



HEALTH IMPACT ASSESSMENT

ADDENDUM

JANUARY 2024



GILLESPIES



Yonder

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Project number: P21-0731
Reference: Health Impact Assessment Addendum

Introduction

A Health Impact Assessment (HIA) was submitted with the original application in September 2022, which is appended to this note. This update is provided to identify any updates that are relevant to the health impact due to the changes in the Proposed Development (see section 1 of the Addendum for detail).

The aspects of the ES chapter that have been updated are:

- Baseline.
- Impacts of the scheme.

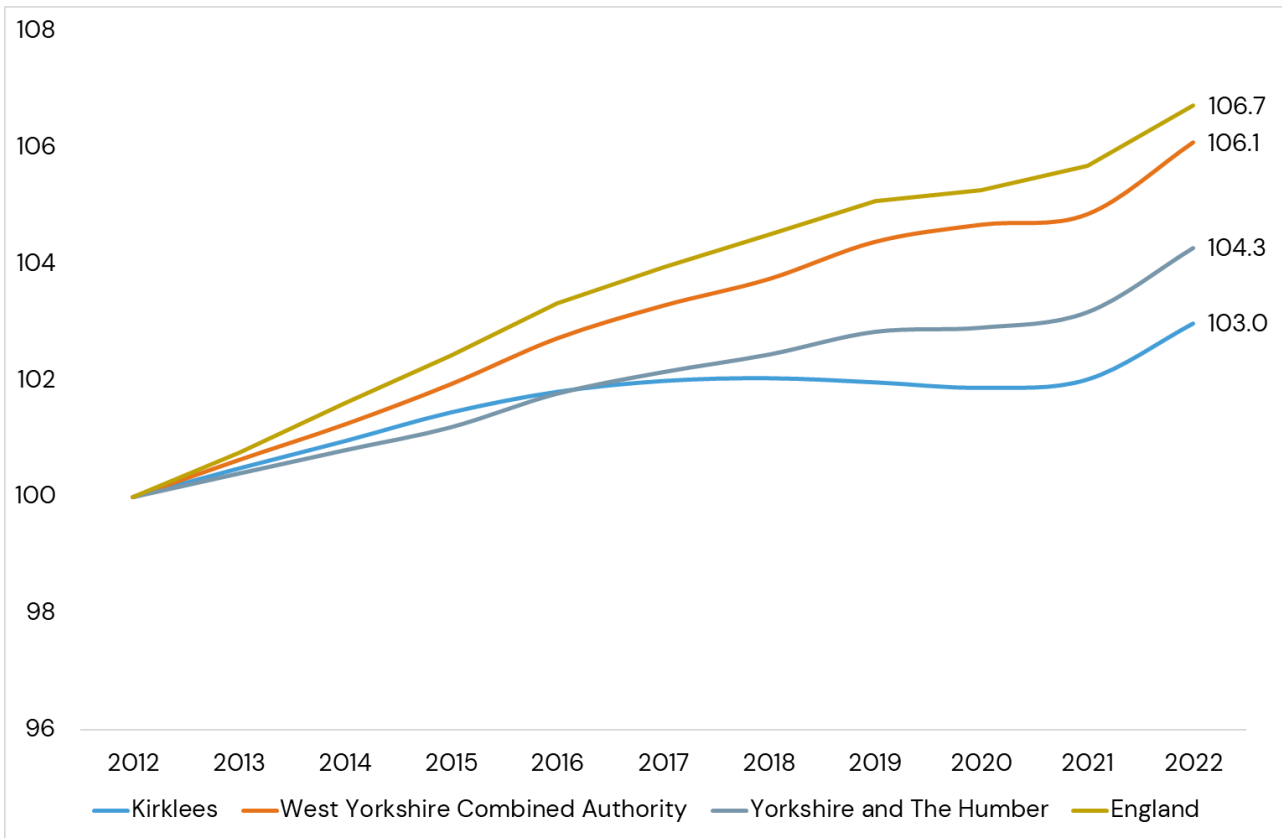
Baseline Conditions

Population

Data on population change in Huddersfield Town Centre was presented in the appendix, however, no more up-to-date data has been released so population change in Huddersfield Town Centre has not been presented in this addendum. Figure 6.2a presents the population change in Kirklees, West Yorkshire Combined Authority, Yorkshire and the Humber and England between 2012 and 2022. In this time the population of Kirklees increased by 3%, an absolute rise of 12,700 people. This was below the increase in population seen in West Yorkshire Combined Authority (6.1%), Yorkshire and the Humber (4.3%) and England (6.7%).

There has been no changes to the population projections presented in Tables 6.1–6.4 of the appendix and therefore they have not been presented in this Addendum.

Figure 6.2a: Population Change, 2012–22 (2012=100)



Deprivation

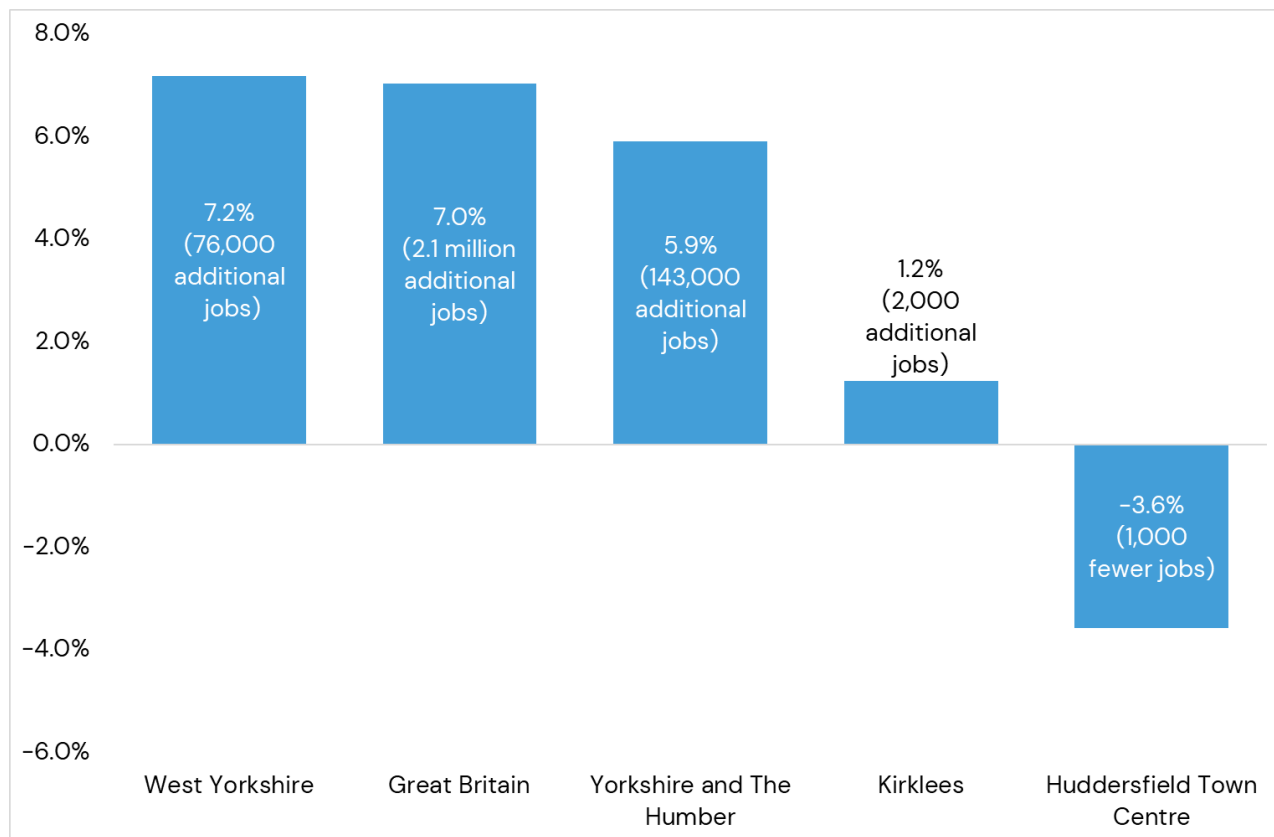
There has not been a more recent data release than the Index of Multiple Deprivation (IMD) 2019. Therefore, there is no update presented in this Addendum in respect of Deprivation.

Employment

Figure 6.4a presents the employment change in Huddersfield Town Centre, Kirklees, West Yorkshire Combined Authority, Yorkshire and the Humber and Great Britain. Between 2015 and 2022, employment in Huddersfield Town Centre decreased by 3.6%, a fall of 1,000 jobs. In the same timeframe in Kirklees, employment increased by just 1.2%, an absolute increase of 2,000 jobs. This was below the employment growth in West Yorkshire Combined Authority (7.2%), Yorkshire and the Humber (5.9%) and Great Britain (7%).

The sector most likely to benefit during the build phase of the Proposed Development is the construction sector which accounts for 5.5% of total employment in Kirklees and supported around 9,000 jobs in 2022.

Figure 6.4a: Employment Change, 2015–22



Source: ONS, Business Register & Employment Survey

Table 6.7a shows employment by sector in all comparator areas. In Huddersfield Town Centre and Kirklees, public administration, education and health accounts for the highest proportion of jobs accounting for 35.1% (9,250 jobs) and 28.9% (47,000 jobs) of total employment respectively.

The sector most likely to benefit during the build phase of the Proposed Development is the construction sector which accounts for 5.5% of total employment in Kirklees and supported around 9,000 jobs in 2022.

Table 6.7a: Employment by Sector, 2022

	Huddersfield Town Centre	Kirklees	West Yorkshire	Yorkshire & the Humber	Great Britain
Agriculture, mining, utilities etc.	0.3%	1.5%	1.6%	2.7%	2.8%
Manufacturing	11.4%	16.6%	10.0%	11.1%	7.4%
Construction	0.9%	5.5%	4.4%	4.9%	5.0%
Wholesale & retail	16.7%	18.1%	15.0%	15.1%	13.9%
Transport & storage	3.4%	3.7%	5.1%	5.4%	5.0%
Accommodation & food services	6.6%	6.1%	6.2%	7.2%	7.9%
Information & communication	1.3%	1.5%	3.1%	2.6%	4.4%
Business, financial & professional services	17.5%	14.3%	23.2%	19.5%	23.2%
Public admin, education & health	35.1%	28.9%	27.8%	27.9%	26.0%
Arts, entertainment, recreation & other services	6.6%	3.7%	3.6%	3.6%	4.4%

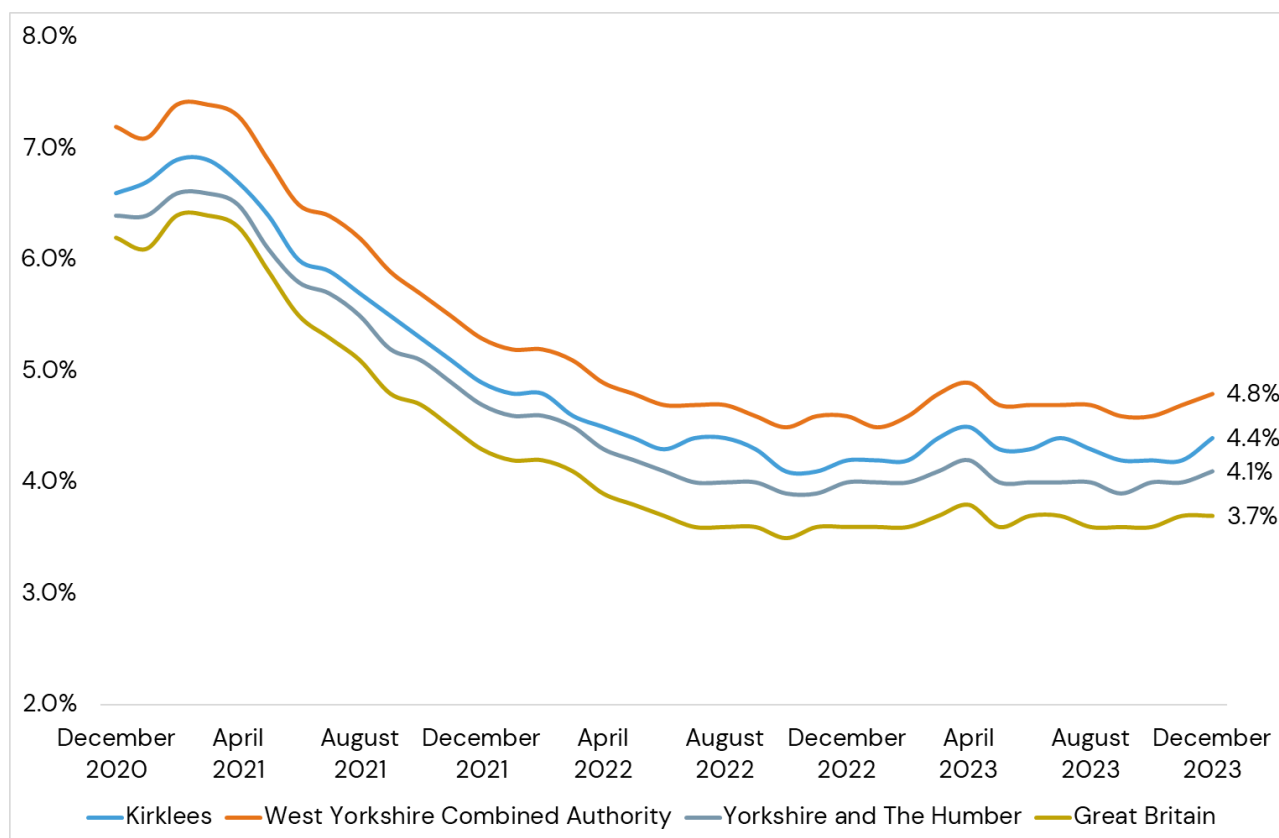
Source: ONS, Business Register & Employment Survey

Unemployment

The claimant count gives 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. Figure 6.6a shows the claimant count as a proportion of those aged 16–64 in Kirklees, West Yorkshire, Yorkshire and The Humber and Great Britain for every month from December 2020 to December 2023.

