Health Impact Assessment of Spatial Development Options

October 2026

North Herts Council

Translation

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(Panjabi)

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(Polish)

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(Italian)

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(Hungarian)

இந்த வெளியீட்டைப் புரிந்துகொள்வதில் உங்களுக்குச் சிரமம் இருந்தாலோ அல்லது ஆங்கிலம் உங்கள் தாய்மொழி அல்ல என்றாலோ, தயவுசெய்து 01462 474000 என்ற எண்ணில் வியூகத் திட்டமிடல் குழுவைத் தொடர்புகொள்ளவும், நாங்கள்

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(Tamil)

જો તમને આ પ્રકાશન સમજવામાં મુશ્કેલી પડતી હોય અથવા અંગ્રેજી તમારી માતૃભાષા ન હોય, તો કૃપા કરીને 01462 474000 પર સ્ટ્રેટેજિક પ્લાનિંગ ટીમનો સંપર્ક કરો અને અમે તમને મદદ કરવા માટે અમારા શ્રેષ્ઠ પ્રયાસો કરીશું.

(Gujarati)

Jei jums sunku suprasti šį leidinį arba anglų kalba nėra jūsų gimtoji kalba, susisiekite su Strateginio planavimo komanda telefonu 01462 474000 ir mes padarysime viską, kad jums padėtume.

(Lithuanian)

CONTENTS

INTRODUCTION

1. Introduction

What is a Health Impact Assessment?

A Health Impact Assessment (HIA) is a structured and evidence-based process used to identify and evaluate the potential positive and negative effects that a policy, plan, programme or development proposal may have on the health and wellbeing of a population. The purpose of an HIA is to ensure that health considerations are integrated into decision-making and that opportunities to improve health outcomes are maximised while any adverse impacts are identified and mitigated. HIAs recognise that health is influenced not only by healthcare services, but also by the social, environmental and economic conditions in which people live, work and age, often referred to as the wider determinants of health.

Planning has a significant influence on these wider determinants through decisions about the location of housing, employment, transport infrastructure, green spaces, community facilities and environmental protection. The way growth is distributed across an area can therefore have important implications for physical health, mental wellbeing, social cohesion, access to opportunity and health inequalities. HIA enables these implications to be considered systematically at an early stage of plan-making so that healthier places can be created.

Policy context

The planning system plays an important role in improving people's health and wellbeing. The National Planning Policy Framework (NPPF) recognises that planning is not just about delivering homes and jobs, but also about creating healthy, inclusive communities. Good planning can help people live healthier lives by ensuring that development provides access to healthcare, schools, parks, open spaces, community facilities, and opportunities for walking, cycling and social interaction. It can also help reduce health inequalities by making sure that all communities have access to these benefits.

When preparing new Local Plans, local planning authorities are required to understand the health needs of their population and identify any existing gaps in community facilities or public services. They must plan for the infrastructure needed to support future growth, including healthcare facilities, education provision, recreation and open space. Local Plans should also identify opportunities to improve health and wellbeing through the location and design of development, for example by promoting active travel, mixed-use neighbourhoods, access to green infrastructure and environments that encourage healthy lifestyles. A Health Impact Assessment can help demonstrate how a Local Plan or development proposal will support these objectives and contribute to creating healthier places.

National Planning Practice Guidance (PPG) also identifies that healthy places should support healthy behaviours, improve physical and mental wellbeing, reduce health inequalities and provide opportunities for active and socially connected lifestyles.

Hertfordshire Healthy Placemaking Framework (November 2025)

This HIA has been informed by the Hertfordshire Healthy Placemaking Framework (Nov 2025)[1], which establishes a county-wide approach to embedding health within planning and development. The Framework adopts a "Health in All Policies" approach, recognising that around 60% of health outcomes are influenced by environmental, social and economic factors and that planning policy plays a vital role in shaping these determinants.

The Framework identifies seven Healthy Placemaking Principles, which form the health determinants used in this assessment:

1. **Healthy Movement and Connectivity:** Active travel and public transport networks which promote physical activity, social interaction and reduce air pollution.
2. **Healthy Places and Neighbourhoods:** Distinctive, characterful and connected neighbourhoods which are inclusive, welcoming and provide key amenities within walking distance
3. **Healthy and Safe Communities:** Socially connected and resilient communities which support inclusion, feeling safe, culture and creativity.
4. **Healthy Community Infrastructure:** Equitable access to healthcare, recreation, sports facilities, and community amenities.
5. **Healthy Economy:** An inclusive economy which supports skills development and access to good work for all.
6. **Healthy Natural Environment:** A natural environment which supports human health through clean air, water, food production and protection from environmental shocks. It also plays a vital role in climate resilience by helping to manage flooding, reduce heat, and absorb carbon.
7. **Healthy Homes:** Affordable and secure homes which are the right temperature, well ventilated and free from damp, noise and overcrowding

Together, these determinants provide a comprehensive framework for assessing how different patterns of growth may influence health, wellbeing and health equity.

[1] Hertfordshire Healthy Placemaking Framework (Nov 2025)

Methodology

A HIA is designed to assess the likely health impacts of planning decisions in plan making or in development management (planning applications). This HIA will help to identify the potential positive and negative health impacts of the spatial development options proposed in the Content & Evidence document.

