

Celebrating  
**60**  
years

**Proposed Lidl Store, St Luke's  
Hospital site, Blackmoorfoot  
Road, Crosland Moor,  
Huddersfield**

**Health Impact Assessment**

Lidl GB Ltd

26 April 2023

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# Contents

<b>1.0</b>	<b>Introduction</b>	<b>1</b>
	HIA Requirement	1
	Proposed Development	1
	Structure of this Report	1
<b>2.0</b>	<b>Assessment Methodology</b>	<b>3</b>
	Methodology	3
	Determinants, Pathways and Outcomes	4
	Significance Criteria	6
	Assumptions	7
<b>3.0</b>	<b>Policy Context</b>	<b>8</b>
	International Level	8
	National Level	8
	Sub-Regional and Local Policy	10
<b>4.0</b>	<b>Determining the Impact Area</b>	<b>12</b>
<b>5.0</b>	<b>Baseline Context</b>	<b>14</b>
	Demographic Profile	14
	Crime and Community Safety	16
	Socio-Economic Indicators	17
	Health-Related Indicators	19
<b>6.0</b>	<b>Assessment of Impacts</b>	<b>22</b>
<b>7.0</b>	<b>Lifestyles</b>	<b>24</b>
	Nutrition and Diet	24
	Vulnerable Groups	26
<b>8.0</b>	<b>Economic Conditions affecting Health</b>	<b>27</b>
	Employment	27
	Training and Apprenticeships	29
	Wages	30

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	Vulnerable Groups	31
	Enhancement Measures	32
<b>9.0</b>	<b>Conclusions</b>	<b>33</b>

## 1.0 Introduction

1.1 This Health Impact Assessment (HIA) has been prepared by Lichfields on behalf of the Applicant, Lidl GB Ltd ('Lidl'). The purpose of the HIA is to identify, assess and present any potential effects on the health of the population arising from the proposed development of a new Lidl foodstore on land at Blackmoorfoot Road within the Crosland Moor and Netherton ward area, Huddersfield. Kirklees Council is the relevant Local Planning Authority.

### HIA Requirement

1.2 Policy LP47 (Healthy, Active and Safe Lifestyles) of the 2019 Kirklees Local Plan states that HIAs are required *"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."*

1.3 Further criteria are outlined in Kirklees Council's Validation Requirements document. It states that a Rapid HIA will be required where the following criteria are met:

- Any major application comprising (ii) a floorspace of over 1,000sqm; and
- If the proposed development is in a ward which has been identified to have one or more of the five public health indicators higher than the Kirklees average, where the land use planning could have an influence.

1.4 An assessment of the public health indicators confirms that the ward the proposed development falls within – Crosland Moor and Netherton – is characterised by:

- Higher than average levels of obesity; and
- Higher than average rates of individuals feeling isolated/lonely among under and over 65s.

1.5 As such, the proposed development meets both of the above criteria and a Rapid HIA is required.

### Proposed Development

1.6 The proposed development comprises a 1,902 sqm (gross internal area) Lidl foodstore on brownfield land. The application site is located on Blackmoorfoot Road in the Crosland Moor area on the south-western side of Huddersfield. It falls within the wider former St Luke's Hospital site, which is subject to residential-led development by Avant Homes, and which is being marketed as Fitzwilliam Grange. Further details of the development can be found in the Design and Access Statement and Planning and Retail Statement which accompany the application.

### Structure of this Report

1.7 The structure of the remainder of this report is as follows:

- **Section 2.0:** sets out the methodology applied in this assessment;

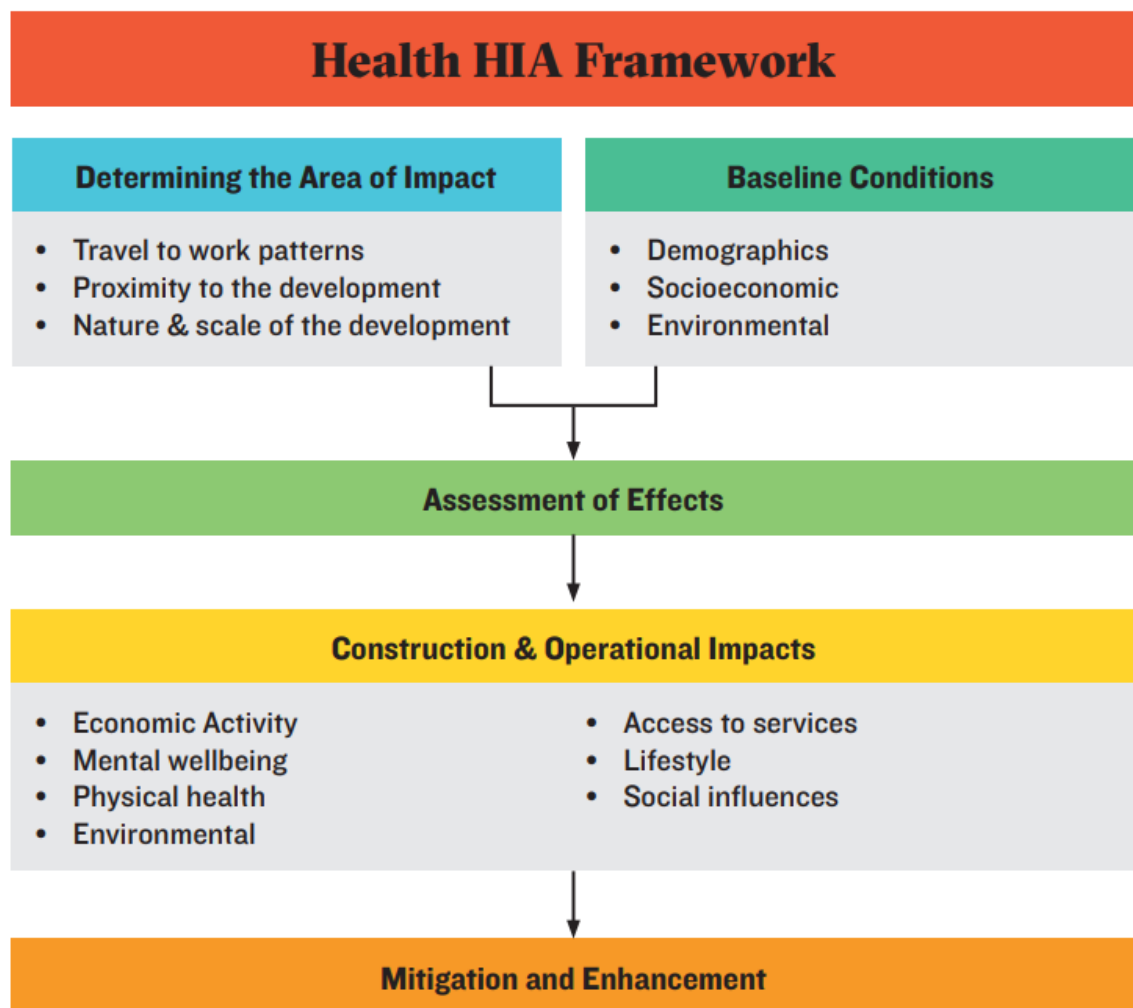
- **Section 3.0:** sets out the national, sub-regional and local policy context for the proposed development;
- **Section 4.0:** presents the analysis applied to determine the area of impact;
- **Section 5.0:** sets out the demographic, socioeconomic and health context of the area of impact;
- **Section 6.0 – 8.0:** considers the anticipated health impacts of the proposed development on the general population and identified vulnerable groups; and
- **Section 9.0:** draws out the conclusions of the assessment.