In December 2020, the claimant count rate in Kirklees was 6.6% and by December 2023 it had fallen to 4.4%. The claimant count rate in Kirklees is currently below the rate seen in West Yorkshire Combined Authority (4.8%), but it above the rate in Yorkshire and the Humber (4.1%) and Great Britain (3.7%).

Figure 6.6a: Claimant count as % of residents aged 16–64, December 2020 – December 2023



Source: ONS, Claimant Count

Crime

Based on data from LG inform¹, the number of total recorded offences per 1,000 population in Q3 2023 was 107.98 in Kirklees. This rate was slightly higher than the average rate across Yorkshire and The Humber (107.84).

The rate of victim-based crimes reported in Q3 2023 was 87.27 in Kirklees, which was below the average for Yorkshire and The Humber of 88.75. However, when looking at rates of violence against the

¹ Available at: [Total recorded offences \(excluding fraud\) \(offences per 1,000 population\) in Kirklees | LG Inform \(local.gov.uk\)](#). Accessed: 26/01/2024.

person in Kirklees was above the average rate for Yorkshire and The Humber. In Kirklees the rate was 47.45 per 1,000, whilst for Yorkshire and The Humber this figure is rounded to 43.16 per 1,000.

It is noted that, as indicated under 'Deprivation', one of the LSOAs in which the Site is located is in the top 10% most deprived for crime in England. This indicates that overall, crime is an issue of note in Huddersfield Town Centre.

Health Overview

Overall, many of the health indicators in Kirklees are significantly worse when compared to averages for England². Life expectancy for males in Kirklees is 77.9, this compares to 78 in Yorkshire and the Humber and 78.7. Life expectancy for females in Kirklees is 81.2, compared to 82 in Yorkshire and the Humber and 82.8 in England. Life expectancy in Kirklees also varies within the local authority. Life expectancy is 9.1 years lower for men and 6.9 years lower for women in the most deprived areas of Kirklees than the least deprived areas.

The under 75 mortality rate in Kirklees was 416.5 per 100,000. This was above the rate in Yorkshire and the Humber at 394.9 and the rate in England at 363.4. This was similar for the under 75 mortality rate from cardiovascular diseases in Kirklees where the rate was 94.3 per 100,000. This compares to 86.8 in Yorkshire and the Humber and 76 in England.

In Kirklees 23.2% of children in year 6 were classified as obese, this is better than the rate in the Yorkshire and the Humber of 24.1%, but above the rate in England of 22.7%. At a ward level, data from Public Health England shows that in Newsome ward (within which the Proposed Development sits), 32.3% of year 6 children were classed as obese between 2020/21 and 2022/23³. This was the second highest rate of all the wards within Kirklees.

Data from the Office for National Statistics looks at annual personal well-being estimates⁴. The data presents results from a survey where respondents rank how satisfied they were with life on a scale from 0 to 10, where 0 was not satisfied at all and 10 was completely satisfied. In Kirklees, the average rate for life satisfaction in 2022/23 was 7.27 (see Figure 6.7a). This was below the average rate of 7.41 in Yorkshire and the Humber and the rate of 7.44 in the whole of England.

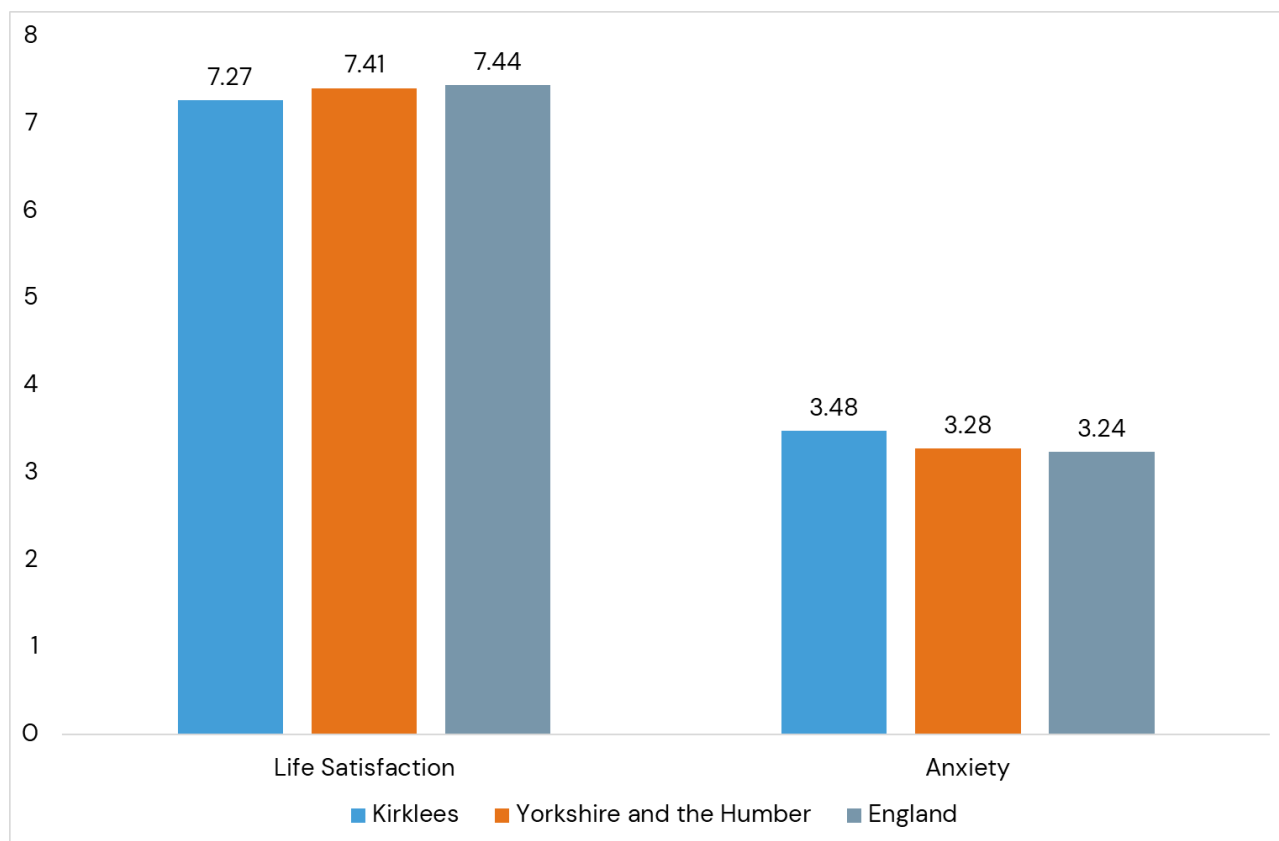
The same survey asks respondents how anxious they felt yesterday, where a rank of 0 is not anxious at all and a rank of 10 is completely anxious. The average rank for anxiety in Kirklees for 2022/23 was 3.48. This is above the average rank seen in Yorkshire and the Humber of 3.28 and the average seen in England of 3.24.

² Public Health Profile: Kirklees, 2021. Public Health England, 2021. Accessed 26/02/2024. Available at: <https://fingertips.phe.org.uk/static-reports/health-profiles/2019/E08000034.html?area-name=Kirklees>

³ Obesity Profile: Kirklees 2020/21 – 2022/23. Accessed 29/01/2024. Available at: <https://fingertips.phe.org.uk/profile/national-child-measurement-programme/data#page/3/gid/1938133288/pat/401/par/E08000034/ati/8/iid/93107/age/201/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1/page-options/car-do-0>.

⁴ Office for National Statistics: Annual Personal well-being estimates. Accessed 29/01/2024. Available here: <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/datasets/headlineestimatesofpersonalwellbeing>.

Figure 6.7a: Wellbeing Estimates, 2022/23

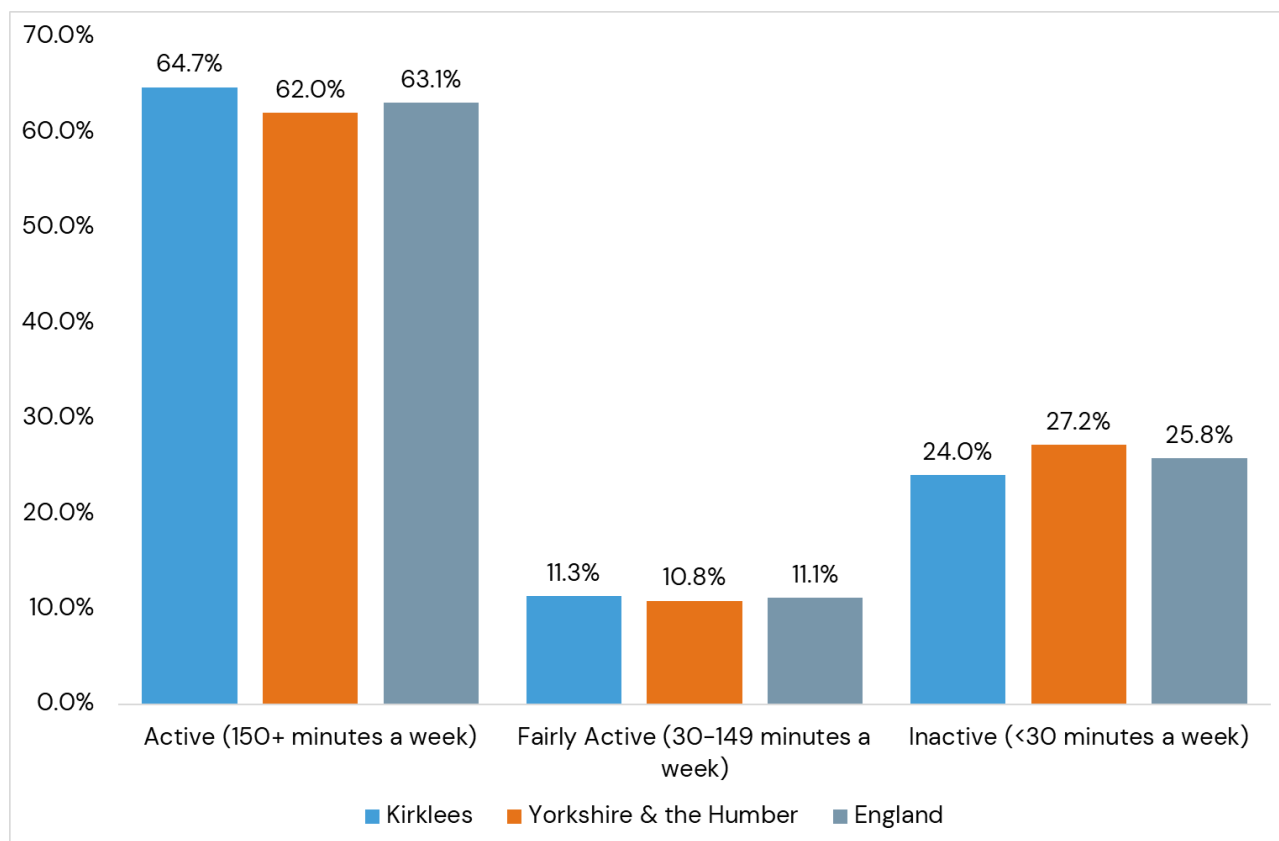


Source: ONS

Physical Activity

Figure 6.8a shows the physical activity levels of adults aged 16+ in Kirklees, Yorkshire and the Humber and England for the period November 2021–22. In Kirklees, 64.7% of people aged 16+ were classed as active. This means they engaged in at least 150 minutes of physical activity a week. This was above the rate of adults who were active in Yorkshire and the Humber (62%) and England (63.1%). In the same period, 24% of adults in Kirklees were classed as inactive, this was below the rate seen in Yorkshire and the Humber (27.2%) and England (25.8%).