There is no fixed way to conduct a HIA. However, there are five key steps which should be accounted for. They are:

Step 1: Screening

This involved determining whether an HIA is needed and justified subject to anticipation of health impacts on population groups. It is considered that the Local Plan is an important framework that can influence health and wellbeing in the district. Therefore, it is useful that an HIA is carried out throughout the plan preparation to maximise the delivery of health benefits.

Step 2: Scoping

This involved identifying the potential health impacts to assess. Spatial development options considered to have a meaningful effect on health are to be assessed. Chapter 3 includes details on the development options and assessments. Policies will be considered in the next HIA as the Local Plan progresses.

Step 3: Assessing

This involved assessing the significance of health impacts of the spatial development options. This can be found in Chapter 3. Policies will be considered in the next HIA as the Local Plan progresses.

Step 4: Reporting

This involved concluding how a spatial development option impacted health and wellbeing and making recommendations on how it could be improved.

Step 5: Monitoring and evaluating

This HIA will inform decision making and future policy formation as the new Local Plan is developed.

Scope of this assessment

This HIA considers the potential health implications of the four spatial development options being examined through the Local Plan process:

1. Infill Development / Urban Intensification
2. Urban Expansion
3. Dispersed Village Growth
4. New Settlement

Each option has been assessed against the seven health determinants identified in the Hertfordshire Healthy Placemaking Framework. The assessment considers the likely positive and negative effects of each growth option on health and wellbeing and identifies recommendations to maximise health benefits, minimise adverse effects and reduce health inequalities.

NORTH HERTS HEALTH PROFILE

2. North Herts health profile

Population and demographics

Population

The 2021 Census showed North Herts' population was 133,210[2] living in 56,731[3] households. This represents a population growth of 4.8% from the 2011 Census figure of 127,114[4].

This is lower than the population growth at national levels (6.6% for England – 56,490,048[1] (2021) and 53,012,456[3] (2011)) levels.

Just over half the population, 68,472[1](51.4%), were female with males forming 48.6% (64,738[1]) of the total.

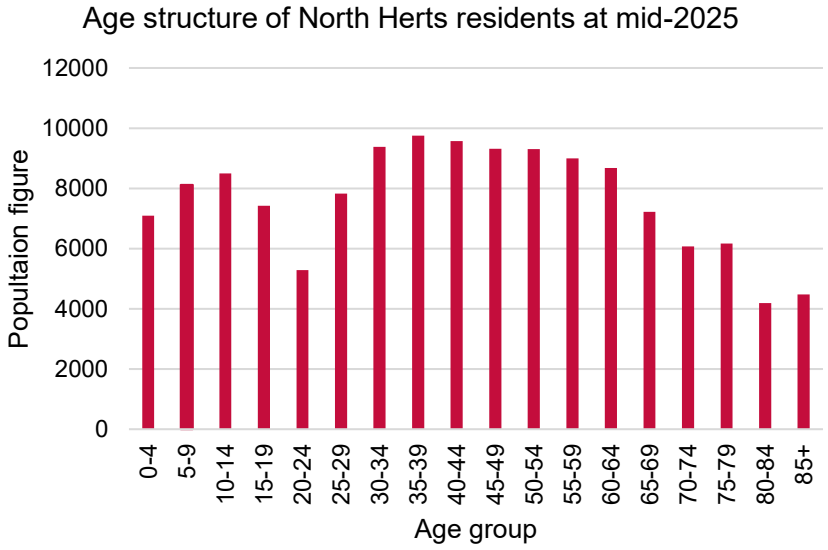
Age structure

At the 2021 Census, North Herts' age profile[5] broadly mirrors the national picture, though 15–34-year-olds are underrepresented and the 75+ age group slightly overrepresented. The District's median age[6] was 42, compared to 40 for England (2021 Census[7])

The latest available population data[8] (for mid-2025) estimates the District's population to be 137,365[9]. This is comprised of 70,855 (51.6%) females and 66,510 (48.4%) males. In terms of broad age groups, the resident population is comprised of:

- 18.5% people aged 0-15 years (25,447)
- 61.0% people aged 16-64 (83,795)
- 20.5% people aged 65 years and over (28,123)

[2] ONS - 2021 Census (TS008) - https://www.nomisweb.co.uk/reports/localarea?compare=E07000099
[3] ONS - 2021 Census (TS003) - https://www.nomisweb.co.uk/reports/localarea?compare=E07000099
[4] ONS - 2011 Census (KS101EW) - https://www.nomisweb.co.uk/sources/census_2011_ks/report?compare=E07000099
[5] ONS - 2021 Census (TS007B) - https://www.nomisweb.co.uk/sources/census_2021/report?compare=E07000099,E12000006,E92000001
[6] The age of the person in the middle of the group, meaning that one half of the group is younger than that person and the other half is older.
[7] https://www.ons.gov.uk/visualisations/censusareachanges/E07000099/
[8] https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/populationestimatesforenglandandwales/mid2025
[9] https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/populationestimatesforenglandandwales/mid2025#local-authorities