## 2.0 Assessment Methodology

### Methodology

2.1 This report draws upon the HealthHIA framework developed by Lichfields, which provides an analytical assessment of the anticipated health impacts of the proposed development (Figure 2.1). The framework is underpinned by Lichfields' expertise in assessing the impact of new developments across a range of environmental and health contexts.

Figure 2.1 HealthHIA framework



2.2 There is no single best practice methodology for undertaking health impact assessments in England. As such, the framework was informed by a blend of publicly available Health Impact Assessment guidance. This includes the following resources:

- Public Health England: Health Impact Assessment in spatial planning;
- Wales Health Impact Assessment Support Unit; and
- Healthy Urban Design Unit.

2.3 The framework first identifies which broad geographical area is likely to be impacted by the proposals. Key quantifiable data is then collected and applied to understand the existing

conditions within the local area, which allows for analysis demonstrating the impact of the development during the construction phase and upon completion.

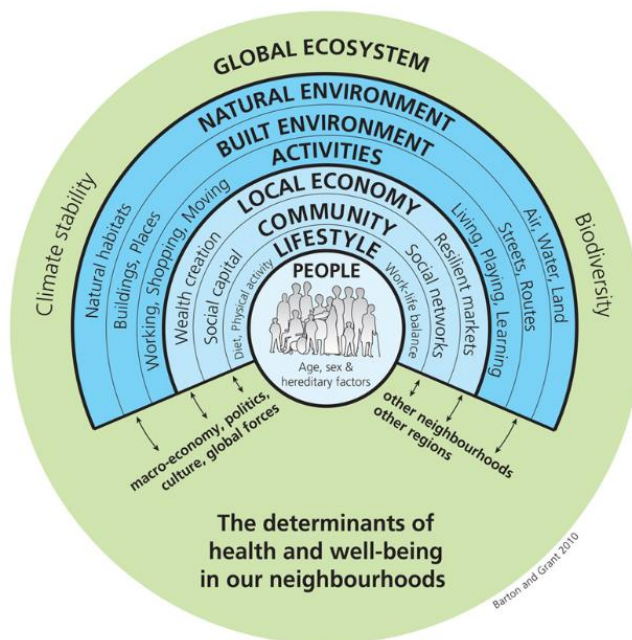
## Determinants, Pathways and Outcomes

2.1 The HIA identifies links between the new development and health using the determinants, pathways and outcomes approach. This process demonstrates the mechanism through which impacts can affect the health of the population during the construction and operational phases.

### Health Determinants

2.2 Health determinants are factors that can influence health outcomes. Factors may be personal, social, cultural, economic and environmental and can affect both an individual's physical and mental wellbeing. They include living and working conditions such as housing, employment, the environment, transport, education and access to services. The Dahlgren and Whitehead Health Map (1991) seeks to conceptualise these factors and are regularly summarised by Barton and Grant's 2006 health map at Figure 2.1.

Figure 2.1 Health Map



Source: Barton and Grant, 2010

### Health Pathways

2.3 Health pathways are the factors that form the link between determinants and health outcomes i.e. changes in a *determinant* impacts *health outcomes* through *pathways*. Pathways can be both direct and indirect, as well as positive and negative.

### Health Outcomes

2.4 Health outcomes reflect the range of physical, mental and general wellbeing impacts on a particular population or individual. For the purpose of this assessment, health impacts are



considered as potential changes in health outcomes arising from the proposed development.

2.5 Table 2.1 seeks to illustrate the relationship between health determinants,<sup>1</sup> pathways and outcomes. The table provides broad examples of pathways and outcomes linked to new developments.