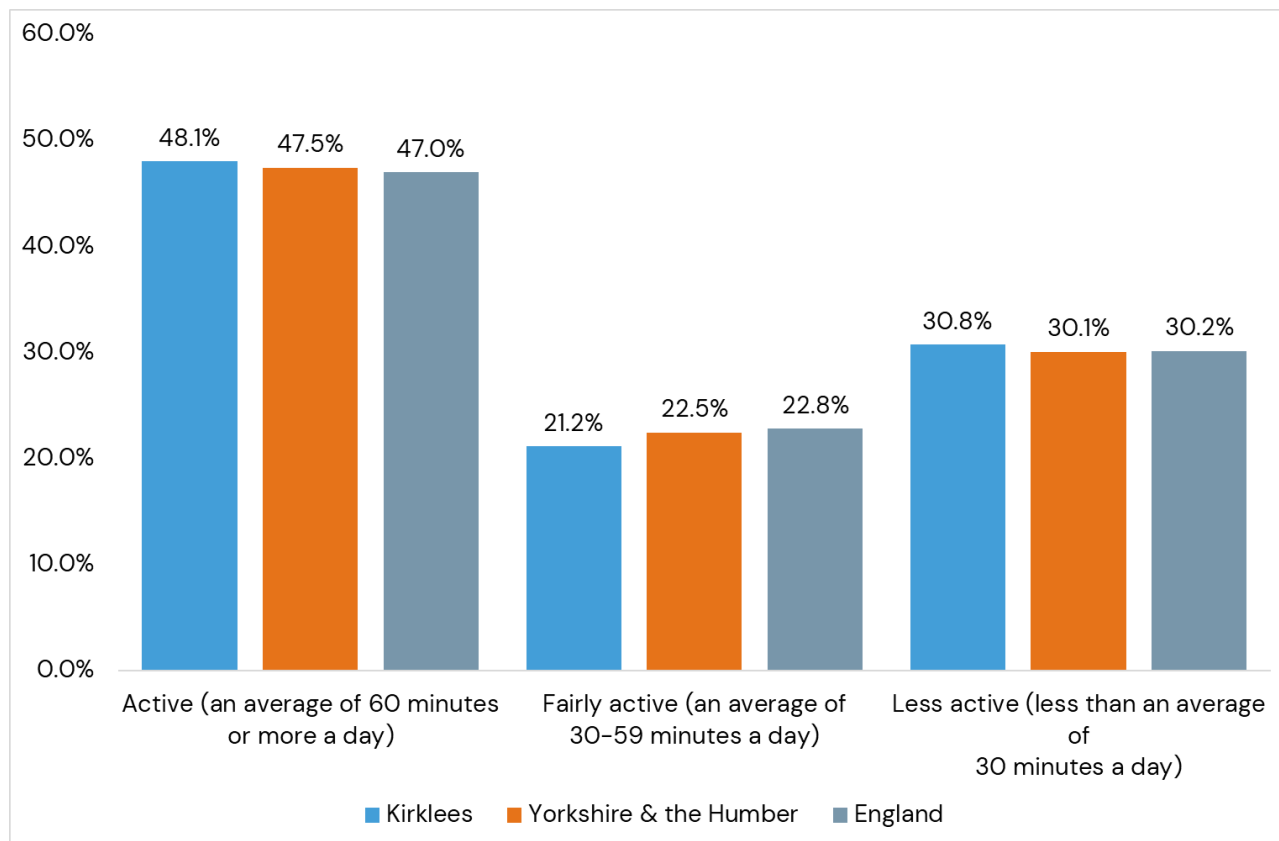
Figure 6.8a: Levels of Physical Activity in adults aged 16+, November 2021–22



Source: Sport England, Active Lives Survey

Figure 6.9a shows the levels of physical activity in children in years 1–11 for the academic year May 2022–May 2023. As shown, 48.1% of children in year 1–11 in Kirklees are classed as active, which is defined as engaging in at least 60 minutes of physical activity a day. This is above the rate seen in Yorkshire and the Humber (47.5%) and England (47%). In the same academic year, 30.8% of children in Kirklees were classed as inactive, meaning they engaged in less than 30 minutes of physical activity a day. This was above the rate of inactivity seen in Yorkshire and the Humber (30.1%) and England (30.2%).

Figure 6.9a: Levels of Physical Activity in Children in Years 1-11, Academic Year 2022-2023



Source: Sport England, Active Lives Survey

Impacts of the Scheme

Section 7 of the appendix provides a summary of the impacts of the Proposed Development. Table 7.1a below presents the updated summary of health determinants and any changes from the appendix.

There is not expected to be any changes on the health impacts presented in the appendix and therefore the Rapid HIA Template appended to the original HIA has not been presented in this update.

Table 7.1a: Summary of health determinants

Health determinant	Overall impact	Changes from HIA submitted September 2022	Mitigation / Enhancement Measures
Construction	-	N/A	Secure implementation of a CEMP through planning condition to minimise impact.
Housing	N/A	N/A	N/A
Access to sustainable travel and transport	+	N/A	Secure implementation of Travel Plan through planning condition to maximise positive impacts of the scheme.
Access to open and green space	+	N/A	Design to be constructed as proposed. Associated conditions to apply, including but not limited to, external lighting provision.
Access to healthy food	+	N/A	Design to be constructed as proposed.
Community safety	+	N/A	Design to be constructed as proposed. Implementation of Travel Plan secured by condition and external lighting scheme.
Employment and economy	+	<p>Construction – potential for increased duration to build timeframe, but no changes to the significance of the effect. Impact will be positive.</p> <p>Operation – no change in significance of effect. The impact will be positive.</p>	Implementation of Travel Plan by condition.
Community cohesion	+	N/A	Design to be constructed as proposed.
Climate change	+	N/A	Design to be constructed as proposed .

Summary

Overall, the potential health impact of the Proposed Development is the same as that assessed in the original HIA submitted September 2022 (see Appendix). It is expected the impact will be positive and key issues in respect of health inequalities in the District are shown by this HIA to be addressed by the proposals.



KIRKLEES CULTURAL HEART

HEALTH IMPACT ASSESSMENT

P21-0731 ROO2v4 EC HIA

Pegasus Group

Revision : P01

Issue date : 30.09.22



Document Management.

Version	Date	Author	Checked/ Approved by:	Reason for revision
1	09/09/2022	LD/NR/CD	RC	Economics Services review and internal quality check of first draft
2	26/09/2022	LD	CC	Internal review
3	27/09/2022	LD	CC	Final amendments
4	28/09/2022	NR	CC	Final amendments



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Executive Summary

This HIA has examined the demographic and health profile of the study area applicable to the proposed development at Huddersfield Town Centre, “Kirklees Cultural Heart”, and considers the potential health impacts in that context.

There has been considerable growth in population in the last decade in the area, particular that most local to the town centre. Population growth in the over 65 years age group is expected to continue in the coming years, whereas people in age groups 0–15 years and 16–64 years are projected to decrease. Therefore, the proposals will provide employment opportunities and facilities and amenities for all age groups which will help to attract and provide for people of all age groups and work to counteract the forecast projections.

The part of the District in which the proposed development is identified as being one of the most deprived areas of the country. Employment will be generated during the construction and operational phases, as well as investment which will benefit the local economy, safe community spaces will be created through design, and amenities and activities will be offered that will enhance the overall physical and mental health of the local population, all of which will help to alleviate deprivation levels over time.

The proposals offer direct and indirect opportunities to address identified health inequalities in the District, and ultimately improve the social, economic environment, and the physical environment within Huddersfield Town Centre. Overall, the potential health impact of the proposed development is expected to be positive and key issues in respect of health inequalities in both Huddersfield Town Centre and Kirklees District are shown by this HIA to be addressed by the proposals.

1. Introduction

Overview

- 1.1. This Health Impact Assessment (HIA) has been prepared on behalf of the land owner and developer, Kirklees Metropolitan Borough Council (KMBC) to support a full planning application in relation to the proposed re-development of the Queensgate and Piazza area of Huddersfield Town Centre on land north and west of the A64 Queensgate, Huddersfield, referred to as “Kirklees Cultural Heart” (hereafter referred to as ‘the Site’). The Site is in the administrative area of Kirklees Council. The Site Location Plan is presented in **Appendix I** and the Site Layout Plan is presented in **Appendix II**.

Report Structure

- 1.2. The remainder of this report is structured as follows:
- **Section 2 – Site Description and Proposed Development** provides an overview of the physical characteristics of the existing site and the proposals, which form the basis of the 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 – Consultation** sets out the correspondence had with relevant consultees.
 - **Section 6 – 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 7 – Impacts** sets out the impacts of the HIA aligning with the scope outlined in Section 3 of the study.
 - **Section 8 – Conclusion** provides a summary and conclusion to the assessment presented, including recommendations for any mitigation that may be required following identification of impacts.

2. Proposed Development

Site Description

- 2.1. The Huddersfield Blueprint, produced by Kirklees Council, is a ten-year vision to create a thriving, modern-day town centre. The plan aims to deliver five key objectives for Huddersfield Town Centre: A vibrant culture, art, leisure and nightlife offer, thriving businesses, a great place to live, improved access and enhanced public spaces that will be and inclusive and family friendly area across all times of day. It focuses on regenerating six key areas: Station Gateway, St Peter's, Kingsgate and King Street, New Street, the Civic Quarter and a new Cultural Heart in the Queensgate and Piazza area. The planning application to which this HIA relates is for the proposals relating to the Cultural Heart area of Huddersfield Town Centre.
- 2.2. The Site covers an area of 3.93 acres and consists of the former (now demolished) multi-storey car park, the Queensgate Market (Grade II listed), the library and art gallery (Grade II listed) and the Piazza shopping centre (see **Appendix I** for Site Location Plan).
- 2.3. In addition to the buildings there are an extensive network of service tunnels, predominantly below the Piazza, servicing the Piazza shopping centre and the market.
- 2.4. The Site is located north and west of the A62 – Queensgate, within Huddersfield Town Centre. The A62 Queensgate frontage is largely characterised by the former site of the now demolished 4 storey multistorey car park and the eastern elevation of the Queensgate Market Hall and its artwork panels. The Market Hall is adjoined by the Piazza shopping centre, which wraps around the remainder of the sites eastern boundary and encloses around the Huddersfield Library and Art Gallery, which is located on (but within) the eastern edge of the Site.
- 2.5. Whilst, the Site sits between areas of open space, they are largely generally characterised with hard landscaping and limited street furniture and landscaping in terms of treatment within the public realm.
- 2.6. The Site is overlooked by Huddersfield Town Hall and Concert Hall along the western boundary and further shopping areas which positively look out, into the site. The University of Huddersfield campus is located beyond the A62 to the South East, whilst the Lawrence Batley Theatre stands off Queen Street to the east.

Project Description

- 2.7. A detailed planning application is submitted for the demolition of selected buildings on site and the construction of a range of uses. The description of development as presented on the planning application forms and stated within the Planning Statement (Pegasus, 2022) is as follows:

“Demolition of the existing Piazza shopping centre, part removal of elements of Queensgate Market, and demolition/retention of service tunnels; with redevelopment of the site to form new public realm space (including public park and gardens, play areas, public square/outdoor event space); refurbishment and change of use of existing Queensgate Market Hall into new food hall (Use Class E (b) Sale of food and drink for consumption,

mostly, on the premises); refurbishment and extension of existing library and art gallery building to form a new museum (Use Class F.1); change of use of part existing market hall building and extension to form a new public library (Use Class F.1); construction of new indoor event venue incorporating multi-storey car park below (Sui-Generis); erection of new public gallery building (Class F.1); and associated infrastructure on land and buildings at Queensgate Market, Huddersfield Library and Art Gallery, and Piazza (and The Shambles) Shopping Centre, Huddersfield”.

- 2.8. The Kirklees Cultural Heart is a flagship project within the Huddersfield Blueprint that will breathe new life into the area around Queensgate and the Piazza. It is the aim of the applicant to provide an inclusive, family focused cultural offer in this location in Huddersfield Town Centre.
- 2.9. The play areas for children and families will provide a wide range of play and recreation facilities to suit a range of needs. The Cultural Heart scheme has approximately 50% biodiversity net gain.
- 2.10. The development has high sustainable development credentials and will target BREEAM (Excellent) standards and low, project specific, embodied and operational carbon targets developed for different building types. The building will have high levels of insulation and low energy use and will benefit from solar photovoltaic panels mounted on the roof of buildings, such as the venue. No gas is to be used across the proposal. The scheme will also incorporate the use of timber and stone being considered to lower embodied carbon. Consideration has been given to encouraging sustainable travel, utilising the nearby public transport, development of a Travel Plan and integration of Kirklees’ proposed cycle routes along Queensgate. The new multi-storey car park will contain 350 parking spaces and 6 no. motorcycle spaces. Of these car parking spaces, 70 are EVCP, 35 offer disabled parking and 8 of the disabled parking spaces have EVCP, meaning the remaining 62 are distributed elsewhere. Cycle parking (approximately 140 spaces across the development), lockers and changing facilities will be provided.
- 2.11. The proposals are hereafter referred to as the ‘Proposed Development’.

3. Context of Health Impact Assessment

What is a HIA?

- 3.1. 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”¹.