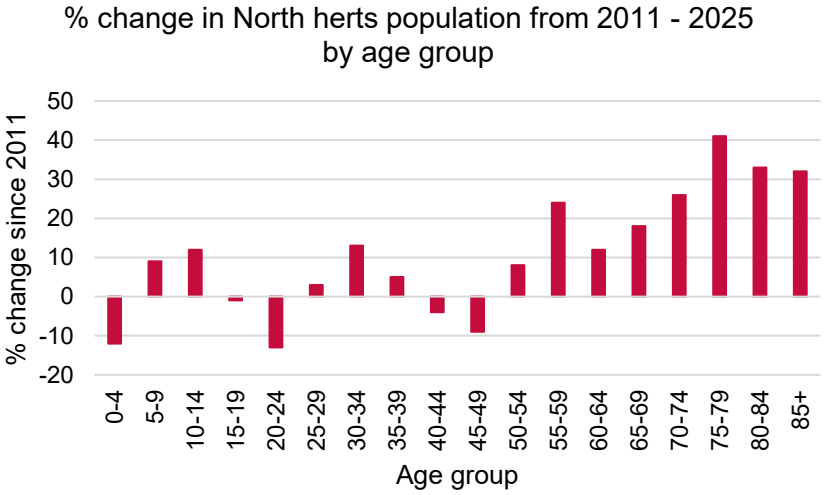


Source – ONS – Mid-year population estimates 2025

Demographic Trends (2011-2021)

The chart below shows how North Herts' population changed between 2011 and 2025 (based on ONS data). It shows that older age groups grew at the fastest rates (except the 60-64 cohort) with younger age groups either growing at slower rates or declining.

The number of people aged 50 to 64 years rose by around 3,400 (an increase of 14.5%), while the number of residents between 35 and 49 years fell by around 820 (2.8% decrease).



Source – ONS – Mid-year population estimates 2025[10]

[10] https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/populationestimatesforenglandandwales/mid2025#local-authorities

Future population projections

According to the latest ON1S population projections[11], North Herts' population is forecast to grow to 147,761 by 2047. That is a 7.6% increase from current 2025 population numbers. This compares with projected population growth of 9.8% for England as a whole.

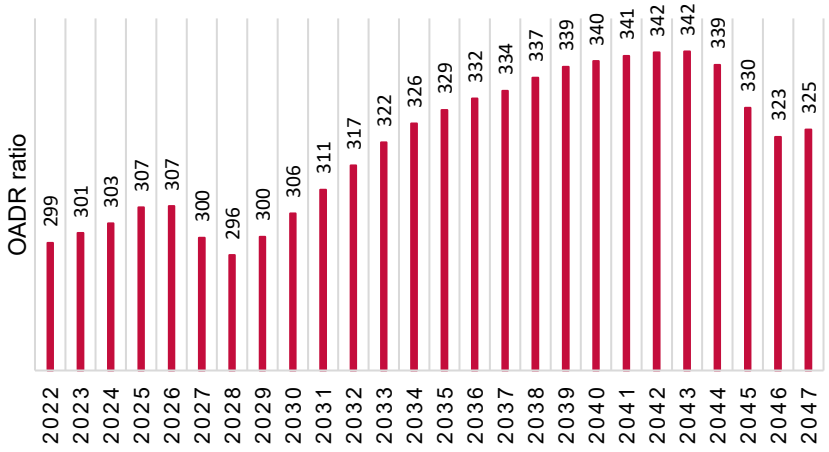
The 65 plus age group, currently a fifth of our population (28,123), is projected to form almost a quarter (35,090 - 24%) of the resident population by 2047.

The data for 2047 also shows males forming a smaller proportion (10%) of the 65+ age group compared to females (13%), due to higher female life expectancy.

The 2025 ONS 'Old Age Dependency Ratio' (OADR)[12] data estimates the number of people of State Pension Age (SPA) per 1,000 people of working age. Note that being over SPA does not necessarily mean someone is retired, nor are all working age people in employment. The ratio for OADR for North Herts from 2022 to 2047 begins at around 300 in 2022, remains relatively stable until 2028, then begins a steady rise, peaking around 340 between 2039 and 2043.

This indicates a growing proportion of older people relative to the working-age population. After 2043, the ratio gradually declines (but remains higher than current levels), reaching about 325 by 2047. Again, this suggests an ageing population with increasing pressure on services and support systems, particularly during the 2030s and early 2040s.

OADR for North Herts 2022-2047



Source – ONS – Comparison of old age dependency ratio estimates and projections 2025[13]

Overall, the data shows a trend of an ageing population with a reducing percentage of children and working age people (traditionally defined as those aged 16 to 64)[14] as more

[11] https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/subnationalpopulationprojectionsforengland/2022based#projected-change-by-local-authority

[12] https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/comparisonofoldagedependencyratioestimatesandprojectionsukandconstituentcountries

[13] https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/comparisonofoldagedependencyratioestimatesandprojectionsukandconstituentcountries

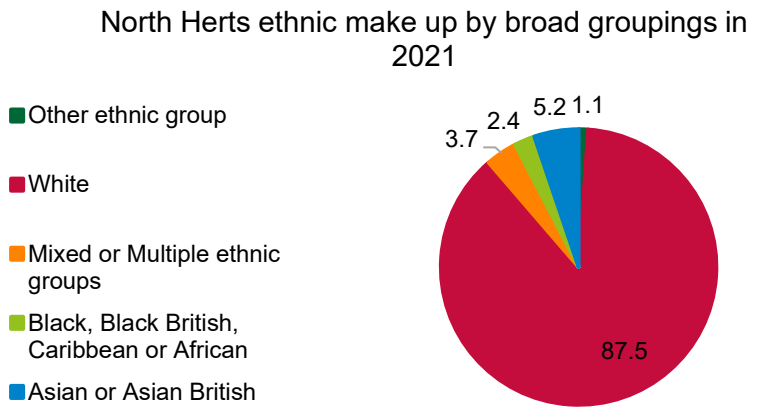
[14] This is only an approximation as education is now required until 18, the state pension age is rising to 66–67 and people can work beyond pension age

people move into the 65+ age group and the younger age groups grow at slower rates or decline. This potentially presents challenges, such as increased demand for health and social care, and a shrinking labour force.