Table 2.1 Health Determinants, Pathways and Outcomes

Determinants	Pathways	Outcomes
Lifestyles: Developments can impact lifestyle choices of the local population	Those who use the site – or nearby area – may be impacted on their ability to engage in physical activity and, as a result, may reduce their level of activity.	Reduced physical conditions and higher obesity rates, reduced mental health conditions etc.
Social and community influences on health: Individuals, and the decisions they make, can often be impacted and influenced by their social situation.	Developments that provide social spaces can improve mental health, reduce feelings of social isolation and exclusion, and the overall safety of the area.	Reduced mental health problems and improved community spirit.
Mental health and wellbeing Developments can cause impacts (temporary or permanent) that affect an individual's mental wellbeing.	New employment opportunities associated with developments can increase participation in the community and reduce feelings of social isolation.	Improved mental health outcomes and overall confidence.
Living and environmental conditions affecting health: Developments can impact the living conditions in the local area, or alter the local environment.	Construction activities can have short-term negative impacts on air quality through increased dust from site works and emissions associated with plant and construction traffic.	Poor air quality can reduce life expectancy by 7-8 months as a result of long-term exposure to small particles, increases in air pollution can lead to increased cardiovascular and respiratory problems and mortality. Exposure to fumes from engines can also lead to higher incidences of cancer.
Economic conditions affecting health: New employment opportunities can be generated by the construction phase as well as the operational phase for various social groups.	Improved financial security through the uplift in wage associated with the new employment opportunities.	Reduced stress levels and anxiety by virtue of better financial security.
Access and quality of services	Increased population once a scheme is operational may increase demand for local social infrastructure such as healthcare and education facilities reducing their accessibility. Where appropriate, schemes may provide contributions or new facilities to offset this impact and benefit the local population.	Reduced educational outcomes, overcrowding, reduced choice of services that are accessible.
Macroeconomic, environmental and sustainability factors: Greenhouse gases can contribute to climate change; macroeconomic factors such as the cost of living can	The construction phase can increase vehicle movements from construction vehicles. Embodied energy and carbon in construction materials can lead to an increase in	Climate change is an immediate and long-term threat to health and quality of life as a result of poorer air quality, prolonged heat waves and extremes of weather, such as more

<sup>1</sup> Determinants listed in this Table are influenced by the Health and Wellbeing Determinants Checklist guidance published by the Wales Health Impact Assessment Support Unit.

Determinants	Pathways	Outcomes
impact on an individual's ability to make choices that maximise their utility.	fossil fuel use leading to an increase in greenhouse gas emissions. Sustainable design measures can reduce impacts on the environment. Reducing car usage should help decrease greenhouse gas emissions.	frequent storms, flooding, and drought events leading to, for example, increased fatalities, injury, infectious diseases, heat related deaths and incidences of skin cancer. In addition, the risks associated with energy and food security are likely to increase. Reduction in greenhouse gases will have a positive impact on health.

Source: Lichfields Analysis

## Significance Criteria

- 2.6 Taking the above information into account, it is clear that any development is likely to produce certain health impacts. Therefore, it is crucial to establish significance criteria to effectively evaluate and prioritise *significant* impacts, while avoiding overweighting those that are less so. This assessment will determine significance through two stages:
- 1 Sensitivity of the receptor; and
  - 2 Magnitude of effect.
- 2.7 Both stages will assess impacts based on the scale of change over the baseline position, as well as the nature and context of their effects. Where relevant, the location of the effect and its likely duration has been considered. In addition, it is important to consider the cumulative impacts that could arise from different development phases within the same project and impacts continued from other projects. In some cases, impacts cannot be quantified or measured, so the nature and context of the effects are considered more generally, taking into account of qualitative factors.
- 2.8 The duration of the build length is considered in the context of whether the effect is temporary or permanent. Due to their nature, construction effects are all considered to be temporary unless otherwise indicated. As such, the sensitivity of the local area to each impact during construction is adjusted to reflect the length of the build period. Based upon Lichfields' experience of working on past Lidl foodstore schemes, the proposed development is expected to be constructed over a nine month period – this is considered to be short term for the purpose of this assessment. Consequently, the scale to which the respective sensitivities have been assessed has been reduced. All operational effects are considered to be permanent unless otherwise stated.
- 2.9 Table 2.2 sets out the matrix that informs the judgement of the overall significance of the effect, ranking impacts from 'substantial' to 'negligible', where:
- Substantial: where the proposed development could be expected to have considerable effects (by extent, duration or magnitude) or of a more than local significance on the existing population and health profile;
  - Moderate: where the proposed development could be expected to have a noticeable effect which may be considered significant on the existing population and health profile of the area;

- Minor: where the proposed development could be expected to result in a small or highly localised effect on the existing population and health profile of the area; or
- Negligible: where no discernible effect is expected as a result of the proposed development on the existing population and health profile of the area.

An effect that is of moderate or substantial significance is classified as ‘significant’.

Table 2.2 Matrix for determining the significance of effects

Magnitude of effects	Sensitivity of receptor			
	High	Medium	Low	Negligible
High	Substantial	Moderate	Minor	Negligible
Medium	Moderate	Moderate	Minor	Negligible
Low	Minor	Minor	Negligible	Negligible
Negligible	Negligible	Negligible	Negligible	Negligible

Source: Lichfields

## Assumptions

2.10

In order to ensure the HIA process is transparent, it is important to acknowledge any assumptions the assessment has made. These include:

- Data sources: whilst the latest available data has been used, it should be noted that many data sources are frequently updated and could be subject to change since the time of drafting or during the course of the planning application process. However, under the circumstance that any data has been updated, it is assumed that there will not be significant deviation in the position of the local area relative to the data presented in this report.
- The assessment of effects is based on the description of the proposed development outlined in the Design and Access Statement.
- Where relevant, the assessment uses information that has been extracted from other assessments exogenous to this HIA. It therefore follows that any assumptions applied in other assessments are carried forward in this HIA.

## 3.0 Policy Context

- 3.1 A review of the legislative and planning policy framework has been undertaken to identify the issues and policies relating specifically to health. This section of the assessment summarises the key documents.

### International Level

- 3.2 The World Health Organisation ('WHO') promotes the use of HIAs as a means of assessing the health impacts of policies, plans and projects in diverse economic sectors using quantitative, qualitative and participatory techniques. The WHO considers that a HIA is a practical approach used to judge the potential health effects of a policy, programme or project on a population, particularly on vulnerable or disadvantaged groups. Recommendations are produced for decision-makers and stakeholders, with the aim of maximising a proposal's positive health effects and minimising its negative health effects.

