	5.56	2,075.0	Yes
The Park Medical Practice	1.1 miles	28,304	12.29	2,303.0	Yes
Overdale Medical Practice	1.5 miles	11,446	9	1,271.8	Yes
Oakwood Medical Centre	1.6 miles	9,094	4.11	2,212.7	Yes
Total	-	73,040	37.2	1,963.4	-

Source: NHS Choices

- 5.23. Within two miles of the Site there are 5 GP services, with the closest being The Chapel Street Medical Practice which is 0.3 miles away and has a Patient-to-GP ratio of 2,028.7. The total ratio for these practices is 1963.4.

¹⁷ July 2014, In-depth review of the general practitioner workforce, Centre for Workforce Intelligence on behalf of the Department of Health.

Open Space and Public Realm

- 5.24. The Local Plan for Derby sets out the open space standards as set out in Table 2.8.

Table 5.8: Open Space Standards in Derby

Open Space Type	Accessibility
City Parks	0.5 miles
District Parks	0.75 miles
Neighbourhood Parks	0.5 miles
Natural and semi-natural green space	0.5 miles
Children's play areas	0.5 miles
Facilities for young people	0.75 miles
Allotments	0.75 miles

- 5.25. Within 0.75 miles of the site there are a number of recreational areas and open space. These are outlined below in Table 5.9.

Table 5.9: Open Space within 0.75 miles of the site

Open Space	Accessibility
Brunswood Park	0.5 miles
West Park Meadow Nature Reserve	0.5 miles
South Avenue Park	0.7 miles

Crime

- 5.26. Based on data from LG Inform¹⁸, Derby had a significantly higher rate of recorded offences per 1,000 population in Q1 2023 at 114.70. This compares to an average rate of 78.93 across the East Midlands but it does represent a decrease of 3.3% between Q1 2022 and Q1 2023.
- 5.27. The rate of violent crime in Derby was at a rate of 42.3 per 100,000 population for the period 2018/19–20/21. This was higher than the crime rate seen in England (41.9 per 100,000 population) for the same period.

Health Characteristics of Local Population

- 5.28. According to data from Public Health England¹⁹, overall, in Derby, many health indicators are worse than the England average. Average life expectancy for males in Derby was 77.7 in 2018–2020 and for women it was 81.5, both of which are below the regional and national averages in the same time period.
- 5.29. The under 75 mortality rate from all cardiovascular diseases was 94.6 per 100,000 in Derby in 2021, whilst under 75 mortality rate from cancer was 129 per 100,000. Both of these rates were worse than the averages for the East Midlands (81.9 and 125.8) and the whole of England (76

¹⁸ Available here: [Total recorded offences \(excluding fraud\) \(offences per 1,000 population\) in Derby | LG Inform \(local.gov.uk\)](#)

¹⁹ Local Authority Profile 2019/20: Public Health England, April 2023. Available at: [Local Authority Health Profiles – Data – OHID \(phe.org.uk\)](#)

and 121.5). However, the suicide rate in Derby (8.8) for 2019–20 is better than the regional (10.3) and national (10.4) rates.

- 5.30. In Derby the obesity rate in adults was higher than the England average, with 64.7% of adults in the district classed as overweight or obese. Additionally, the rate of obesity in children in Derby was also higher than the England average, with 26.2% of year 6 children in the LPA being classed as obese.

6. Impacts of the Scheme

- 6.1. This section provides a summary of each determinant and a conclusion regarding the overall impact on each health determinant, be it positive, negative or neutral.