Ethnicity profile

Data from the 2021 Census showed that 18.7%[15] of North Herts' residents were from an ethnic minority (not white-British). This is lower than the national average (26.5% for England) and the wider county (28.2% for Hertfordshire).

In terms of broad ethnic makeup of the District, the Asian/ Asian British group was the largest ethnic minority in 2021, forming 5.2% of the District's population followed by 'mixed/ multiple ethnic' group (3.7%) and 'black/ black British, Caribbean or African'' (2.4%).



Source – ONS Census 2021, Table TS021[16]

Between the 2011 and 2021 censuses, the proportion of residents identifying as 'White' in North Herts fell by 2% from 89.5% in 2011[17] to 87.6% in 2021[18], making up 87.5% of the population.

Meanwhile, the 'Black/Black British' group rose from 1.9% in 2011[17] to 2.4% in 2021[18], and the 'Mixed' group increased to 3.7% in 2021[18] from 2.6% in 2011[17]. Although the district remains less diverse than Hertfordshire and England overall, it is gradually becoming more diverse.

Health and Wellbeing

Life expectancy at birth in North Herts stands at 81.2 years for men and 84.0 years for women[19]. These figures are slightly higher than the national and regional figures.

[15] https://www.ons.gov.uk/datasets/TS021/editions/2021/versions/1
[16] https://www.ons.gov.uk/datasets/TS021/editions/2021/versions/1
[17] ONS, Census 2011, Table KS201EW - https://www.nomisweb.co.uk/census/2011/ks201ew
[18] ONS, Census 2021, Table TS021 - https://www.nomisweb.co.uk/datasets/c2021ts021
[19] ONS, Health state life expectancies - https://www.reports.esriuk.com/view-report/c46f72e1fade4249aad53656d4773ce4/E07000099

Life expectancy at birth

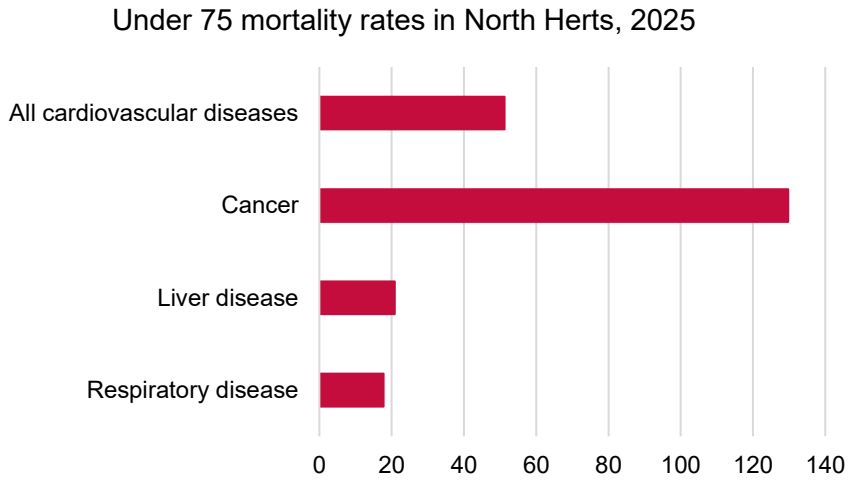
Geography	Females	Males
North Herts	84.0	81.2
East of England	83.8	80.1
England	83.2	79.3

Source – ONS – Life expectancies[23]

In the 2021 Census, 50.6%[20] of North Herts' residents reported their general health as "very good". This is slightly below the average for Hertfordshire (52.6%) but above the national average for England (48.5%). 0.8% of residents reported having 'very bad health' in the District which is similar to Hertfordshire (1%) and England (1%).

Mortality rates

The age standardised mortality rate (ASMR) (deaths per 100,000 population) in North Herts is 881.4[21] which is lower than the regional (910.0 for the East of England) and national (964.5 for England) averages.



Source – Health and Wellbeing Profile - Districts | North Hertfordshire | Report Builder for ArcGIS – PHOF (Indicators E04a, E05a, E06a and E07a)[22]

[20] ONS, Census 2021, Table TS037 - https://www.nomisweb.co.uk/datasets/c2021ts037

[21] https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregistrationsummarytables/2023#age-standardised-mortality-rates-by-area

[22] https://www.reports.esriuk.com/view-report/c46f72e1fade4249aad53656d4773ce4/E07000099

Disability

In the 2021 Census, 101,159[25] (76%) of residents reported that their day-to-day activities were not limited due to health or disability, which is broadly inline with regional and national levels. Conversely, 16%[25] of the population stated that their day-to-day activities were limited.

In 2021, 21,236[23] (15.9%) of North Herts residents were disabled (under the Equality Act). This is broadly inline with regional and national levels.

In the 2011 census, 15.1%[24] of the District's population reported that their day-today activities were limited (either 'a lot' or 'a little') due to a long-term health problem or disability.

Health indicators

The data shows that North Herts performs better than average for instances of preventable cardiovascular mortality and obesity rates (child and adult). However, smoking is slightly more prevalent in the District compared to the national average.