### National Level

#### National Planning Policy Framework (2021)

- 3.3 The National Planning Policy Framework ('NPPF') (revised July 2021) sets out the overarching policy priorities for the planning system in England, against which local plans will be prepared – and decisions made on – planning applications. The document highlights the economic, social and environmental dimensions of sustainable development and the roles that planning has in each dimension.
- 3.4 Health is intrinsic to sustainable development and interacts with each of the three strands of sustainability. This is evidenced through links to planning and health being developed continually throughout the Framework, including policies on transport, good design, climate change and the natural environment. Chapter 8 'Promoting healthy and safe communities', in particular, sets out how planning policies and decisions should aim to achieve healthy, inclusive and safe places which promote social interaction, are safe and accessible and enable and support healthy lifestyles.
- 3.5 The importance of the links between planning and health is further underlined by paragraph 8 of the Framework that sets out the social objective of the planning system:  
*"to support strong, vibrant and healthy communities...by fostering well-designed, beautiful and safe places, with accessible services and open spaces that reflect current and future needs and support communities' health, social and cultural well-being".*
- 3.6 The NPPF therefore adopts the World Health Organisation broad definition of health:  
*"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."*
- 3.7 Paragraph 98 highlights the importance of access to a network of high-quality open spaces and opportunities for sport and physical activity for the health and well-being of communities and can deliver wider benefits for nature and support efforts to address climate change.

- 3.8 Paragraph 124(e) states that planning policies and decisions should support development that takes account of the importance of securing well designed, attractive healthy places.
- 3.9 Paragraph 130(f) states that planning policies and decisions should create places that are safe, inclusive and accessible and which promote health and well-being, with a high standard of amenity for existing and future users.
- 3.10 Paragraph 185(a) states that planning policies and decisions should avoid noise from developments that would give rise to significant adverse impacts on health and the quality of life.

### **Planning Practice Guidance**

- 3.11 The Planning Practice Guidance 2019 is an online “living” source of planning guidance issued by the Department for Communities and Local Government. It sets out guidance across a range of planning issues, including Healthy and Safe Communities.
- 3.12 Paragraph 001 of the Health and Wellbeing section states that:
- “The design and use of the built and natural environments, including green infrastructure are major determinants of health and wellbeing. Planning and health need to be considered together in two ways: in terms of creating environments that support and encourage healthy lifestyles, and in terms of identifying and securing the facilities needed for primary, secondary and tertiary care, and the wider health and care system (taking into account the changing needs of the population)”* (Reference ID: 53-001-20190722).
- 3.13 Furthermore, paragraph 003 sets out the Government’s vision of healthy places:
- “A healthy place is one which supports and promotes healthy behaviours and environments and a reduction in health inequalities for people of all ages. It will provide the community with opportunities to improve their physical and mental health, and support community engagement and wellbeing.*
- It meets the needs of children and young people to grow and develop, as well as being adaptable to the needs of an increasingly elderly population and those with dementia and other sensory or mobility impairments”* (Reference ID: 53-003-20191101).

### **Public Health England: Health Impact Assessment in Spatial Planning**

- 3.14 Public Health England’s guide, ‘Health Impact Assessments in Spatial Planning’ (October 2020) describes the health and well-being outcomes that can be influenced or optimised as part of the plan-making and planning application process, in alignment with a number of HIA-themed guidance documents.
- 3.15 The guide sets out an evidence-based approach for preparing HIAs, which includes establishing the baseline for the project, identifying HIA health outcomes, identifying specific population groups that could be affected, assessing the potential impacts of wider determinants of health as part of the scheme, and identifying recommendations for implementation and monitoring that will support positive health outcomes. It sets out that the extent of assessment within HIAs should be proportionate to the significance of impact of a proposed development.

## Sub-Regional and Local Policy

### Kirklees Local Plan

3.16 The Kirklees Local Plan was adopted by the Council in February 2019. It sets out the vision, policies and objectives that underpin how the Council aims to achieve the overarching vision and strategy throughout the period 2013 – 2031. It also considers the policies and strategies required to fulfil the objectives outlined in the Leeds City Region Strategic Economic Plan and Kirklees Economic Strategy and Joint Health and Wellbeing Strategy.

3.17 The vision for the plan can be summarised as:

*“In 2031, Kirklees will be a great place to live, work and invest in, delivered through an integrated approach to housing and employment. Development will have taken place in a sustainable way (balancing economic, social and environmental priorities) and by making efficient and effective use of land and buildings supported by necessary infrastructure and with minimal effect on the environment. **Health inequalities will have been reduced**, enabling higher standards of health and well-being resulting from 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.*

*Kirklees will be ideally placed to encourage inward investment and stimulate economic growth.*

*People will have access to a range of local facilities including services, health-care and education provision, and adequate infrastructure. Places will be well-connected encouraging sustainable travel including increased opportunities for walking and cycling and improved links to other parts of the Leeds City Region and beyond” (emphasis added).*

3.18 The Strategy outlines 10 strategic objectives to realise the vision. Those key to this assessment include:

- Improve transport links within and between Kirklees towns and with neighbouring towns and cities, giving priority to public transport, and to cycling and walking, providing an efficient highway network which supports the district's economy;
- Tackle inequality and give all residents the opportunity of a healthy lifestyle, free from crime and to achieve their potential in work and education; and
- Protect and improve green infrastructure to support health and well-being, giving residents access to good quality open spaces, sport and recreation opportunities, and to support habitats, allowing wildlife to flourish.

3.19 Chapter 17 – Health and Supporting Communities – highlights the importance of promoting health and wellbeing in planning. It acknowledges that there are significant health inequalities in Kirklees and that it is necessary to reduce these. Through planning, Policy LP47 states that healthy, active and safe lifestyles will be enabled by a number of factors, included:

- Supporting initiatives which enable or improve access to healthy food;

- Increasing opportunities for walking, cycling and encouraging more sustainable travel choices;
- Ensuring that the current air quality in the district is monitored and maintained and, where required, appropriate mitigation measures included as part of new development proposals; and
- Supporting appropriate initiatives which address poor health indicators.

## 4.0 Determining the Impact Area

4.1 In assessing the potential impacts of the development, it is typical to define an area of impact (AOI) covering the population groups and locations that are anticipated to be most directly affected by the proposals. This area will form the primary focus for understanding the demographic, socioeconomic, and health profile of the community before assessing the impacts of the development. It is necessary, however, to allow for a level of flexibility in the AOI depending on the indicator – where appropriate, consideration of population groups both within and outside the AOI could be required.

4.2 An area of impact is typically defined using the following considerations:

- 1 The nature of the development;
- 2 The scale of the development;
- 3 The location of the development including whether there are any cross-boundary issues; and
- 4 The types of impact likely to be created during construction and operational phases.