Housing Design and Affordability

- 6.2. The proposals will contribute towards the Council's five-year housing land supply position and will deliver social gains through meeting local housing needs in Derby through the mix of house types and affordable housing to be delivered. The development of the application site will deliver housing to help meet Derby City Council's housing requirements and assist the achievement of the Government's objective of significantly boosting the supply of new homes.
- 6.3. The proposed development will provide up to 30% on-site affordable housing provision, which will be secured by a S106 Agreement which is in accordance with the requirements of Policy CP7 Affordable and Specialist Housing.
- 6.4. A high standard of housing design has been sought, worked up in line with National and Local Government Guidance and Policy. Design principles applied to the proposals have been informed by site assessment and aim to achieve the criteria set out in the NPPF as follows:
- Function and quality – *"...will function well and add to the overall quality of the area, not just for the short term but over the lifetime of the development"* (para. 130(a), NPPF 2021).
 - Visually attractive – *"...are visually attractive as a result of good architecture, layout and appropriate and effective landscaping"* (para 130(b), NPPF 2021).
 - Response to context – *"...are sympathetic to local character and history, including the surrounding built environment and landscape setting, while not preventing or discouraging appropriate innovation or change (such as increased densities)"* (para. 130(c), NPPF 2021).
 - Strong sense of place – *"...establish or maintain a strong sense of place, using the arrangement of streets, spaces, building types and materials to create attractive, welcoming and distinctive places to live, work and visit (such as increased densities)"* (para. 130(d), NPPF 2021).
 - Accessibility – *"...optimise the potential of the site to accommodate and sustain an appropriate amount and mix of development (including green and other public space) and support local facilities and transport networks"* (para. 130(e), NPPF 2021).
 - Safe, inclusive and accessible places – *"...create places that are safe, inclusive and accessible and which promote health and well-being, with a high standard of amenity for existing and future users; and where crime and disorder, and the fear of crime, do not undermine the quality of life or community cohesion and resilience"* (para. 130(f), NPPF 2021).
- 6.5. The overall impact relating **housing design and affordability** is **Positive** as a result of the Proposed Development.

Access to health and social care services and other social infrastructure

Education

- 6.6. Based on the primary school age pupil yield of 0.22 children per household in Derby (Census 2021), 20 children aged 5–11 are expected to be generated by the Proposed Development. This is calculated by identifying the total number of children aged 5–11 years in the Borough (total of 23,763, derived from Census 2021) and dividing that by the total number of households in the Borough (total of 105,653 households, Census 2021).
- 6.7. Based on secondary school age pupil yield of 0.25 children per household (Census 2021), 22 children are expected to be generated. This is calculated by identifying the total number of children aged 12–19 years in the Borough (total of 26,299, derived from Census 2021) and then again dividing that number by the total number of households in the Borough (total of 105,653 households, Census 2021).
- 6.8. Considering the current combined capacity of primary schools and secondary schools in the immediate area (1,183), there is sufficient capacity in existing education provision to accommodate future additional primary school and secondary school children generated by the Proposed Development (20 and 22 respectively).

Healthcare

- 6.9. The average number of people per household in Derby is 2.43 (Census, 2021). Applying that to the number of residential dwellings, no. 90, there is expected to be 219 future residents generated by the Proposed Development. With the addition of these future residents, this would result in a total of 73,259 patients and a ratio of 1,969.3 patients to 1 GP. While the addition of future residents would slightly increase the number of patients per GP, each of the GP practices in the study area is identified as accepting new patients and therefore there is expected to be sufficient capacity in the study area.
- 6.10. The overall impact relating to **health and social care infrastructure** is **Neutral** as a result of the Proposed Development.

Access to open space and nature

- 6.11. An overarching strategy for green infrastructure (GI) has been worked up as part of the Masterplan. It ensures that the design:
 - Consider the existing green spaces in the adjacent communities and provide direct connectivity to these spaces.
 - Retain and enhance the existing on-site landscaping.
 - Create a generous landscape corridor through the centre of the site.
 - Utilise the existing green infrastructure to create a strong character from the early days of the development and create linear green links along existing hedgerows.
 - Incorporate proposed drainage ponds into the overall GI strategy.

- Provide a green space as a heart to the development incorporating an equipped play space and sustainable urban drainage.
- Ensure these spaces are linked providing an overarching tapestry of public open space, which is well connected and accessible for pedestrians and cyclists.
- Integrate trees into the streetscene.
- Seek to reinforce the public rights of way, north and south of the site, recognising the importance of link to Springfield Primary School and West Park Academy.

6.12. In summary, areas of green space have been incorporated into the proposals with substantial areas of publicly accessible open space, comprising formal and informal amenity open space, play facilities, kickaround area and an orchard. In total, 2.22ha comprises green space based on the Open Space Plan.