Local Health Indicators for North Herts

Indicator	North Herts	England
Cigarette smokers[25]	10.1% (2024)	11.5%
Child obesity - reception age[26]	7.7% (2023)	105%
Child obesity - Year 6 age	16.3% (2023)	22.2%
Adult obesity[27]	26.4% (2023)	26.6%
Preventable cardiovascular mortality (per 100,000)[28]	21 (2023)	26

Source – ONS – Local Indicators[29]

[23] ONS, Census 2021, Table TS038 - https://www.ons.gov.uk/datasets/TS038/editions/2021/versions/3
[24] ONS, Census 2011, Table KS301EW - https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/2011censuskeystatisticsforenglandandwales/2012-12-11
[25] https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2024#local-authority-smoking-prevalence
[26] https://fingertips.phe.org.uk/profile/obesity-physical-activity-nutrition/data#page/1/gid/8000011/ati/501/iid/90316/age/200/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1
[27] https://fingertips.phe.org.uk/profile/obesity-physical-activity-nutrition/data#page/1/gid/1938133368/ati/501/iid/93088/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1
[28] https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/4/gid/1000044/ati/501/iid/93722/age/163/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1/page-options/car-do-0
[29] https://www.ons.gov.uk/explore-local-statistics/indicators#health%20and%20wellbeing

In terms of wellbeing, the data for North Herts is similar to the national average (across all LPAs).

Self-reported wellbeing (score out of 10) for North Herts (2022 – 23)

Indicator	North Herts	England
Anxiety	3.4 (22-23)	3.2
Feeling life is worthwhile	7.8	7.7
Happiness	7.6	7.4
Life satisfaction	7.6	7.4

Source – ONS – Local Indicators[30]

Deprivation

Deprivation

The Index of Multiple Deprivation[31] (IMD) provides a comprehensive picture of relative disadvantage by combining data across seven key areas.

For the IMD and each of the key areas, every small area (LSOA) in England is given a score which is then used to rank the LSOAs from 1 (most deprived area) to 32,844 (least deprived area). There is no definitive cut-off at which an area is described as deprived, LSOAs are said to be more or less deprived than others. The ranked areas are split into 10 equal groups (or deciles), from the 10% most deprived to the 10% least deprived. North Herts ranks 269th out of 317 lower-tier local authorities in England with rank 1 being the most deprived.

The IMD breakdown reveals that the District has no areas within the most deprived 10%. However, there are a few neighbourhoods that fall within the 20% most deprived areas in England (Letchworth-South East) and some that are within the 30% most deprived (Hitchin-Oughton and Baldock- Town).

There are no LSOA's within the 10% most deprived when looking at overall IMD. However, examining the individual domains (and sub-domains) reveals areas in the District that fall within the 10% most deprived with respect to the following domains:

Education, skills and training

- Education, skills and training – measures lack of attainment and skills. No LSOAs in the District are within the 10% most deprived with this respect to this domain.

[30] https://www.ons.gov.uk/explore-local-statistics/indicators#health%20and%20wellbeing
[31] https://www.gov.uk/government/collections/english-indices-of-deprivation

- Children and young people (sub domain) - measures the attainment of qualifications and associated measures. Around 4 LSOAs within the Dsitrict are in the 10% most deprived.

Barriers to housing and services

- Barriers to housing and services domain – measures the physical and financial accessibility of housing and local services. The indicators fall into two sub-domains: the Geographical Barriers sub-domain relates to the physical proximity of local services. The Wider Barriers sub-domain includes issues relating to access to housing, such as affordability. 5 LSOAs in North Herts are within the 10% most deprived areas. The geographical barriers sub-domain shows that 11 LSOAs are in the 10% most deprived.

Living environment

- Living environment domain – measures the quality of both the 'indoor' and 'outdoor' local environment. 2 LSOAs in North Herts are in the 10% most deprived areas.

The above highlights how multiple factors combine to influence levels of deprivation and health outcomes. Areas with higher deprivation often experience poorer physical and mental health, reduced life expectancy, and greater vulnerability to chronic conditions. These interconnected challenges can limit opportunities and access to healthcare, reinforcing cycles of inequality.

ASSESSMENT OF SPATIAL DEVELOPMENT OPTIONS

3. Assessment of spatial development options

Spatial Development Option 1 – Infill development / urban intensification

This option focuses growth within existing towns and villages by redeveloping brownfield land, underused sites and vacant urban land. Development would generally occur within existing settlement boundaries, making better use of existing infrastructure, services and public transport connections. It seeks to accommodate growth without significant outward expansion into the countryside.

		Impact				
Health determinants	**Description of impact**	**Positive**	**Negative**	**No Impact**	**Unknown**	**Recommendation**
Homes	Infill development can deliver additional housing in sustainable locations with good access to jobs, services, healthcare and public transport. It can bring vacant and underused land back into productive use. However, higher-density development may affect mental wellbeing if residents experience overcrowding, lack of privacy, insufficient access to outdoor space. Good quality housing can promote wellbeing, independence and social interaction.	✓	✓			Require high-quality design standards, adequate internal and external space, green infrastructure, ventilation, daylight and climate resilience measures. Ensure development achieves nationally described space standards, provides accessible and adaptable homes, incorporate climate resilience measures and delivers a range of housing tenures including affordable homes.