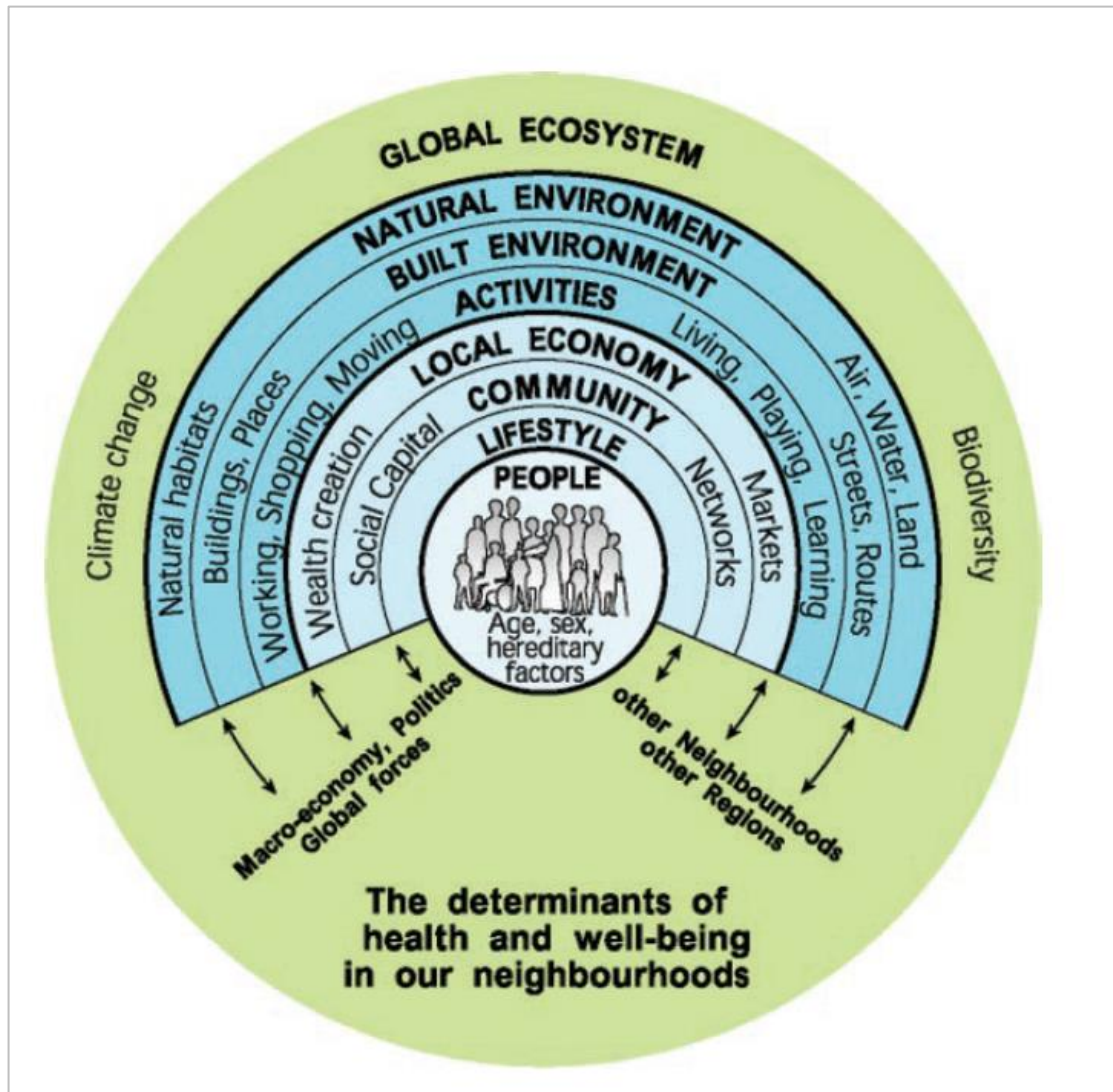
- 3.2. HIA is based upon a socio-economic model of health. It is a tool to organise and appraise both positive (for example, the creation of jobs) and negative (for example, the generation of pollution) impacts on the different affected subgroups of the population that might result from a development.
- 3.3. 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.
- 3.4. 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 behaviours². Within these determinants, there are a number of key themes, these include income and social status, education, physical environment and social support networks.
- 3.5. 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.
- 3.6. **Figure 3.1** shows the many factors that influence health and well-being. These include housing, community networks, places to play and modes of travel and opportunities to move. These determinants of health are addressed in reference to the proposed development in this HIA. It has been produced in line with the London Health Urban Development Unit’s (HUDU) rapid health impact assessment matrix³.

¹ *Health impact assessment for intersectoral health policy: a discussion paper for a conference on health impact assessment: from theory to practice*: Lehto & Ritsataki, 1999.

² 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.

³ HUDU *Planning for Health – Rapid Health Impact Assessment Tool (Fourth Edition)*: HUDU; NHS, October 2019.

Figure 3.1: Main Determinants of Health



Source: Human ecology model of a settlement (Barton and Grant, 2006)⁴.

Policy and Guidance Relevant to HIA

3.7. This HIA is set in the context of the following policy:

- HIA of Government Policy⁵.
- Health Equity in England: The Marmot Review 10 Years On (2020)⁶.

⁴ Barton, H. and Grant, M. (2006). A health map for the local human habitat. *Journal of the Royal Society for the Promotion of Health*, 126.

⁵ Health Impact Assessment of Government Policy – A guide to carrying out a Health Impact Assessment of new policy as part of the Impact Assessment process. Department of Health, July 2010.

⁶ Institute of Health Equity (2020). Health Equity in England: The Marmot Review 10 Years On. Available at: [Health Equity in England_The Marmot Review 10 Years On_full report \(1\).pdf](#). Accessed 22nd February 2022.

- National Planning Policy Framework (NPPF) (July 2021)⁷.
- National Planning Practice Guidance (NPPG).
- NHS Five Year Forward View (October 2014).
- National Infrastructure Commission consultation (October 2017).
- Health Impact Assessment in Spatial Planning (October 2020)⁸.
- Kirklees Local Plan 2013–2031⁹.
- Kirklees Joint Health and Wellbeing Strategy 2014–2020¹⁰.
- Kirklees Health and Wellbeing Plan 2018–2023¹¹.

HIA of Government Policy

- 3.8. 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)

- 3.9. 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 improve 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”.

National Planning Policy Framework

- 3.10. 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

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).

⁹ Kirklees Local Plan 2013–2031: Kirklees Council, May 2019.

¹⁰ Kirklees Joint Health and Wellbeing Strategy 2014–2020: Kirklees Council, September 2014

¹¹ Kirklees Health and Wellbeing Plan 2018–2023: Kirklees Council, March 2019.

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.

3.11. 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

3.12. 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 Five Year Forward View

- 3.13. The NHS Five Year Forward View¹², published in October 2014, recognises how healthcare needs to adapt to take advantage of breakthroughs in science and technology. The report is specific to the NHS, however it provides a useful overview of areas for improvement. One of the main points it makes is that “... *the future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health*” (p.3).
- 3.14. The Five Year Forward View also highlights the role that local democratic leadership can have on public health. The financial constraints which the NHS is operating within are well documented and it is important that local authorities encourage new developments in their respective areas that can bring health benefits to new and existing communities. The Next Steps on the NHS Five Year Forward View document, published in March 2017, recognises that many authorities will gain new powers and freedoms to plan how best to provide care, while taking on new responsibilities for improving the health and wellbeing of the population they cover.

National Infrastructure Commission

- 3.15. 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.
- 3.16. 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

- 3.17. 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.
- 3.18. 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.
- 3.19. 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

¹² NHS Five Year Forward View: NHS, October 2014 (p.3).

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

help to identify a set of evidence-based practical recommendations to promote and protect the health of local communities.

Kirklees Local Plan

- 3.20. The Kirklees Local Plan was adopted in February 2019 and covers the period 2013–2031. The vision of the local plan is that in 2031, Kirklees will be a great place to live, work and invest in, which has been delivered through an integrated approach to housing and employment. It is also key that development has taken place in a sustainable way. Also, health inequalities have been reduced to enable higher standards of health and wellbeing as a result of improved access to training and job opportunities, a decent and affordable home, access to services and green spaces and opportunities for physical activity and a healthy lifestyle.
- 3.21. The local plan identifies the role which the Council can play in promoting and enabling a healthy lifestyle and Policy LP47 outlines how the Council, with its partners, will create an environment which supports healthy, active and safe communities and reduces inequalities. This will be enabled through a number of measures such as:
- Facilitating access to a range of high quality, well maintained and accessible open spaces and play, sports, leisure and cultural facilities.
 - Increasing access to green spaces and green infrastructure to promote health and mental well-being.
 - Increasing opportunities for walking, cycling and encouraging more sustainable travel choices.
- 3.22. As part of this policy, a Health Impact Assessment will be carried out for all proposals that are likely to have a significant impact on the health and wellbeing of the local communities, or particular groups within it, in order to identify any measures that can be put in place to maximise any health benefits associated with the scheme or to minimise any potential adverse impacts.

Kirklees Joint Health and Wellbeing Strategy 2014–2020

- 3.23. The Kirklees Joint Health and Wellbeing Strategy was published in September 2014 and covered the period up to 2020. Although this strategy is now out of date, its vision and objectives are still relevant. The purpose of the strategy was to outline how the Council aim to improve the health and wellbeing of the local people and to reduce inequalities amongst the local population.
- 3.24. The vision of the Joint Health and Wellbeing Strategy was that by 2020:
- “No matter where they live, people in Kirklees live their lives confidently, in better health, for longer, and experience less inequality.”*
- 3.25. In order to achieve this vision, the Council set out four outcomes to be achieved in Kirklees by 2020. These are outlined below:
1. People in Kirklees are as well as possible, for as long as possible: this is achieved by ensuring local people have the best possible start in life, identifying health issues as early as possible and developing positive health and social behaviours.

2. Ensuring local people control and manage life challenges: this aims to ensure the local population is resilient and feel safe in their local community. The council also aim to ensure local people can contribute to society by being able to take advantage of opportunities and achieve goals, be constantly learning and adapting and to increase their potential, including in their work.
3. People have a safe, warm and affordable home in a decent physical environment within a supportive community: the Council aim to achieve this by ensuring an appropriate supply of homes and jobs to meet the needs of a growing and ageing population. Also through supporting independent living and good physical and emotional health and wellbeing.
4. People take up activities that have a positive impact on their health and wellbeing: this will be done through ensuring people have access to seamless health and social care that is appropriate to the individuals needs, promoting strong communities, healthy schools, active and safe travel and providing access to green and open spaces and leisure services.

Kirklees Health and Wellbeing Plan 2018–2023

- 3.26. The Kirklees Health and Wellbeing Plan was published by Kirklees council in 2019 and summarises the health and wellbeing objectives of the Council for the period 2018 to 2023. The plan builds on what was outlined in the Joint Health and Wellbeing Strategy 2014–2020 and has shared outcomes with the Kirklees Economic Strategy.
- 3.27. The Health and Wellbeing Plan aims to achieve the same vision as the Joint Health and Wellbeing Strategy and aims to do this by:
 - Tackling the underlying causes that are negatively affecting health and wellbeing in Kirklees and to create communities where people can start well, live well and age well. This will focus on reducing poverty and social isolation, making healthy choices easier and to increase the number of people that are a healthy weight and to create resilient, vibrant and connected communities.
 - Improve outcomes and experiences by creating a new integrated model of care which includes primary care, intermediate care, care home support and end of life care.
 - Using the Councils assets to their best effect through developing buildings that are fit to provide high quality services and develop digital health and social care solutions.
- 3.28. In achieving these outcomes, Kirklees Council aim for the local population to live in good health for longer and to reduce inequalities within local communities.

4. Methodology

Screening for HIA

- 4.1. Policy LP47 'Healthy, active and safe lifestyles' within Kirklees Development Plan requires that Health Impact Assessments are carried out "....for all proposals that are likely to have a significant impact on the health and well-being of the local communities, or particular groups within it, in order to identify measures to maximise the health benefits of the development and avoid any potential adverse impacts". The Proposed Development has been considered to have potential to have a significant impact, beneficial as well as adverse, on communities residing locally to the Site and/or who make use of the existing amenities.

Aims of the HIA

- 4.2. 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.

Scope of HIA

- 4.3. This HIA is aligned to the Kirklees Rapid HIA Template taken from Kirklees Council Rapid Health Impact Assessment (HIA) for Spatial Planning: Guidance Notes (KMBC, 2020)¹⁴ (see **Appendix III** of this HIA). It is designed to assess the healthy impacts of development proposals by guiding 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 aids the identification of appropriate action to address any negative impacts and maximise benefits.
- 4.4. The Rapid HIA Template provides an assessment matrix that includes for up to nine broad determinants. The full range of nine determinants considered in the scope of the HIA are as follows:
- Construction.
 - Housing.
 - Access to sustainable travel and transport.

¹⁴ Kirklees Council Rapid Health Impact Assessment (HIA) for spatial planning, Guidance Notes, Kirklees Borough Council, November 2020. Available at: [Title \(description\) \(kirklees.gov.uk\)](#)

- Access to open and green space.
- Access to healthy food.
- Community Safety.
- Employment and economy.
- Community Cohesion.
- 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 (up to 1 mile), considering social receptors and impacts located within walking distance of the Proposed Development.
- District – the wider Kirklees 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 users of the Site and nearby amenities.
- Existing closest residents.
- Future users of the Proposed Development.

5. Consultation

- 5.1. The aims of engagement during the course of preparing the HIA have been as follows:
- Ensure the context and baseline used in the study is aligned to the information available.
 - The impacts identified as a result of the Proposed Development are considered appropriate and proportionate.
 - The recommended mitigation is also considered appropriate and proportionate.
- 5.2. A meeting was held with Kirklees Council on 8th August 2022 with Council Officers including Priti Gohil, Lisa Waldron and Tom Mapplethorpe.
- 5.3. A summary of key points raised by the Council during the meeting are as follows:
- **Accessibility:** the site will need to be accessible and inclusive for all groups in society, and the scheme needs to feel safe and secure for everyone.
 - **Access to facilities:** the council encouraged the delivery of facilities such as free drinking water on site, adequate public seating, public toilets and safe and secure cycle parking.
 - **Design:** ideally a lot of the site should be pedestrianised with limited vehicle movement.
 - **Climate change:** there will be a need to encourage recycling through the use of separate bins for general waste and recyclable materials and opportunities to conserve energy such as smart lighting should be used.
 - **Healthy lifestyle:** the Proposed Development should encourage healthy behaviours and promote active travel.
 - **Construction phase:** a CEMP should be implemented to reduce any negative impacts of the build phase.
 - **Employment opportunities:** any employment opportunities during the build phase and once the scheme is operational should be available to local people and advertised locally.
- 5.4. The issues raised have been shared with the wider project team. Where relevant and possible, the proposals are presented having been informed by those issues raised. Furthermore, they are addressed within Section 6 and **Appendix III** of this HIA.

6. Baseline

Introduction

6.1. 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.
- Open space and public realm.
- Crime.
- Health characteristics of the local population.
- Levels of Physical Activity.