6.13. The overall impact relating to **access to open space and nature** is **Positive** as a result of the Proposed Development.

Air quality, noise and neighbourhood amenity

6.14. Any potential for disturbance to existing nearby residents and users of public rights of way within the nearby vicinity of the site will be minimised through best practice construction measures, implemented by way of a Construction Environment Management Plan (CEMP). This will be agreed with the Council post approval.

6.15. The overall impact relating **air quality, noise and neighbourhood amenity** is **Neutral** as a result of the Proposed Development.

Accessibility and active travel

6.16. The nearest railway station to the site is within Spondon and is within a 2km walking or cycle journey. It lies on the Derby – Nottingham line. The CrossCountry line from Cardiff to Nottingham also stops at the station. There are no services from the station on a Sunday.

6.17. The nearest bus stops to the site are located on Locko Road at its junction with Royal Hill Road approximately 350 metres walk distance from the centre of the development site. However, the buses which served these stops have recently been re-routed or cancelled. The 9/9A no longer routes along Locko Road and the Spondon Flyer has been cancelled. The nearest bus stop to the site for the bus route 9 is now located on Moor Street, approximately 850 metres from the site.

6.18. Since this service has been cancelled, two small buses operated by Derbyshire Community Transport have been undertaking a 3-month trial run within Spondon. These buses are called the Spondon Shuttle Buses (route S1 and S2) and only operate within Spondon, the S1 serves southern Spondon whilst S2 serves northern Spondon. The S2 shuttle bus routes nearest to the site, routing and calling at stops on Church Street and Chapel Street. Some of the stops on the route are existing physical stops whilst others are hail and ride stops. When the bus trial reached the end of the trial period at the end of June it was decided to extend the trial for a further 3 months, the service is also continuing free of charge to passengers. Both of the Spondon shuttle buses only operate Monday to Friday, with the S1 operating between 0945

and 1345 and the S2 operating between 1000 and 1400. Both buses do not operate at the weekend.

- 6.19. The site benefits from a wealth of PRow provisions routing through the open fields which surround the site both to the north, south and west. The development proposals allow access for pedestrians/cyclists onto the public footpath network via links at both the northern and southern extent of the site.
- 6.20. A Travel Plan Coordinator (TPC) will be appointed at the start of the project. All households, on occupation, will be issued with a Travel Welcome Pack.
- 6.21. Measures to encourage active travel will include, but not be limited to, pedestrian links to wider access network as previously noted, cycle parking for each dwelling which will be sheltered and secure, potential to join the National Cycle Network Route 66, and encouragement of the use of car sharing services.
- 6.22. Vehicular access will be achieved via a priority-controlled T-junction on Royal Hill Road, the carriageway measures 5.5 metres wide with 2 metres wide footways on both sides of the access.
- 6.23. Typically for new developments, one parking space is provided for 1-2 bed properties, whilst two spaces may be provided for 2-3 bed houses and three spaces may be provided for 4+bedroom properties. Visitor parking bays will also need to be considered.
- 6.24. The overall impact relating to **accessibility and active travel** is **Positive** as a result of the Proposed Development.

Crime reduction and community safety

- 6.25. The scheme's design principles aim to respond to Para. 130(f) of NPPF 2021, which requires development to "*...create places that are safe, inclusive and accessible and which promote health and well-being, with a high standard of amenity for existing and future users; and where crime and disorder, and the fear of crime, do not undermine the quality of life or community cohesion and resilience*".
- 6.26. In so doing, the proposals:
 - Ensure convenient, safe and direct access for all residents to the existing and proposed local services and facilities including schools, retail, community uses and employment opportunities.
 - Create a clearly defined public realm through the provision of continuous building frontage lines and variations in enclosure of private spaces.
 - Aim to control of access to private areas, particularly rear gardens and parking courts.
- 6.27. The overall impact relating to **crime reduction and community safety** is **Positive** as a result of the Proposed Development.

Access to healthy food

- 6.28. The scheme includes an area for a community orchard, which would be intended for use by both existing and future residents. This would provide opportunity to access free and healthy food items once established.
- 6.29. Each dwelling will have an enclosed rear garden in which residents can choose to grow their own produce if they wish to do so.
- 6.30. In addition, the scheme is within 20-minute walking distance of a range of community facilities, including groceries, which will offer options in terms of healthy food.
- 6.31. The overall impact relating to **access to healthy food** is **Positive** as a result of the Proposed Development.