	Provision of affordable housing can help address health inequalities and improve outcomes for lower-income households.					
Natural environment	Focusing growth within existing settlements reduces pressure on greenfield land and support biodiversity enhancements. However, development may increase local air pressure on existing green spaces if mitigation measures are not implemented.	✓	✓			Require air quality assessment where appropriate, secure biodiversity net gain, expand urban tree canopy, minimise light pollution, incorporate sustainable drainage systems and increase climate adaptation measures including cooling, shade and flood resilience. .
Economy	Growth within towns and villages can support local businesses, town centre vitality and regeneration. It can improve access to employment opportunities and reduce travel costs. Regeneration can improve employment opportunities, economic participation and household income. However, rising property values and redevelopment pressures may increase housing	✓				Prioritise town centre regeneration, support mixed-use development and ensure housing growth aligns with employment opportunities and skills development initiatives. Support local employment opportunities, skills development initiatives and affordable housing policies to ensure benefits are shared across all communities.

	costs and contribute to displacement of lower-income households if affordability is not maintained.					
Movement & connectivity	Existing settlements are generally better connected by public transport, walking and cycling infrastructure. Concentrating growth in accessible locations can increase levels of walking and cycling, improve physical activity and reduce car dependency. Increased traffic levels within urban areas may however affect road safety and local air quality.	✓	✓			Invest in active travel infrastructure, public transport enhancements and junction improvements where required. Ensure new development is integrated with existing movement networks.
Places & neighbourhoods including living conditions	Intensification can strengthen town and village centres, increase activity levels, support local services and create more walkable neighbourhoods. Poorly planned development may affect local character, reduce access to open space and create perceptions of overdevelopment. Well-designed neighbourhoods can improve	✓	✓			Use design codes and masterplanning to protect local character, deliver attractive public spaces and ensure access to green spaces, services and healthy food options.

	mental wellbeing, social interaction, community identity and perceptions of safety. Poorly designed intensification may reduce access to informal recreation space, children's play opportunities and contribute to perceptions of overcrowding or overdevelopment.					
Communities	Growth within existing communities can support community resilience, strengthen social networks and help sustain cultural assets and community organisations. If growth occurs too rapidly or without engagement, there may be perceptions of exclusion, reduced social cohesion or increased social tensions.	✓	✓			Undertake inclusive community engagement, support voluntary and community sector organisations, promote social integration and ensure development meets the needs of different age groups and protected characteristics.
Community infrastructure	Existing settlements are more likely to benefit from established healthcare, education, leisure and community facilities. Additional population can help sustain	✓	✓			Plan infrastructure delivery alongside housing growth, secure developer contributions where appropriate, and assess capacity requirements for healthcare, education, childcare,

	healthcare, education and community services. Demand for GP services, schools, childcare, leisure facilities and digital infrastructure may increase. Improved digital connectivity can support access to services, employment and education.					recreation and digital infrastructure, and secure investment alongside growth.

The Infill development / urban intensification option is likely to have a predominantly positive impact on health and wellbeing by directing growth towards sustainable locations with existing services, jobs, infrastructure and public transport connections. This approach supports healthy lifestyles, reduces car dependency, protects the wider countryside and can contribute to urban regeneration. However, benefits will depend on maintaining high-quality design standards, protecting green infrastructure and ensuring community and transport infrastructure keep pace with growth.

Spatial Development Option 2 – Urban expansion

This option directs growth to planned extensions on the edges of existing towns, such as Hitchin, Letchworth, Baldock and Royston. New development would be delivered through larger strategic sites, supported by new infrastructure, schools, healthcare facilities, transport improvements and green spaces. The aim is to create well-connected extensions that integrate with existing communities.

		Impact				
Health determinants	**Description of impact**	**Positive**	**Negative**	**No Impact**	**Unknown**	**Recommendation**
Homes	Urban expansion provides opportunities to deliver a significant number of new homes, including affordable and specialist housing, in planned locations. Strategic-scale development	✓	✓			Ensure a mix of housing types, tenures and affordability. Apply healthy design principles, minimise overheating risk, maximise energy efficiency and secure access to local services, public transport

	allows healthy homes principles to be embedded from the outset, including energy efficiency, climate resilience and access to services. However, if delivery is delayed or housing is not mixed and inclusive, health inequalities may persist.					and green infrastructure.
Natural environment	Urban expansion may affect local air quality through increased traffic movements and may create construction-related noise, dust and disturbance. New green infrastructure can improve wellbeing, reduce urban heat and support climate resilience.	✓	✓			Protect and enhance ecological networks, achieve biodiversity net gain, retain existing landscape features, provide multifunctional green infrastructure and maximise climate adaptation measures.
Economy	Construction activity and population growth can generate employment, support local businesses and increase investment in towns. New development can strengthen labour markets and spending power. However, if employment opportunities are not provided alongside	✓	✓			Align housing growth with employment land provision, improve access to skills and training opportunities, and promote mixed-use development that reduces the need to travel. Target local recruitment, apprenticeships and skills training initiatives and ensure employment opportunities are

	housing, longer commuting patterns may result.					accessible to disadvantaged groups.
Movement & connectivity	Large-scale developments can support new transport infrastructure, active travel routes and public transport services from the outset. If well connected, they can encourage higher levels of daily physical activity through walking, cycling and public transport use. However, poorly integrated expansion may increase car dependency, congestion and associated air quality impacts.	✓	✓			Deliver integrated walking, cycling and wheeling networks, ensure high-quality public transport provision from an early stage, and connect new communities to existing centres, jobs and services.
Places & neighbourhoods including living conditions	Urban extensions create opportunities to design healthy, walkable and mixed-use neighbourhoods with local centres, schools, services and green spaces. Well-designed neighbourhoods can improve mental wellbeing, strengthen local identify, support community resilience and provide opportunities for social interaction. Poor design or weak integration	✓	✓			Prepare comprehensive masterplans and design codes that create distinctive neighbourhoods, support local identity and ensure easy access to services, open space and healthy food options. Provide formal and informal play spaces, high quality public realm, integrate natural surveillance principles and create attractive, safe and inclusive public spaces.