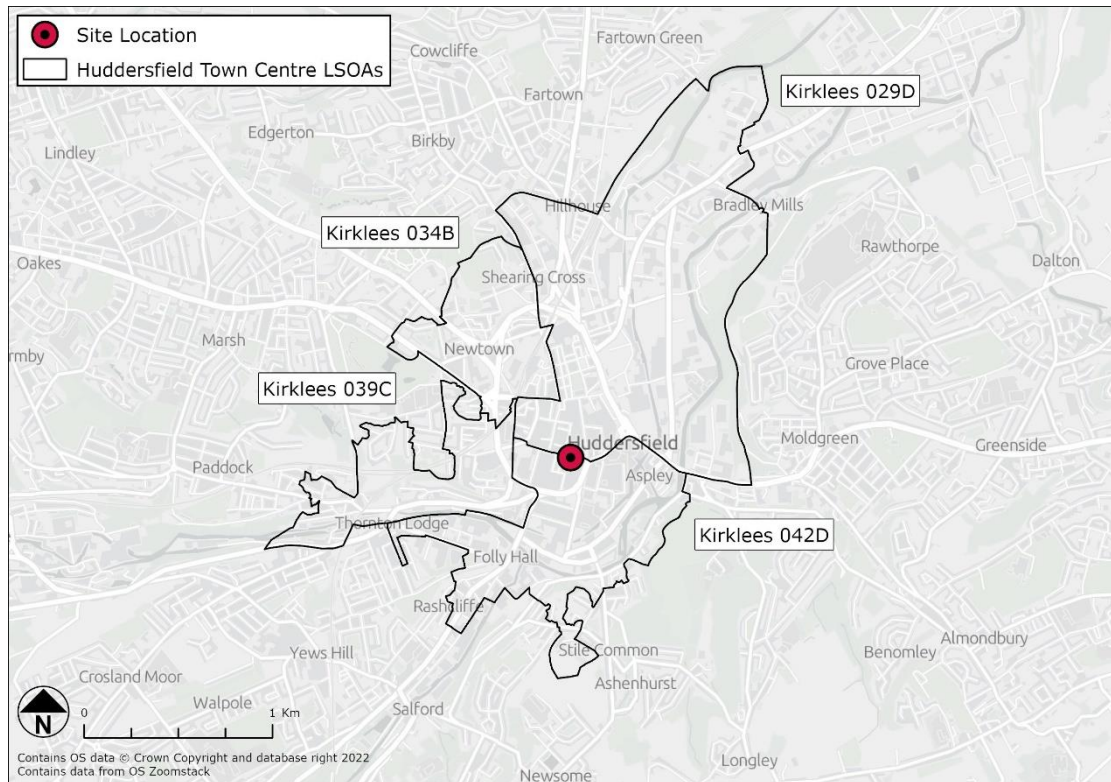
Local Area Profile

6.2. The baseline looks at two different spatial scales: Kirklees and Huddersfield Town Centre:

- Kirklees includes the areas of Huddersfield, the Holme Valley, the Colne Valley, the Dearne Valley and North Kirklees (Dewsbury, Batley and Spennings Valley), and is essentially the District in which the Site is located.
- Huddersfield Town Centre focuses on the immediate surrounding area of the Proposed Development and is a 'best fit' for the town centre of Huddersfield.

6.3. Figure 6.1 shows the Lower Super Output Areas (LSOAs) that have been used to represent Huddersfield Town Centre. Four LSOAs are utilized, namely Kirklees O29D, Kirklees O42D, Kirklees O39C and Kirklees O34B. The Site falls roughly in the centre of this area, located across the boundaries of two of the LSOAs, specifically Kirklees O29D and Kirklees O42D.

Figure 6.1: Huddersfield Town Centre and Site Location

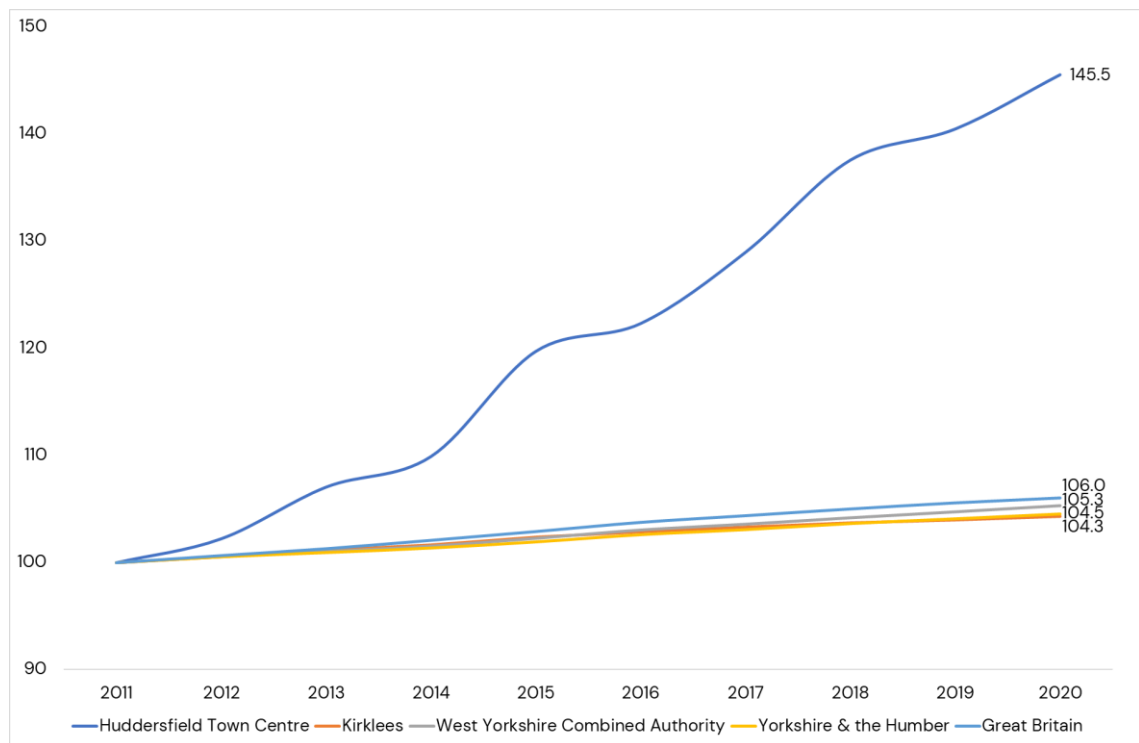


Population

Population Estimates

- 6.4. Based on ONS data, the population of Huddersfield Town Centre increased by 45.5% between 2011 and 2020, an absolute increase of 3,768 people. This compares to growth of 4.3% in Kirklees, 5.3% in West Yorkshire Combined Authority, 4.5% in Yorkshire and the Humber and 6% in Great Britain. Figure 6.2 shows the population changes in more detail.

Figure 6.2: Population Change, 2011–20 (2011=100)



Source: ONS, Population Estimates

- 6.5. The fastest growing age group in Huddersfield Town Centre between 2011 and 2020 were those aged 16–64 which increased by 55.3% (3,637). Of this, 51% (1,919) of the increase was a result of people aged 18–25. Based on data from the Higher Education Statistics Authority (HESA), as of the academic year 2020/21 there were 20,610 students at the University of Huddersfield. This represents an increase of almost 1,000 students since 2014/15. It is reasonable to assume that the increase in the younger population in Huddersfield Town Centre could, at least in part, be a result of the increase in the number of students studying and staying in Huddersfield. The number of people aged 0–15 in the Town Centre grew by 16.3% (169), whereas those aged 65 and over fell by 5.7% (38). In all other comparator areas, those aged 65 and over were the fastest growing age group with a rise of 22.1% in Kirklees, 17.7% in West Yorkshire Combined Authority, 18.3% in Yorkshire and the Humber and 19.6% in Great Britain.

Population Projections

- 6.6. Tables 6.1–6.4 show the population projections in Kirklees, West Yorkshire Combined Authority, Yorkshire and the Humber and England¹⁵. It is projected that the fastest growing age group in all areas were those aged 65 and over with a growth of 36.6% in Kirklees, 35.1% in West Yorkshire Combined, 36.3% in Yorkshire and the Humber and 40.8% in England. The number of people aged 0–15 declined in all areas with a fall of 6.8% in Kirklees. Kirklees also saw a decline of 0.6% in people aged 16–64.

¹⁵ Data at the LSOA spatial scale is not available in respect of population projections and therefore it is not possible to present projections for Huddersfield Town Centre.

Table 6.1: Population Projections in Kirklees, 2018–38

	2018	2038	Absolute Change	% Change
0-15	89,819	83,742	-6,077	-6.8%
16-64	272,060	270,465	-1,595	-0.6%
65+	76,848	104,995	28,147	36.6%
Total	438,727	459,204	20,477	4.7%

Source: ONS, Population Projections

Table 6.2: Population Projections in West Yorkshire Combined Authority, 2018–38

	2018	2038	Absolute Change	% Change
0-15	476,813	464,777	-12,036	-2.5%
16-64	1,460,576	1,493,893	33,317	2.3%
65+	382,825	517,194	134,369	35.1%
Total	2,320,214	2,475,866	155,652	6.7%

Source: ONS, Population Projections

Table 6.3: Population Projections in Yorkshire and the Humber, 2018–38

	2018	2038	Absolute Change	% Change
0-15	1,046,381	1,002,967	-43,414	-4.1%
16-64	3,416,898	3,431,682	14,784	0.4%
65+	1,016,336	1,384,927	368,591	36.3%
Total	5,479,615	5,819,573	339,958	6.2%

Source: ONS, Population Projections

Table 6.4: 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

- 6.7. The 2019 Index of Multiple Deprivation 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, 258 of which fall within Kirklees.
- 6.8. The scheme falls within two LSOAs, these are Kirklees O29D, which has an overall rank of 2,928, putting it in the top 10% most deprived LSOAs in England and Kirklees O42D, which has an overall rank of 9,558, putting it in the top 30% most deprived LSOAs in England. When looking at individual domains of deprivation, Kirklees O29D has its highest rank in the crime domain with a rank of 2,488, putting it in the top 10% most deprived for this domain. Its lowest rank is in health where it ranks 6,409, however this is still in the top 20% most deprived LSOAs for this domain. Kirklees O42D has its highest rank in living environment where it ranks 1,300, putting it in the top 10% most deprived LSOAs for this domain and it has its lowest rank in employment, with a rank of 19,370, putting it in the top 50% least deprived LSOAs for this domain.

6.9. The full list of the domain rankings for Kirklees O29D and Kirklees O42D are set out in Tables 6.5 and 6.6 respectively below. The lower the number the more deprived the area is relative to other LSOAs nationally.

Table 6.5: Kirklees O29D IMD 2019 Domain Rankings

IMD 2019 Domain	Kirklees O29D Rank (out of 32,844, 1 being the most deprived)
Overall IMD	2,928
Income	3,753
Employment	4,566
Education & Training	5,096
Health	6,409
Crime	2,488
Barriers to Housing and Services	3,677
Living Environment	2,923

Source: Ministry for Housing, Communities & Local Government

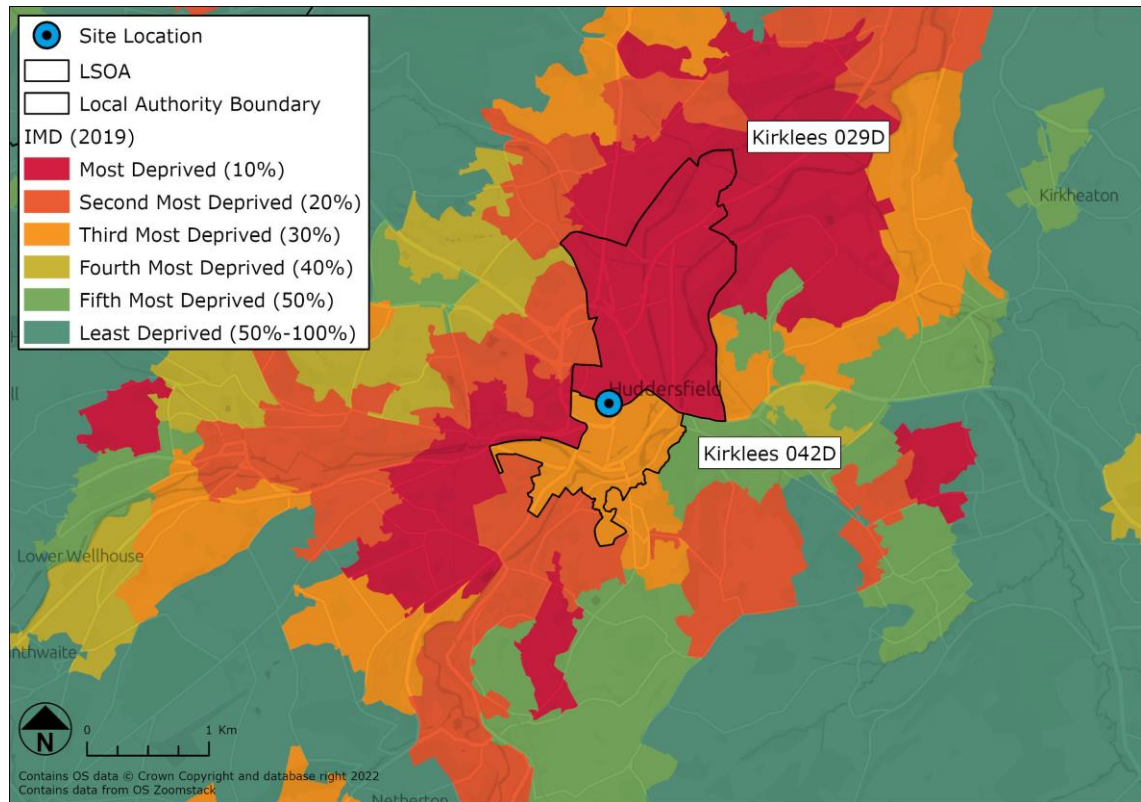
Table 6.6: Kirklees O42D IMD 2019 Domain Rankings

IMD 2019 Domain	Kirklees O42D Rank (out of 32,844, 1 being the most deprived)
Overall IMD	9,558
Income	17,587
Employment	19,370
Education & Training	10,382
Health	3,957
Crime	10,920
Barriers to Housing and Services	8,639
Living Environment	1,300

Source: Ministry for Housing, Communities & Local Government

6.10. Figure 6.3 shows the overall IMD rank for the site location, Kirklees O29D and Kirklees O42D. There are large areas of deprivation close to the site, with many of the LSOAs directly next to Kirklees O29D and O42D and within Huddersfield Town Centre fall into the top 10% and top 20% most deprived LSOAs in England. Further out from the town centre, the levels of deprivation decline, with some LSOAs falling into the top 50% least deprived LSOAs in England.