Access to work and training

- 6.32. Temporary jobs will be generated as a result of the construction period of the scheme. It is estimated that the construction phase at the Application Site will be 2 years. During the build phase it is estimated that around 50 construction jobs could be supported on site per annum during the estimated 2-year build phase. Accounting for further jobs that are created in the wider economy during the build phase it is estimated that an additional 87 jobs could be supported, therefore a total of 137 jobs could be supported during the build phase.
- 6.33. Additionally, it is estimated that the Proposed scheme could result in around 103 economically active and employed residents living there once the site is fully built and operational. This is likely to be a mixture of people from outside the area, as well as existing residents who move from other parts of the local area.
- 6.34. The overall impact relating to **work and training** is **Positive** as a result of the Proposed Development.

Social cohesion and inclusive design

- 6.35. The areas which could be developed as a community orchard, the provision of new and enhanced pedestrian and cycle routes between the two public rights of way, an equipped play space and kick-about area are intended for use by both existing and future residents. This would help to link the new and existing communities together.
- 6.36. In addition, 2.22ha of green space have been incorporated into the proposals with substantial areas of publicly accessible open space, comprising formal and informal amenity open space, play facilities, sports pitches and allotments, encouraging opportunities for social and community cohesion.
- 6.37. The overall impact relating to **social cohesion and inclusive design** is **Positive** as a result of the Proposed Development.

Minimising the use of resources

- 6.38. The proposals will be delivered in line with current building regulations, and where appropriate, will be built with sustainable building construction techniques. Sustainable construction measures could comprise a combination of the following measures:
- Improved energy efficiency through careful building siting, design and orientation.
 - Sustainable Drainage systems (SuDS).
 - Considering fabric efficiency in the design of buildings.
 - Use of building materials capable of being recycled.
 - An element of construction waste reduction or recycling.
- 6.39. The proposed development will accord with the very latest building regulation requirements, which emphasise the high levels of building fabric insulation and other materials required to reduce energy and resource requirements. Detailed information regarding the proposed construction methods proposed to achieve buildings regulation compliance will be submitted at the detailed design stage.
- 6.40. Materials selected for construction, including hard and soft landscaping elements, will be carefully chosen to ensure that they are high-quality, durable and that 'whole life costs' are manageable. Sustainable choices will reduce initial manufacturing environmental impacts, long-term maintenance costs and waste from construction, whilst maximising resilience and buildings lifespans.
- 6.41. The overall impact relating to **minimising the use of resources** is **Neutral** as a result of the Proposed Development.

Climate change

- 6.42. The strategic use of tree planting can mitigate against some of the impact of colder northerly winds. Where possible the development has been designed to be self-sheltering.
- 6.43. As stated in the biodiversity net gain assessment undertaken by Tetra Tech Limited, the development would result in a net gain of 7.48% on habitat units, a gain of 32.25% hedgerow units and a gain of 78.09% watercourse units.
- 6.44. Additionally, the biodiversity net gain assessment concludes that the site will result in an overall net gain of biodiversity units for habitats, hedgerows and watercourses on site which will be above the current proposed 10% net gain required by the Environment Act 2021.
- 6.45. Development has been located away from areas of surface water and fluvial flooding. Surface water run-off rates will be managed by the use of Sustainable Drainage systems (SuDS) on-site, to ensure that the development does not impact on the surrounding area.
- 6.46. The overall impact relating to **climate change** is **Positive** as a result of the Proposed Development.