4.3 In determining the baseline area, material weight was placed on the following considerations:

- **The types of impacts likely to be created during construction and operational phases:** developments that provide new employment floorspace could impact those that live and work in close proximity to location of the site, as well as people who commute to the site from elsewhere. Census (2011) commuting data was used to gain an understanding of the areas people most commonly travel from to access employment. This was used as a proxy to estimate where the individuals who occupy any new employment opportunities generated by the development are likely to reside. The data indicates that 754 people work in the MSOA that contains the site (Kirklees 047). It also demonstrates that people travel into this MSOA from a number of locations, including all Kirklees MSOAs, as well as MSOAs extending as far as Medway. To generate an area that best captures the impacts of the development, it was determined that MSOAs that account for more than 2.0% of the total employment within Kirklees 047 should be adopted as an appropriate cut-off point; and
- **The scale of the development:** taking into account the size of the development, the impacts are expected to be highly localised. However, as outlined above, the impacts relating to new employment generation could extend outside of the local authority boundary. To further narrow down the AOI, Census (2011) Distance travelled to work by industry data has been applied. This indicates that only 8% of the employees that work within the retail sector in Kirklees 047 travel further than 5km to work. On this basis, any MSOA that falls outside of a 5km radius from the application site has been excluded from the AOI. Only one MSOA (Kirklees 059) that satisfied the 2.0% criteria falls outside of the 5km radius. This information also indicates that the impacts experienced within the MSOA Kirklees 055 are likely to be more concentrated within the north east, closer to the application site.



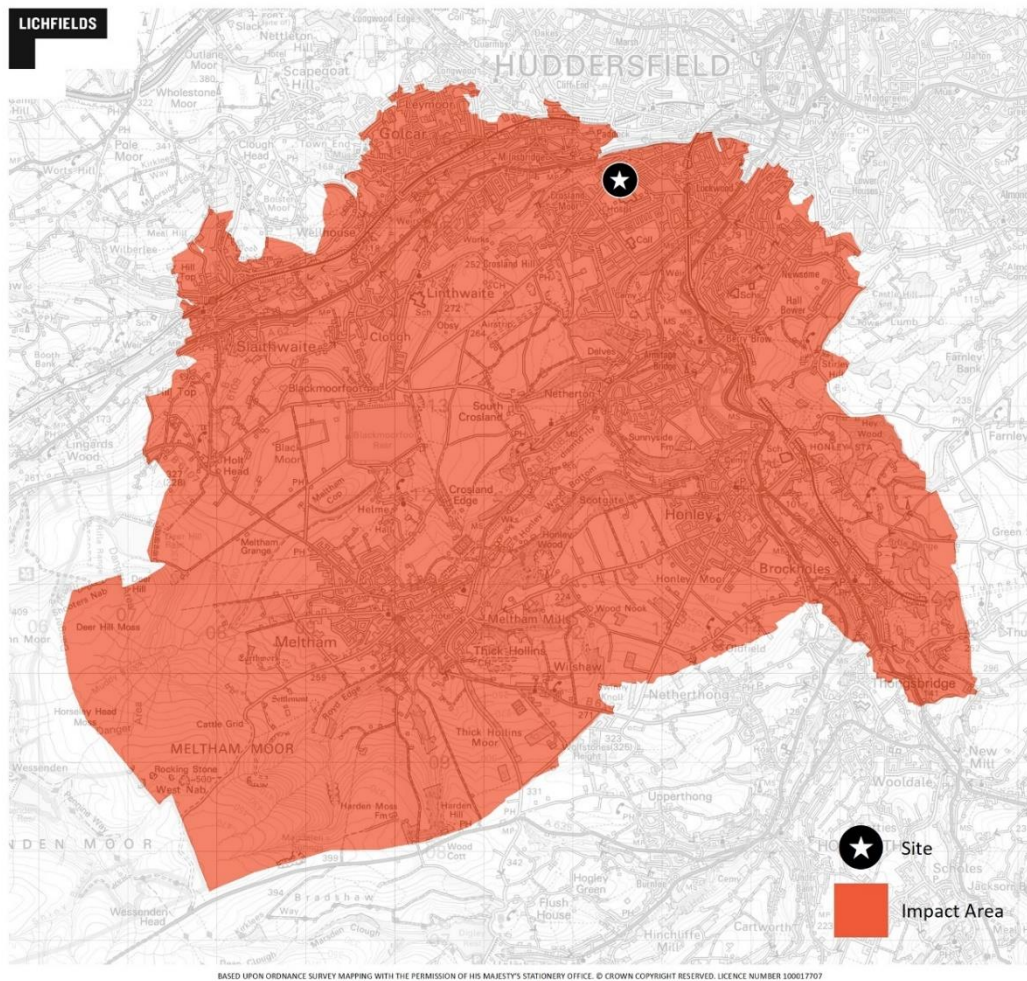
4.4 Based upon the above analysis, Table 4.1 outlines the MSOAs that have been considered for inclusion in the AOI. This geography is also illustrated in Figure 4.1. A full breakdown of the analysis underpinning the process of defining the AOI is provided in Appendix 1.

Table 4.1 Assessment Area of Impact

Middle Super Output Area (MSOAs)	Kirklees 047 (the site MSOA) Kirklees 043 Kirklees 050 Kirklees 045 Kirklees 048 Kirklees 055 Kirklees 053 Kirklees 049 Kirklees 041
Local Authority	Kirklees
Region	Yorkshire and the Humber