	with existing settlements could create isolated communities and place pressure on local character.					
Communities	New development can support community cohesion through new community facilities, public spaces and cultural infrastructure. There may be challenges in integrating new and existing residents, particularly during early phases when facilities and services are being established.	✓	✓			Support early delivery of community facilities, encourage community participation in planning, and create inclusive spaces that foster social interaction and integration.
Community infrastructure	The scale of growth can justify delivery of new schools, healthcare facilities, sports facilities, community centres and utilities infrastructure. Access to digital infrastructure is increasingly important for employment, education, healthcare and social connection. Poor digital connectivity may create barriers for some residents. Health benefits depend on infrastructure being delivered alongside growth.	✓	✓			Secure timely infrastructure delivery through phasing plans and developer contributions. Ensure healthcare, education, recreation and community facilities are available early in the development process. Deliver high quality digital infrastructure and high speed broadband.

	Delays may place pressure on existing services and communities.					

Urban expansion has the potential to deliver substantial positive health outcomes by providing new homes, community infrastructure, green spaces, employment opportunities and sustainable travel connections at a strategic scale. However, significant negative effects could arise where greenfield land is lost, infrastructure delivery is delayed, or developments become car-dependent and poorly integrated with existing communities. The overall health impact is therefore strongly positive provided growth is supported by comprehensive masterplanning, timely infrastructure delivery, high-quality design and substantial green infrastructure provision.

Spatial Development Option 3 – Dispersed village growth

This option spreads development across a number of villages through smaller-scale housing schemes. The focus is on meeting local housing needs, supporting rural communities and helping maintain village services such as shops, schools and community facilities. It does not rely on major growth in a small number of locations but distributes development more widely across the district.

		Impact				
Health determinants	**Description of impact**	**Positive**	**Negative**	**No Impact**	**Unknown**	**Recommendation**
Homes	Dispersed village growth can provide housing that meets local needs, including affordable housing that enables people to remain within their communities. It can help sustain village populations and support rural vitality. However, smaller sites may not always provide a wide range of housing types, services or affordable housing provision.	✓	✓			Ensure an appropriate mix of housing types, tenures and affordability across villages. Apply healthy homes principles, including energy efficiency, accessibility and climate resilience.

Natural environment	Smaller-scale growth may reduce the concentration of environmental impacts in any one location and can be designed sensitively to fit village settings. However, cumulative development across multiple villages could result in the gradual loss of countryside, biodiversity, agricultural land and landscape character if not carefully managed. Development may also introduce additional noise, lighting and environmental disturbance within rural areas.	✓	✓			Protect sensitive landscapes and ecological networks, achieve biodiversity net gain, strengthen green infrastructure and manage cumulative impacts across villages. Assess air quality impacts where required.
Economy	Additional population can help sustain local shops, services and rural businesses, supporting the viability of village centres and community facilities. Increased digital connectivity and opportunities for remote working may improve access to employment, services and education in rural areas while	✓	✓			Support rural employment opportunities, flexible workspaces, digital connectivity and initiatives that reduce the need for long-distance commuting.

	reducing travel demand. However, limited local employment opportunities may result in increased commuting and continued dependence on larger towns for work.					
Movement & connectivity	Rural villages often have limited public transport provision and fewer opportunities for active travel compared with larger settlements. Dispersed growth may increase reliance on private vehicles, affecting physical activity levels and accessibility for those without access to a car. Some villages may benefit from improved transport services if growth supports investment.	✓	✓			Improve bus services, demand-responsive transport, walking and cycling connections between settlements, and invest in digital infrastructure to reduce travel demand.
Places & neighbourhoods including living conditions	Growth can help maintain the vitality and character of rural settlements by supporting local facilities and services. Well-planned development can support mental wellbeing, community identify and sense of belonging. If	✓	✓			Ensure development respects local character through design policies, protects public open spaces and enhances access to local services, green space and healthy food opportunities.

	poorly planned, development may erode village identity, place pressure on local amenities, reduce perceptions of safety and reduce access to open countryside.					
Communities	Supporting population growth in villages can help maintain schools, community halls, local services and social networks. It can strengthen community resilience and reduce the risk of service decline. However, growth may create tensions where development is perceived to change village character or place pressure on existing facilities.	✓	✓			Engage communities in planning decisions, support community-led initiatives and ensure facilities are expanded where needed to accommodate growth.
Community infrastructure	Modest growth may help sustain existing schools, healthcare services and community facilities that might otherwise be at risk. However, infrastructure provision may be difficult to secure through multiple small developments, and some villages may experience increased pressure on	✓	✓			Coordinate infrastructure planning across villages, secure proportionate developer contributions and monitor healthcare, education and community facility capacity.

	already limited services.					