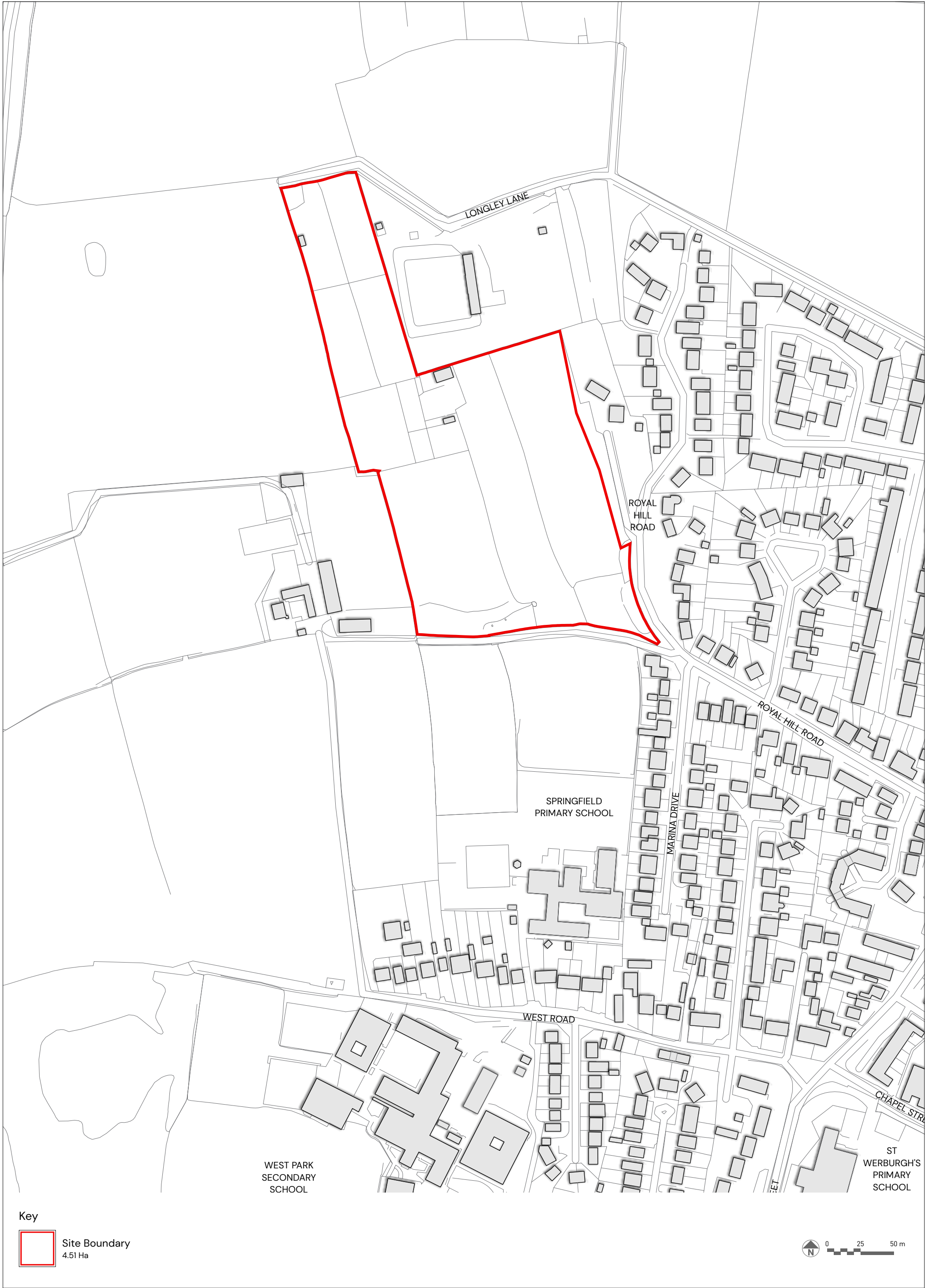
7. Conclusions

- 7.1. By delivering up to 90 residential dwellings, it is expected that the Proposed Development will contribute positively to health and well-being in Spondon, a suburb of Derby, delivering a range of long-term benefits.
- 7.2. This HIA has examined the demographic and health profile the Derby LPA area. It helps to show how the Proposed Development can positively affect and contribute to areas of need in the area.
- 7.3. Between 2011 and 2021 the population of Derby grew by 4.9%, representing 12,193 additional people. This growth was below that seen in the East Midlands (7.6%) and the United Kingdom (5.9%). In Derby the older population (65+) is projected to increase by 13.6% (5,155 people) and the working age population (16–64) projected to rise by only 3.5% (5,608 people), between 2018 and 2038. Building the new homes can help in attracting younger people to the area.
- 7.4. The Proposed Development will provide up to 30% on-site affordable housing provision.
- 7.5. Overall, the area of Derby in which the Proposed Development is located is in the top 20% least deprived LSOAs in the country, with its highest ranking coming in the health domain ranking at 17,869 placing it in the top 50% least deprived LSOAs in the country, and it has its lowest ranking in the income domain at 28,265 which places it in the top 20% least deprived LSOAs.
- 7.6. Employment in Derby rose by 13.4% (17,300 additional jobs), between 2015 and 2021. This was above the change in the East Midlands (5.4%) and Great Britain (5.2%). It is estimated that during the construction phase, 50 construction jobs could be generated per annum, it is reasonable to assume a proportion of these jobs will be available to the local workforce.
- 7.7. In terms of biodiversity net gain (BNG), the scheme will result in an overall net gain of biodiversity units for habitats, hedgerows and watercourses on site which will be above the current proposed 10% requirement.
- 7.8. With respect to open space within the site, 2.22ha of green space will be incorporated into the proposals with substantial areas of publicly accessible open space. The open space will include play facilities, sport pitches and allotments which will help to encourage opportunities for social and community cohesion.
- 7.9. Temporary disturbance to existing nearby residents and users of public rights of way within the immediate vicinity of the site will be minimised through the best practice construction measures and the implementation of a Construction Environment Management Plan (CEMP).