Source: Lichfields

Figure 4.1 Area of Impact map



Source: Lichfields

## 5.0 Baseline Context

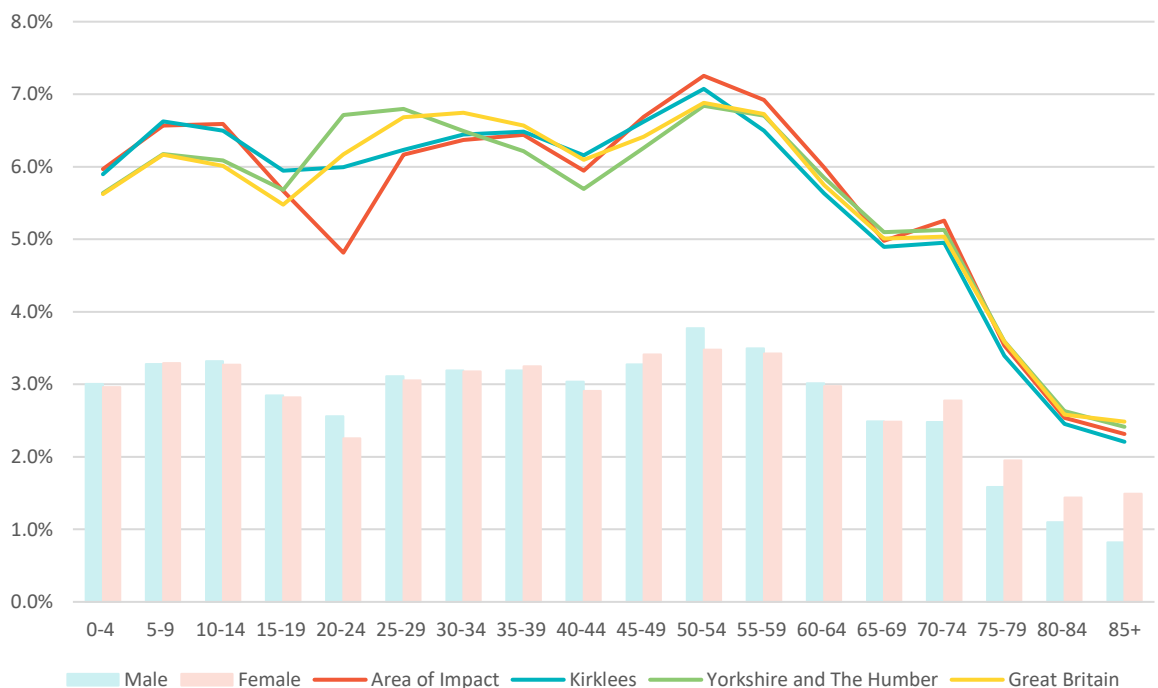
5.1 This section sets out the demographic, socio-economic and health context of the AOI. The data is presented, and indicators are benchmarked, against local authority, regional and national level data where appropriate and data availability permits. For some datasets, information is not available at an MSOA level. Where this is the case, it has been necessary to apply the local authority average as a proxy for the AOI.

### Demographic Profile

#### Age and Gender

5.2 The latest ONS Population Estimates<sup>2</sup> indicates that 65,969 people lived within the AOI in 2020, accounting for 14.9% of the total population of Kirklees. A breakdown of the data by age structure and gender is presented in Figure 5.1. With respect to the age structure, it demonstrates that the AOI is characterised by a slightly lower proportion of working age residents (aged 16-64) (61.0%) in comparison to Kirklees (61.8%), Yorkshire and the Humber (62.1%) and Great Britain (62.4%). This is primarily as a result of a lower proportion of residents aged 20-29. In contrast, the AOI is shown to have a higher proportion of residents aged below 15 (18.6%)<sup>3</sup> compared to Yorkshire and the Humber (19.0%) and Great Britain (18.7%).

Figure 5.1 Population of the AOI by 5-year age groups and gender<sup>4</sup>



Source: ONS Population Estimates: local authority based by single year of age (2020) / Lichfields analysis

<sup>2</sup> Population Estimates – Small area based by single year of age (2020)

<sup>3</sup> Equal to the proportion across Kirklees.

<sup>4</sup> Data for gender is unavailable at a MSOA level. As a result, data has been collected at a local authority level (smallest possible level).

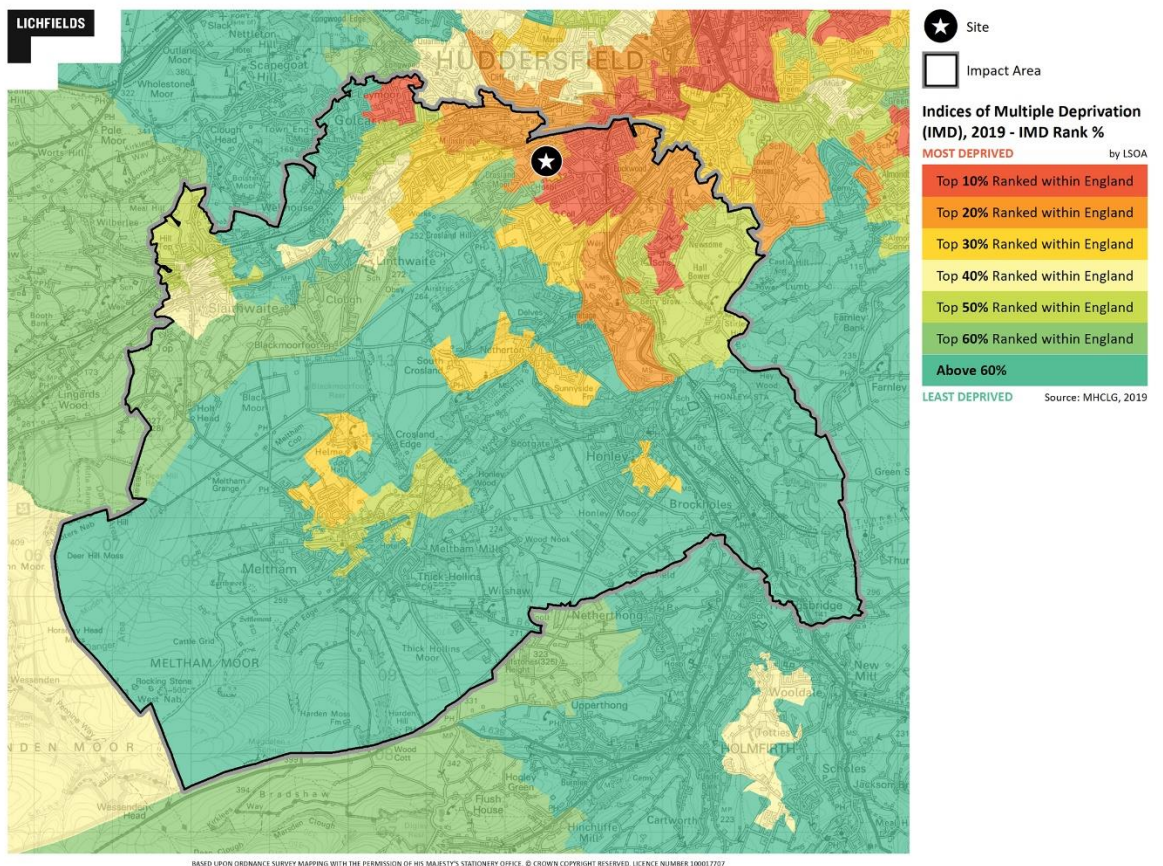
5.3 The same data indicates that the gender split in the AOI is broadly equal – 49.6% of the population is male and 50.4% is female.