Dispersed village growth has the potential to generate positive health outcomes by supporting rural communities, maintaining local services, providing homes to meet local needs and sustaining community cohesion across villages. However, the option also presents notable challenges around transport accessibility, car dependency, infrastructure delivery and cumulative environmental impacts. The overall health impact is therefore considered mixed but generally positive, provided growth is carefully managed, infrastructure and transport improvements accompany development, and the distinct character and environmental quality of villages are protected.

Spatial Development Option 4 – New settlement

This option accommodates a significant proportion of future growth in one or more new freestanding settlements. These would be comprehensively planned communities with their own housing, employment opportunities, schools, healthcare facilities, green spaces and supporting infrastructure. Rather than expanding existing towns and villages, growth would be focused in entirely new settlements designed to be largely self-sufficient.

		Impact				
Health determinants	**Description of impact**	**Positive**	**Negative**	**No Impact**	**Unknown**	**Recommendation**
Homes	A new settlement provides a significant opportunity to improve physical and mental wellbeing through high quality housing, adequate living space, natural light, accessibility and adaptable homes. Affordable and specialist housing can help reduce health inequalities and support the needs of older people, disabled people and lower-income households. However,	✓	✓			Embed healthy homes standards in masterplanning, provide a range of housing tenures and types, ensure affordability, and design homes to be energy-efficient, climate-resilient and accessible.

	delivery may take place over a long period, delaying access to housing benefits.					
Natural environment	New settlements can be designed around extensive green infrastructure networks, biodiversity enhancement, sustainable drainage systems and climate resilience measures. However, they are likely to require substantial areas of undeveloped land, potentially resulting in habitat loss, impacts on landscape character and loss of agricultural land.	✓	✓			Avoid environmentally sensitive locations, deliver biodiversity net gain, establish strategic green infrastructure networks, protect ecological corridors and maximise nature recovery opportunities.
Economy	New settlements can create significant employment opportunities during construction and through planned employment areas. By integrating housing and employment, they can reduce commuting and support economic growth. However, if employment provision lags	✓	✓			Deliver employment land and commercial facilities alongside housing, promote flexible workspaces and support skills development and training opportunities.

	behind housing delivery, residents may need to travel elsewhere for work.					
Movement & connectivity	A new settlement can be designed around sustainable transport principles, including walking, cycling, wheeling and public transport networks. High quality walking and cycling networks can support daily physical activity and improve health outcomes. However, unless supported by high-quality regional transport links from the outset, there is a risk of car dependency, particularly in early phases before services and employment opportunities are fully established.	✓	✓			Prioritise sustainable transport in the masterplan, secure early delivery of public transport services, provide high-quality active travel networks and ensure strong connections to surrounding settlements and employment centres.
Places & neighbourhoods including living conditions	New settlements offer a unique opportunity to create healthy, walkable, mixed-use neighbourhoods with local centres, schools, healthcare facilities, green spaces and access to healthy food. Well-	✓	✓			Develop a comprehensive masterplan and design code, create a strong sense of place, phase delivery to ensure services are available early, and provide accessible green and public spaces throughout the settlement.

	designed neighbourhoods can promote mental wellbeing, community safety, social interaction and a strong sense of belonging. There is a risk that poorly phased development may result in incomplete neighbourhoods during early stages.					
Communities	New settlements provide opportunities to establish inclusive and connected communities with new cultural, social and recreational facilities. However, community identity and social networks can take time to develop, particularly during the early years of occupation.	✓	✓			Deliver community facilities early, support community development programmes, create shared spaces and encourage participation in shaping the evolving settlement.
Community infrastructure	A key strength of this option is the ability to provide new schools, healthcare facilities, sports facilities, community centres, utilities and digital infrastructure as part of a comprehensive	✓	✓			Secure infrastructure funding and delivery mechanisms at an early stage, align infrastructure phasing with housing delivery, and ensure healthcare, education and recreation facilities

	development. The main risk is delays in infrastructure delivery relative to housing growth, which could affect health and wellbeing outcomes.					are available when needed by residents.

Summary Conclusion

The new settlement option is likely to have the strongest potential positive health impacts of all spatial growth options because it allows healthy placemaking principles to be embedded from the outset and enables coordinated delivery of homes, employment, green infrastructure, community facilities and sustainable transport networks. However, the success of the option depends heavily on site selection, environmental mitigation, transport connectivity and the timely delivery of infrastructure and services.

Given the scale of development and infrastructure requirements, the delivery of new homes will not be expected in short to medium term. Where these are achieved, the overall health impact is considered significantly positive.

NEXT STEPS

4. Next steps

The findings of this HIA will be used to inform the assessment and refinement of the spatial development options as the Local Plan progresses. At this stage, the assessment has focused on the likely health implications associated with the broad distribution and location of development, recognising that detailed planning policies and site-specific requirements have not yet been prepared. As the preferred spatial strategy emerges, opportunities should be taken to maximise positive health outcomes and address any potential adverse impacts identified through the HIA process.

A further iteration of the HIA should be undertaken alongside the preparation on the proposed draft Local Plan. This will enable a more detailed assessment of proposed policies, site allocations and development requirements, including consideration of how the Plan can support healthy and inclusive communities, reduce health inequalities, promote active and sustainable travel, improve access to services and green infrastructure, and address wider determinants of health.

Recommendations from the HIA should be integrated into policy development and plan-making to ensure health and wellbeing considerations are embedded throughout the Local Plan

The next stage of the Local Plan process will be the preparation and consultation on the Proposed Draft Local Plan, which is currently anticipated to take place in October 2027.