- 7.10. Each dwelling built will have an enclosed rear garden, giving residents the opportunity to grow their own produce. Additionally, the Proposed Development is within 20-minute walking distance from a range of community facilities, including groceries.
- 7.11. Taking into account the findings of the HIA, the potential health impact of the Proposed Development is expected to be positive.



Appendix I Site Location Plan

Copyright Pegasus Planning Group Ltd. Crown copyright. All rights reserved. Ordnance Survey Copyright Licence number: 100042033. Pegasus Licence number: 100020448. Enquiries Licence number: 0100031473. Standard OS licence rights conditions apply. Pegasus accepts no liability for any use of this document other than for its original purpose, or by the original client, or following Pegasus' express agreement to such use. T 01285 641717 www.pegasusgroup.co.uk





Appendix II Illustrative Masterplan



Site Boundary
4.51Ha

Residential Development Area
2.19Ha – Circa 90 dwellings
Dependent on housing mix

Illustrative Built Form

Equipped Play Space
LEAP

Site Access
Vehicle and Pedestrian

Streets

Lanes

Shared Private Drives

Public Rights of Way

Footpaths &/or Cycleways
Infrastructure to connect to the wider existing network of routes and PRoWs to adjacent schools

Pedestrian Connections
at Site Boundary

Landscaping
Planting buffer along eastern boundary

Illustrative Landscape Strategy
Includes opportunities for a kickabout area, orchard and grasslands (to be agreed as part of detailed applications)

Retained Trees & Hedgerows
With associated RPAs

Drainage Basin

Illustrative Location of Pumping Station

Flood Zones

Planning | Design | Environment | Economics | Heritage
East Midlands
www.pegasusgroup.co.uk

Land off Royal Hill Road, Spondon, Derby - Illustrative Masterplan
I Drawn by: JF/KC | Approved by: JF/PS | Date: 17/08/23 | Scale: 1:1250 @ A1 | DRG: P19-2639_DE_001 Sheet No: 01 Rev: F | Client: Miller Homes |

Pegasus Group

Town & Country Planning Act 1990 (as amended)
Planning and Compulsory Purchase Act 2004

Expertly Done.

DESIGN | ECONOMICS | ENVIRONMENT | HERITAGE | LAND & PROPERTY | PLANNING | TRANSPORT & INFRASTRUCTURE



All paper sources from sustainably managed forests

Pegasus Group is a trading name of Pegasus Planning Group Limited (07277000)
registered in England and Wales.

Registered office: Querns Business Centre, Whitworth Road, Cirencester, Gloucestershire,
GL7 1RT

We are ISO certified 9001, 14001, 45001



Pegasus_Group



pegasusgroup



Pegasus_Group

PEGASUSGROUP.CO.UK