Figure 6.3: Index of Multiple Deprivation for Site Location

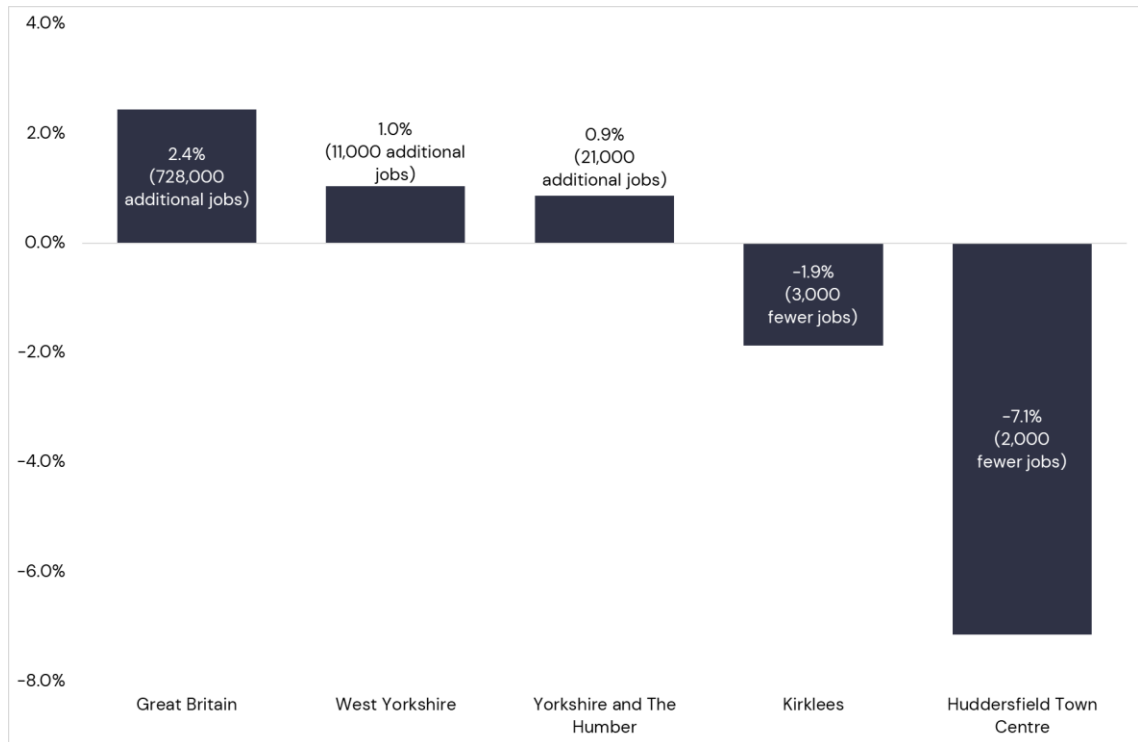


Source: Ministry for Housing, Communities and Local Government

Employment

- 6.11. Based on the most recent data from the Business Register & Employment Survey (BRES) published by ONS, in 2020 around 158,000 people – including the self-employed – worked in Kirklees, of which 26,000 people work in Huddersfield Town Centre.
- 6.12. Between 2015 and 2020, both Huddersfield Town Centre and Kirklees LPA both experienced an employment decline of 7.1% (2,000 fewer jobs – see figure 6.4) and 1.9% (3,000 fewer jobs). This compares to jobs growth of 1% (11,000 additional jobs) in West Yorkshire, 0.9% (21,000 additional jobs) in Yorkshire and the Humber and 2.4% (728,000 additional jobs) in Great Britain. The Proposed Development will create new job opportunities for residents and people living in the wider area bringing it more in line with regional and national growth rates. This point is particularly important considering the long-term impact which coronavirus will have on the economy.

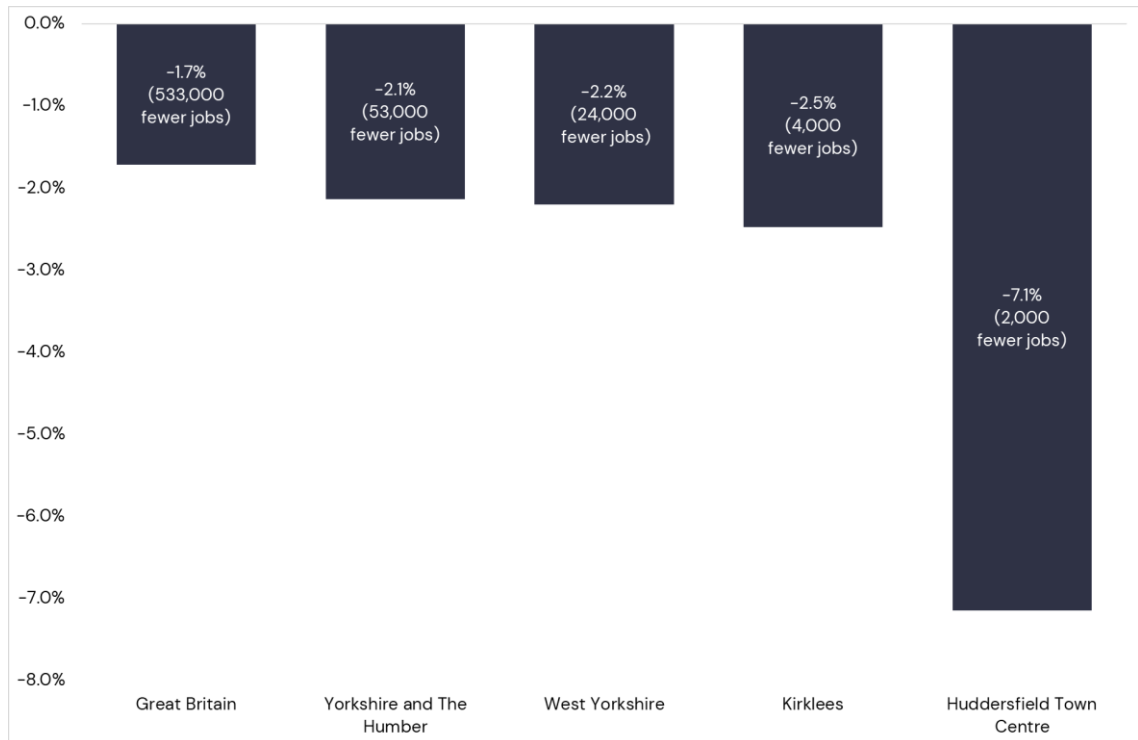
Figure 6.4: Employment Change, 2015–20



Source: ONS, Business Register & Employment Survey

6.13. Figure 6.5 shows the employment change in Huddersfield Town Centre, Kirklees and comparator areas for 2019–2020, reflecting the impact of the Covid-19 pandemic on the labour market. Between 2015 and 2019, employment in Kirklees and in Huddersfield Town Centre remained at a similar level, however, the impact of the Covid-19 pandemic resulted in jobs declining in both Kirklees and Huddersfield Town Centre. The largest decline was seen in Huddersfield Town Centre, where jobs fell by 7.1% (2,000 fewer jobs). This compares to a fall of 2.5% (4,000 fewer jobs) in Kirklees, 2.2% (24,000 fewer jobs) in West Yorkshire, 2.1% (53,000 fewer jobs) in Yorkshire and the Humber and 1.7% (533,000 jobs) in Great Britain.

Figure 6.5: Employment Change, 2019–20



Source: ONS, Business Register & Employment Survey

- 6.14. Table 6.7 shows employment by sector in all comparator areas. In Huddersfield Town Centre and Kirklees, public administration, education and health accounts for the highest proportion of jobs accounting for 33.6% (9,000 jobs) and 26.7% (42,000 jobs) of total employment respectively.
- 6.15. Construction accounts for 5.7% of employment in Kirklees (9,000 jobs) and this sector is likely to see new opportunities created during the build phase of the scheme.

Table 6.7: Employment by Sector, 2020

	Huddersfield Town Centre	Kirklees	West Yorkshire	Yorkshire & the Humber	Great Britain
Agriculture, mining, utilities etc.	0.4%	1.4%	1.8%	2.8%	2.9%
Manufacturing	11.2%	15.3%	9.8%	11.0%	7.7%
Construction	0.9%	5.7%	5.0%	5.3%	4.9%
Wholesale & retail	17.9%	19.1%	14.7%	14.7%	14.7%
Transport & storage	2.6%	4.5%	5.2%	5.3%	5.0%
Accommodation & food services	5.6%	5.7%	5.3%	6.3%	7.1%
Information & communication	1.5%	1.6%	3.1%	2.6%	4.3%
Business, financial & professional services	18.8%	15.6%	24.5%	21.1%	22.7%
Public admin, education & health	33.6%	26.7%	26.7%	26.9%	26.3%

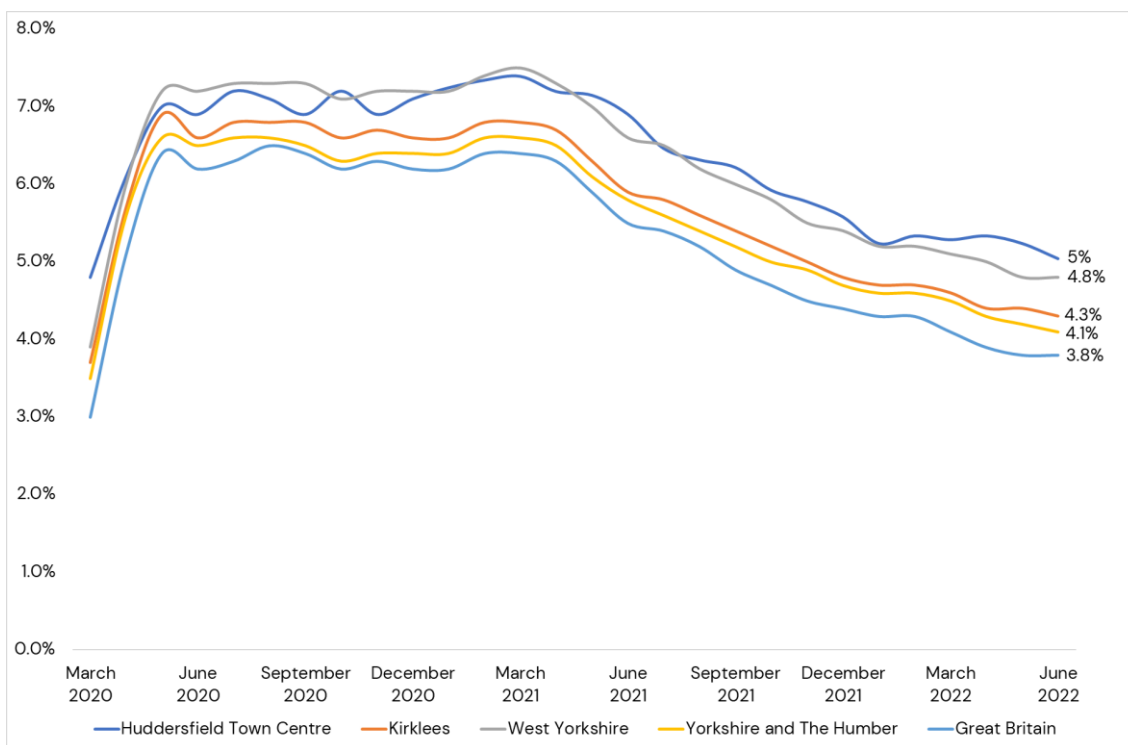
Arts, entertainment, recreation & other services	7.5%	4.5%	3.9%	4.0%	4.3%
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Source: ONS, Business Register & Employment Survey

Unemployment

- 6.16. 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.
- 6.17. Figure 6.6 shows the claimant count in Huddersfield Town Centre, Kirklees, West Yorkshire, Yorkshire and the Humber and Great Britain for every month from March 2020 to June 2022, expressed as a proportion of residents aged 16–64. For all areas shown in the chart, a sharp rise is evident in the claimant count between March and April 2020, 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. Further details on this are provided below.
- 6.18. 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.
- 6.19. In March 2020, the claimant count in Kirklees was 3.7% and by June 2022 it had risen to 4.3%. This represents an increase of 1,625 more people claiming benefits. The claimant count in Huddersfield Town Centre was 5% in June 2022, increasing from 4.8% in March 2020. Huddersfield Town Centre has the highest claimant count of all comparator areas, with rates of 4.8% in West Yorkshire, 4.1% in Yorkshire and the Humber and 3.8% in Great Britain.
- 6.20. 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 6.6: Claimant Count as % of Residents aged 16–64, 2020–22



Source: ONS, Claimant Count

Crime

- 6.21. According to data from LG Inform¹⁶, in the 12 months ending 2022 Q1, Kirklees had a total of 45,285 recorded offences (excluding fraud). This was a rate of 102.62 per 1,000 population. This was below the rate in Yorkshire and the Humber of 105.32 but above the rate for England at 88.762 in 2022 Q1.
- 6.22. The rate of victim-based crimes in Kirklees was below the regional, but above the national rate. For victim-based crime there was a total of 35,739 recorded offences. This gives a rate of 80.99 per 1,000 population, compared to a rate of 85.14 per 1,000 in Yorkshire and the Humber and 73.30 per 1,000 in England. For violence against the person the total was 20,499 recorded offences in Kirklees. This gives a rate of 46.45 per 1,000 population, compared to a rate of 43.28 per 1,000 in Yorkshire and the Humber and 34.95 per 1,000 in England.