### Deprivation

5.4 Deprivation is measured by the Index of Multiple Deprivation (2019) (IMD), which uses a series of indicators to rank areas across seven domains that range from income to health. These categories combined produce a multiple deprivation score for each local area. The IMD calculates deprivation as a proportion of the resident population of a given Lower Super Output Area (LSOA). As such, the Area of Impact MSOAs have been converted into 39 respective LSOAs.

5.5 IMD data across these LSOAs is demonstrated in Figure 5.2. A significant proportion (61.5%) of the LSOAs fall within the 50% most deprived nationally. Furthermore, 6 LSOAs (15.4%) in the AOI fall within the 10% most deprived nationally. In contrast, only 2 LSOAs (5.1%) fall within the 10% least deprived nationally. It is clear that higher rates of deprivation can be found to the north/north east of the site, whereas areas characterised by relatively lower levels of deprivation are concentrated towards the south.

Figure 5.2 Deprivation map



Source: IMD (2019) / Lichfields

5.6 Figure 5.3 contains IMD data disaggregated by the individual deprivation domains across the AOI. It shows the proportion of LSOAs that fall within each decile, where 1 (red)

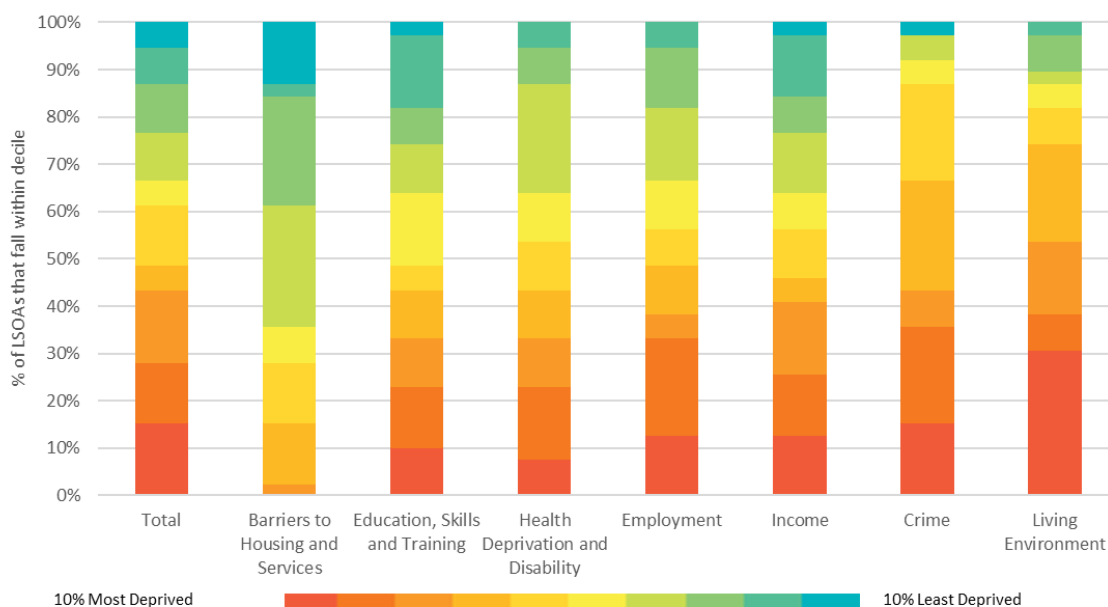
indicates the most deprived decile and 10 (blue) indicates the least deprived decile. The performance of the AOI varies considerably across the indicators. It most evidently performs well with regard to:

- 1 Barriers to Housing and Services: 71.8% of the LSOAs fall within the 50% least deprived LSOAs nationally, including 12.8% within the 10% least deprived. Only 2.6% of Area of Impact LSOAs fall within the 30% most deprived.

5.7 In contrast, the AOI performs less well with regard to:

- 1 Living Environment: 82.1% of the LSOAs fall within the 50% most deprived LSOAs nationally, including 30.8% that fall within the 10% most deprived. None of the LSOAs fall within the 10% least deprived nationally; and
- 2 Crime: 87.2% of the LSOAs fall within the 50% most deprived LSOAs nationally, including 15.4% that fall within the 10% most deprived. Only 2.6% of the LSOAs fall within the 10% least deprived nationally.

Figure 5.3 Deprivation by IMD indicator



Source: IMD (2019) / Lichfields analysis

## Crime and Community Safety

### Crime

5.8 Data from UK Crime Stats<sup>5</sup> provides a breakdown of crime per 1,000 population by category of offense. This is illustrated in Figure 5.4 and demonstrates that:

- The AOI has a lower overall crime rate (8.1) than Kirklees (9.5) and Yorkshire and the Humber (10.0), but a higher rate than England (7.6);
- Violent crimes account for the largest proportion of reported crimes across all analysis areas. This is particularly apparent within the site MSOA (Kirklees 047), where violent