Health Characteristics of Local Population

- 6.23. Overall, many of the health indicators in Kirklees are significantly worse when compared to averages for England. Life expectancy for males in Kirklees is 78.5, this compares to 78.7 in Yorkshire and the Humber and is significantly worse than the England average of 79.6¹⁷. Life expectancy for females in Kirklees is 82.5, compared to 82.4 in Yorkshire and the Humber and

¹⁶ Available here: <https://lginform.local.gov.uk/reports/lgastandard?mod-metric=1071&mod-period=1&mod-area=E08000034&mod-group=E92000001&mod-type=area> (Accessed: 03/08/2022).

¹⁷ Public Health Profile: Kirklees, 2019. Public Health England, March 2020. Accessed 3 August 2022. Available at: <https://fingertips.phe.org.uk/static-reports/health-profiles/2019/E08000034.html?area-name=Kirklees>



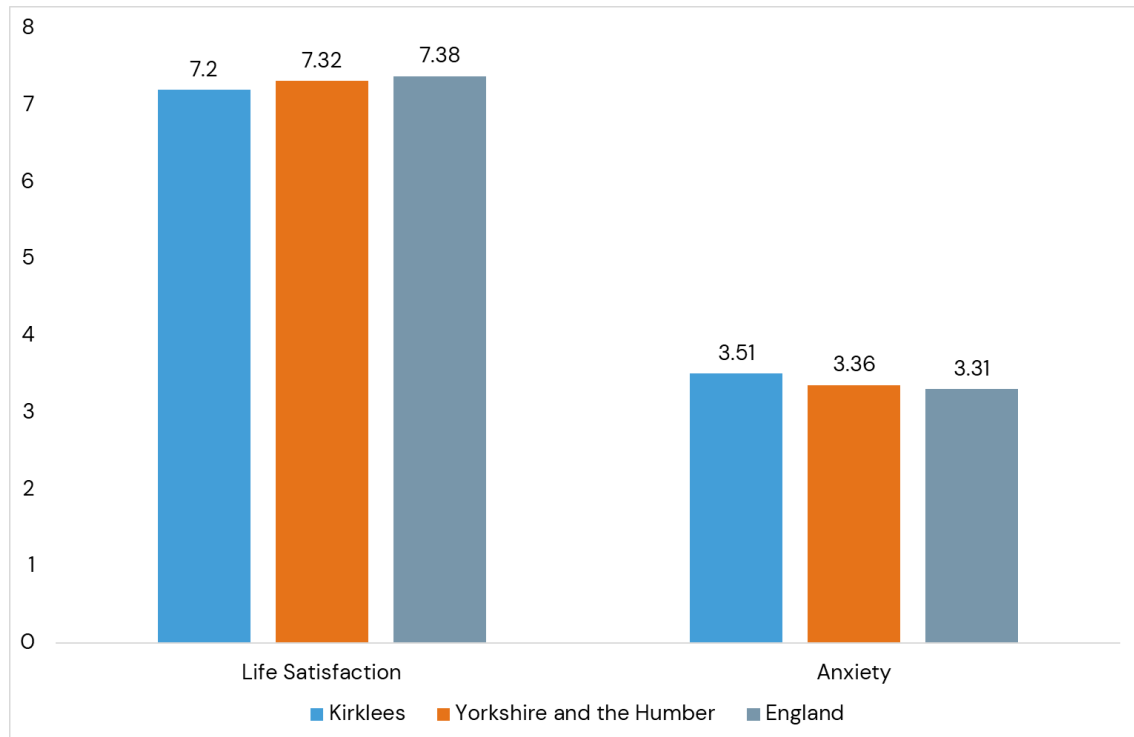
83.2 in England. Life expectancy in Kirklees also varies within the local authority. Life expectancy is 9.1 years lower for men and 6.9 years lower for women in the most deprived areas of Kirklees than the least deprived areas.

- 6.24. The under 75 mortality rate in Kirklees was 364.9. This was above the rate in the North West at 363.2 and is significantly worse than the rate in England at 330.5. This was similar for the under 75 mortality rate from cardiovascular diseases in Kirklees where the rate was 83 per 100,000. This compares to 82 in Yorkshire and the Humber and 71.7 in England.
- 6.25. In Kirklees 21.1% of children in year 6 were classified as obese, this is better than the rate in the Yorkshire and the Humber of 21%, but above the rate in England of 20.2%. At a ward level, data from Public Health England¹⁸ shows that in Newsome ward (within which the Proposed Development sits), 24.5% of year 6 children were classed as obese between 2017/18 and 2019/20. This was the fourth highest rate of all the wards within Kirklees.
- 6.26. Data from the Office for National Statistics looks at annual personal well-being estimates¹⁹. The data presents results from a survey where respondents rank how satisfied they were with life on a scale from 0 to 10, where 0 was not satisfied at all and 10 was completely satisfied. In Kirklees, the average rate for life satisfaction in 2020/21 was 7.20 (see Figure 6.7). This was below the average rate of 7.32 in Yorkshire and the Humber and the rate of 7.38 in the whole of England.
- 6.27. The same survey asks respondents how anxious they felt yesterday, where a rank of 0 is not anxious at all and a rank of 10 is completely anxious. The average rank for anxiety in Kirklees for 2020/21 was 3.51 (see Figure 6.7). This is above the average rank seen in Yorkshire and the Humber of 3.36 and the average seen in England of 3.31.

¹⁸ Obesity Profile: Kirklees 2017/18–2019/20. Accessed 3 August 2022. Available at: <https://fingertips.phe.org.uk/profile/national-child-measurement-programme/data#page/3/gid/1938133288/pat/401/par/E08000034/ati/8/jid/93107/age/201/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1/page-options/car-do-0>

¹⁹ Office for National Statistics: Annual Personal well-being estimates. Accessed 3 August 2022. Available here: <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/datasets/headlineestimatesofpersonalwellbeing>.

Figure 6.7: Wellbeing Estimates, 2020/21

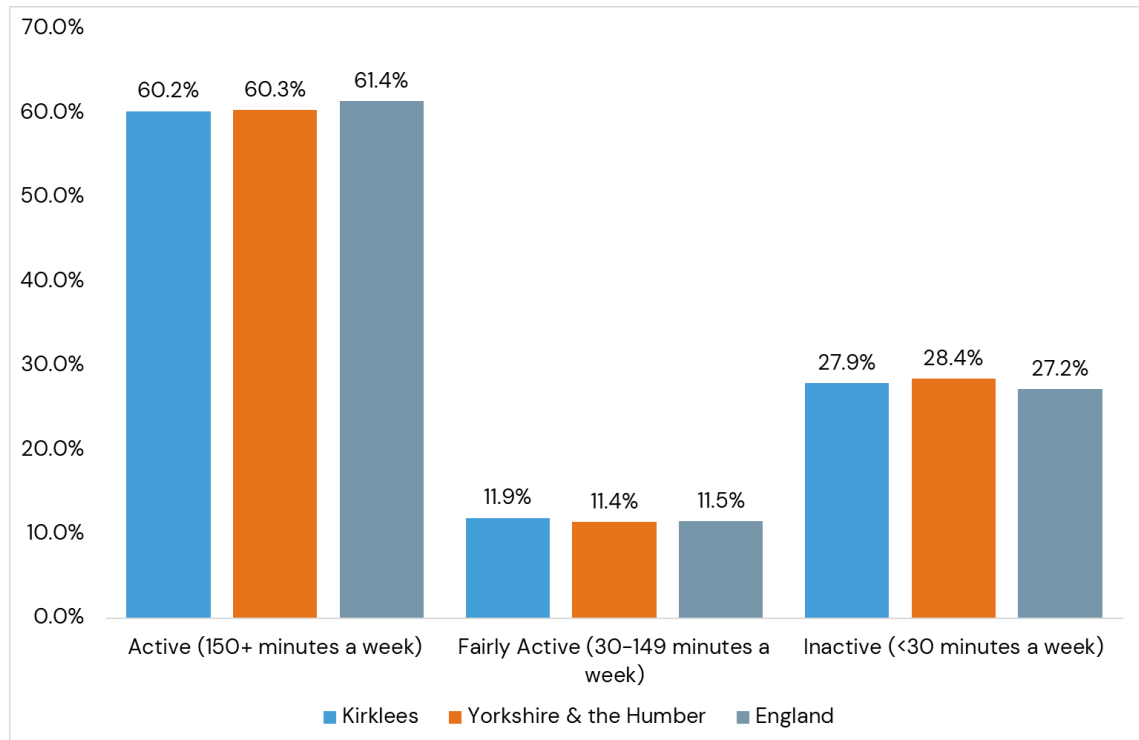


Source: ONS

Physical Activity

- 6.28. Figure 6.8 shows the physical activity levels of adults aged 16+ in Kirklees, Yorkshire and the Humber and England for the period November 2020–21. In Kirklees, 60.2% of people aged 16+ were classed as active. This means they engaged in at least 150 minutes of physical activity a week. This was below the rate of adults who were active in Yorkshire and the Humber (60.3%) and England (61.4%). In the same period, 27.9% of adults in Kirklees were classed as inactive, however, this was above the rate seen in Yorkshire and the Humber (24.1%), but below the rate seen in England (27.2%).

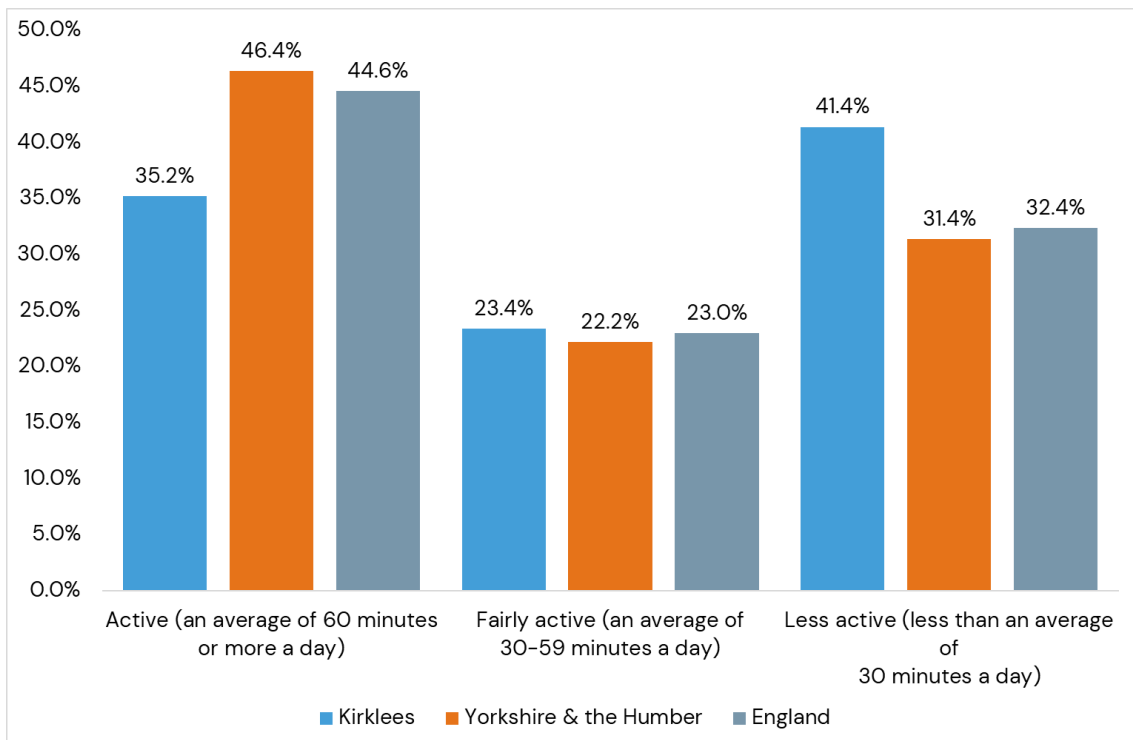
Figure 6.8: Levels of Physical Activity in adults aged 16+, November 2020-21



Source: Sport England, Active Lives Survey

6.29. Figure 6.9 shows the levels of physical activity in children in years 1-11 for the academic year May 2020-May 2021. As shows, 35.2% of children in year 1-11 in Kirklees are classed as active, which is defined as engaging in at least 60 minutes of physical activity a day. This is below the rate seen in Yorkshire and the Humber (46.4%) and England (44.6%). In the same academic year, 41.4% of children in Kirklees were classed as inactive, meaning they engaged in less than 30 minutes of physical activity a day. This was above the rate of inactivity seen in Yorkshire and the Humber (31.4%) and England (32.4%).

Figure 6.9: Levels of Physical Activity in Children in Year 1-11, Academic Year May 2020-21



Source: Sport England, Active Lives Survey

7. Impacts of the Scheme

- 7.1. A full review of evidence associated with each of the nine health determinants is presented in **Appendix III**. 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 including any mitigation or enhancement measures that will be recommended (see Table 7.1).

Table 7.1: Summary of health determinants

Health determinant	Overall impact	Mitigation / Enhancement Measures
Construction	-	Secure implementation of a CEMP through planning condition to minimise impact.
Housing	N/A	N/A
Access to sustainable travel and transport	+	Secure implementation of Travel Plan through planning condition to maximise positive impacts of the scheme.
Access to open and green space	+	Design to be constructed as proposed. Associated conditions to apply, including but not limited to, external lighting provision.
Access to healthy food	+	Design to be constructed as proposed.
Community safety	+	Design to be constructed as proposed. Implementation of Travel Plan secured by condition and external lighting scheme.
Employment and economy	+	Implementation of Travel Plan by condition.
Community cohesion	+	Design to be constructed as proposed.
Climate change	+	Design to be constructed as proposed .

8. Conclusions

- 8.1. The Proposed Development, by contributing new and refurbished public space and community use in Huddersfield Town Centre, it is expected to contribute positively to health and well-being of the local population through a range of economic, physical and social benefits.
- 8.2. This HIA has examined the demographic and health profile of Kirklees and areas of need in the District. This helps to show how the Proposed Development can positively affect and contribute to these while also considering if there might be an adverse effect on the provision of services.
- 8.3. Population has increased at a considerably faster growth rate in the last 10 years in Huddersfield Town Centre in comparison to Kirklees as a whole, West Yorkshire Combined Authority and Great Britain. Those people within working age (16–64 years) have seen the greatest growth, with a smaller proportion of growth shown for those aged 0–15 years, whilst there was a reduction in those aged 65 years and over. Population projects indicate that there is expected to be similar growth rates at all spatial scales in the over 65 years age group, whereas there is predicted to be a decline in proportion of the population between 0–15 years and 16–64 years. The provision of employment opportunities and facilities and amenities for all age groups offered by this proposal will help to attract and provide for people of all age groups in the area.
- 8.4. The part of the District in which the Proposed Development is located is in at least the top 30% most deprived LSOAs in the country, with part of the Site and some of the immediate surrounding areas noted as being within the top 10% most deprived LSOAs in the country. The Proposed Development will generate employment during the construction and operational phases, as well as draw in investment which will benefit the local economy, seeks to ensure safe community spaces through design, and will offer amenities and activities that will enhance the overall physical and mental health of the local population, all of which will help to alleviate deprivation levels in the LSOAs over time.
- 8.5. As noted, the Proposed Development will generate temporary direct jobs during the construction period. It is expected that construction contractors will make use of local workforce wherever possible for the duration of the build programme. Once the Proposed Development, permanent employment will be generated as well as generation of economic benefits to the wider District.
- 8.6. Walking, cycling, and use of public transport are all facilitated by the Proposed Development, both in terms of its design and also management measures to be implemented, such as via the Travel Plan. All of these provisions will contribute to encouraging increased activity of local residents and users of the Proposed Development and indirectly improve health.
- 8.7. Access to and use of public realm and recreational amenity is fundamental to the Proposed Development. The proposals provide enhanced opportunity for involvement of local residents and users in activities which will nurture and improve physical and mental wellbeing.
- 8.8. Energy efficiency, sustainability by design and resilience is proposed. The Client and Design Team have set ambitious embodied carbon targets for the scheme and are undertaking a

technical review of what materials and components can be feasibly reused in support of best practice circular economy principles. Sustainable Urban Drainage Systems are to be implemented, which will help to make the town centre more climate resilient and biodiverse.

- 8.9. The proposals offer direct and indirect opportunities to address identified health inequalities in the District, and ultimately improve the social, economic environment, and the physical environment within Huddersfield Town Centre. Overall, the potential health impact of the Proposed Development is expected to be positive and key issues in respect of health inequalities in the District are shown by this HIA to be addressed by the proposals.



Appendix I Site Location Plan



Appendix II Site Layout Plan



Appendix III Kirklees Council Rapid HIA Template

Rapid Health Impact Assessment Template

Planning and Development Issue

Construction	Impact			Certainty		Description of Impact on health and your rationale for this	Recommendation (to minimise or maximise impact)
	+	-	?	?	!		
Pollution (e.g air, dust, noise)		-			!	<p>For the purposes of this assessment, it is assumed that there would be a temporary adverse effect on nearby receptors as a result of construction activities.</p> <p>All construction activities will be undertaken in accordance with CIRIA (2001) Control of Water Pollution from Construction Sites which promotes environmental good practice for control of water pollution arising from construction activities. The construction drainage system will be designed and managed to comply with BS6031 "The British Standard Code of Practice for Earthworks"²⁰, which details methods that should be considered for the</p>	Secure implementation of a CEMP through planning condition to minimise impact.

²⁰ BSI British Standards Code of Practice for Earthworks, BS 6031:2009. Second (present) revision December 2009. Available at: [BS 6031:2009 Code of practice for earthworks \(geotechnicaldesign.info\)](http://www.geotechnicaldesign.info).

					<p>general control of drainage on construction sites.</p> <p>A number of control measures will be incorporated into the CEMP, including, but not limited to:</p> <ul style="list-style-type: none"> • Temporary surface water management system, e.g. oil interceptors and holding tanks to remove suspended sediment before discharge. • Equipment maintenance. • Wheel washing. • Covering stockpiles. • Storage of substances in accordance with applicable legislation. <p>All external lighting and illumination would be designed carefully in accordance with relevant British Standards and Institute of Lighting Professionals (ILP) and the CIE (International Commission on Illumination) report.</p>	
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Planning and Development Issue

Housing	Impact			Certainty		Description of Impact on health and your rationale for this	Recommendation (to minimise or maximise impact)
	+	-	?	?	!		
Housing Mix	N/A					N/A	N/A
Affordable Housing	N/A					N/A	N/A
Accessible and adaptable housing	N/A					N/A	N/A
Energy efficiency (cold homes and fuel poverty)	N/A					N/A	N/A
Accidents - falls	N/A					N/A	N/A
Accidents – fire safety	N/A					N/A	N/A
Other	N/A					N/A	N/A

Planning and Development Issue							
Access to Sustainable Travel and Transport	Impact			Certainty		Description of Impact on health and your rationale for this	Recommendation (to minimise or maximise impact)
	+	-	?	?	!		
Promotion and ease of cycling and walking	+				!	Consideration has been given to encouraging sustainable travel, utilising the nearby public transport, development of a Travel Plan and integration of Kirklees' proposed cycle routes along Queensgate. The new multi-storey car park will contain 350 car parking spaces and 6 no. motorcycle spaces. Of these car parking spaces, 70 are EVCP, 35 offer disabled parking and 8 of the disabled parking spaces have	Secure implementation of Travel Plan through planning condition to maximise positive impacts of the scheme.

						EVCP, meaning the remaining 62 are distributed elsewhere. Cycle parking for 1:10 staff is proposed within buildings, with access to showers and changing facilities also provided. Cycle parking (approximately 140 spaces across the development), lockers and changing facilities will be provided for visitors. The amount aligns with Policy and BREEAM targets.	
Access to public transport links	+				!	Buses travel around the Site and a number of bus stops are located along Peel Street, Queensgate and Queen Street. The Proposed Development will promote sustainable modes of transport and the servicing strategy for the development will need to be mindful of the bus traffic along Peel Street, Alfred Street, Queensgate and Queen Street.	Secure implementation of Travel Plan through planning condition to maximise positive impacts of the scheme.

Planning and Development Issue							
Access to open and green space	Impact			Certainty		Description of Impact on health and your rationale for this	Recommendation (to minimise or maximise impact)
	+	-	?	?	!		
Safe, secure and accessible open and green space for all	+				!	A number of design features are proposed that aim to ensure public safety when the Proposed Development is completed and in use. These include:	Design to be constructed as proposed. Associated conditions to apply, including but not limited to, external lighting provision.

					<ul style="list-style-type: none"> • Clear, legible pedestrian routes with good visibility. • Spatial design avoids creating spaces which would be prone to colonisation by groups which can feel threatening to others. • External lighting will be provided throughout the park, with key pedestrian routes lit to highway standards. • CCTV coverage will be provided. • Hostile vehicle mitigation will be provided. • Emergency call button to be located within the park. • Recommendation for a staffed park management suite located within the park. <p>The designers of the scheme have worked with West Yorkshire Police 'Secure by Design' officers to develop strategies to ensure that the proposals meet this objective in accordance with Policy LP24 (part e)..</p>	
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Play space	+				!	The play areas for children and families will provide a wide range of play and recreation facilities to suit a range of needs.	Design to be constructed as proposed.
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Planning and Development Issue							
Access to healthy food/food	Impact			Certainty		Description of Impact on health and your rationale for this	Recommendation (to minimise or maximise impact)
	+	-	?	?	!		
Ease of access to local supermarkets or convenience stores	+				!	Refurbishment and change of use of existing Queensgate Market Hall into new food hall. It is expected that a wide range of food options will be available within this premises. In addition, access is encouraged and enhanced to facilitate use of the town centre by residents of the wider district, thereby indirectly improving access to local supermarkets and convenience stores within the town centre.	Design to be constructed as proposed.
Opportunities for local food growing			?	?		No areas for growing of food is provided within the proposals.	None

Planning and Development Issue							
Community Safety	Impact			Certainty		Description of Impact on health and your rationale for this	Recommendation (to minimise or maximise impact)
	+	-	?	?	!		
Traffic management	+				!	Aims and ambitions of the proposals include for the development to be safe and traffic-	Design to be constructed as proposed. Implementation of Travel Plan secured by condition.

						free as far as possible, to enable access and egress from the venue and car park optimising journey time, minimising congestion, and maximising safety, and facilitating ease and safety of servicing and deliveries to the Site. Traffic modelling has been undertaken and the outputs to date have informed the design of the Proposed Development.	
Lighting	+				!	External lighting will be appropriately designed, including position and direction, throughout the external areas of the Proposed Development.	Implementation of lighting design to be secured by condition.
Safe and secure play areas	+				!	The play areas for children and families will provide a wide range of play and recreation facilities to suit a range of needs.	Design to be constructed as proposed.
Safe and inclusive environments	+				!	<p>A number of design features are proposed that aim to ensure public safety when the Proposed Development is completed and in use. These include:</p> <ul style="list-style-type: none"> • Clear, legible pedestrian routes with good visibility. • Spatial design avoids creating spaces which would be prone to colonisation by groups which can feel threatening to others. 	Design to be constructed as proposed. Associated conditions to apply, including but not limited to, external lighting provision.

						<ul style="list-style-type: none"> • External lighting will be provided throughout the park, with key pedestrian routes lit to highway standards. • CCTV coverage will be provided. • Hostile vehicle mitigation will be provided. • Emergency call button to be located within the park. • Recommendation for a staffed park management suite located within the park. <p>It is noted that the designers of the scheme have worked with West Yorkshire Police 'Secure by Design' officers to develop strategies to ensure that the proposals meet this objective in accordance with Policy LP24 (part e).</p>	
Prevention of crime and anti-social behaviour	+				!	As above.	Design to be constructed as proposed. Associated conditions to apply, including but not limited to, external lighting provision.

Planning and Development Issue							
Employment and Economy	Impact			Certainty		Description of Impact on health and your rationale for this	Recommendation (to minimise or maximise impact)
	+	-	?	?	!		

Local employment opportunities	+				!	During the construction phase, the Proposed Development will support up to 924 temporary jobs on and off-site during the 3-year build phase. Once operational, the Proposed Development will support up to 459 gross FTE jobs.	None required.
Access of a variety of travel modes to places of work	+				!	A variety of modes of travel to work are facilitated and/or encouraged by the proposals. These include walking, making use of nearby public transport, cycling, and vehicles (including electrical vehicle options).	Design to be constructed as proposed. Implementation of Travel Plan by condition.

Planning and Development Issue							
Community Cohesion	Impact			Certainty		Description of Impact on health and your rationale for this	Recommendation (to minimise or maximise impact)
	+	-	?	?	!		
Ease of access to public spaces for all	+				!	The Proposed Development is designed to be entirely accessible for all individuals inclusive of mobility impairments and disability. Elements of the design that will facilitate this include, but are not limited to, the gallery benefiting from level pedestrian visitor access at grade on both of its entrance levels and two internal public lifts, flush and level accesses to the library as well as dementia-appropriate design throughout, and a wide range of accessibility and	Design to be constructed as proposed.

						dementia-specific proposals for the venue.	
Opportunities for promoting community interaction	+				!	Community use and interaction are the fundamental uses that are facilitated by the designed elements of the Proposed Development.	Design to be constructed as proposed.

Planning and Development Issue							
Climate Change	Impact			Certainty		Description of Impact on health and your rationale for this	Recommendation (to minimise or maximise impact)
	+	-	?	?	!		
Green infrastructure	+				!	The Proposed Development aims to include for high quality, resilient and contextually appropriate ecological and green infrastructure through application of a number of principles. This includes, but is not limited to, designing a multifunctional green infrastructure that supports the health and wellbeing of people through creating space for active travel, recreation and connection with others and with nature.	Design to be constructed as proposed.
Low carbon and renewable energy	+				!	Energy efficiency and low carbon design have been key considerations in respect of the Proposed Development. The Client and Design Team have set ambitious embodied carbon targets for the scheme and are undertaking a technical review of what materials and components can be feasibly	Design to be constructed as proposed.

						<p>reused in support of best practice circular economy principles. Timber structures and low carbon cladding materials are being investigated where feasible as a means to reduce the inherent embodied impact of the scheme. In the museum, it is proposed to ensure use of technologies to generate heat and domestic hot water, and brand new and efficient building services will be installed. The new gallery building will look to achieve exemplary levels of energy efficiency and has been designed to be a low embodied carbon building. The provision of electric charging points for vehicles parking in the MSCP will further contribute to these targets.</p>	
Flood risk and drainage	+				!	<p>Sustainable Urban Drainage Systems are proposed, which will help to make the town centre more climate resilient and biodiverse.</p>	<p>Design to be constructed as proposed.</p>

Kirklees Cultural Heart

Health Impact

Assessment

P21-0731 R002v4 EC HIA