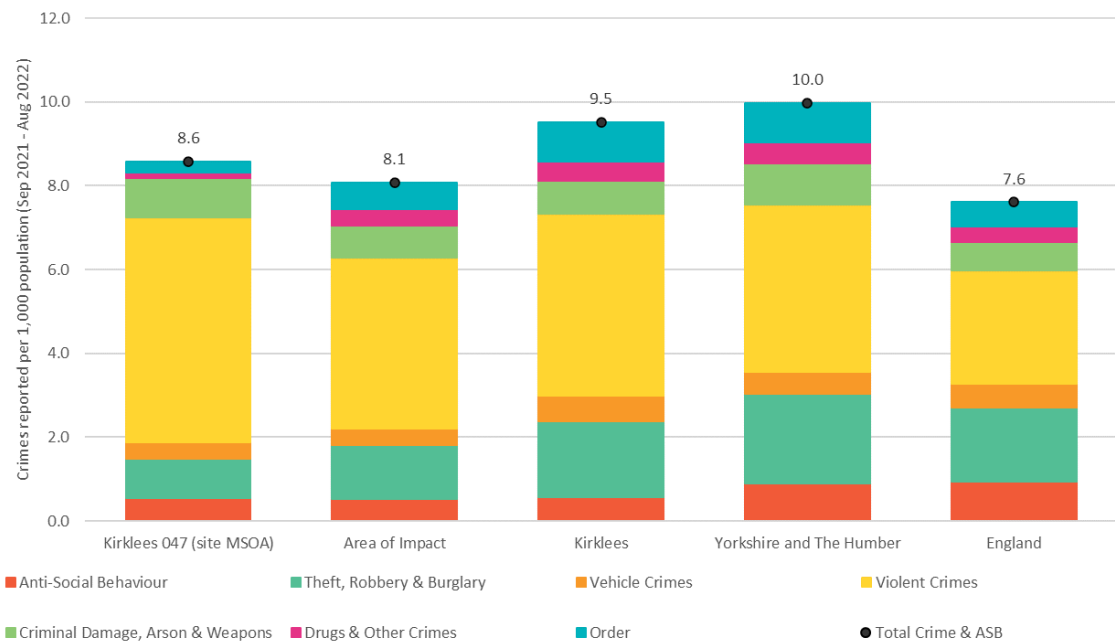
<sup>5</sup> UK Crime Stats (January 2023)



crimes account for 62.8% of all reported crimes (crime rate of 5.4). Violent crimes are also considerably higher in the AOI (4.1), Kirklees (4.3) and Yorkshire and the Humber (4.0%) compared to England (2.7); and

- The AOI has a relatively low level of theft, robbery and burglary reported per 1,000 population (1.3) compared to Kirklees and England (both 1.8), as well as Yorkshire and the Humber (2.1).

Figure 5.4 Reported crimes per 1,000 population, by type



Source: UK Crime Stats / Lichfields analysis

### Accident Rates

- 5.9 Data collected from UK Crime Stats shows there were four reported accidents in 2021 within the MSOA the site is located in (Kirklees 047). This represents an accident rate of 0.5 per 1,000 population. This is a lower rate than that observed across the AOI (0.9), Kirklees (1.3), Yorkshire and the Humber (1.6), and England (1.7).

### Socio-Economic Indicators

#### Employment

- 5.10 Analysis of ONS data indicates that the total number of jobs in 2021 within Kirklees stood at 189,000, which is an increase of 12.5% relative to 2012<sup>6</sup>. This rate of growth is slightly higher than the corresponding figures for Yorkshire and the Humber (12.0%) and England (12.3%).
- 5.11 The same dataset provides a measure of the ratio of total jobs to working age residents in a given area (job density). The latest available data (2021) shows that Kirklees had a job

<sup>6</sup> ONS Job Density (2021)

density of 0.69, indicating that for every 100 working age residents there were 69 jobs. This is considerably lower than Yorkshire and the Humber (0.81), and Great Britain (0.86).

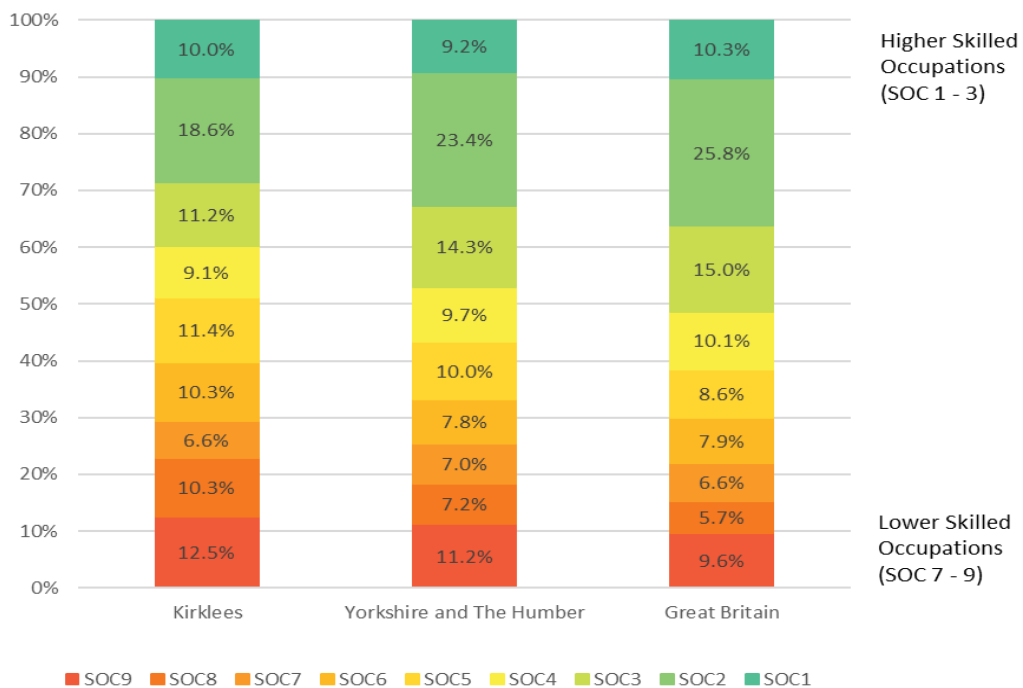
5.12 Data collected from the Annual Population Survey (2022) highlights that the economic activity rate (the share of working age residents (16-64) either in or seeking employment) stands at 75.4% in Kirklees. This is lower than both the regional (77.8%) and national (78.6%) averages. The same data also shows that model-based unemployment in Kirklees in 2022 (2.3%) was lower than the regional (4.1%) and national averages (3.9%).

### Income

5.13 ONS data highlights that the median resident-based annual earnings in Kirklees stood at £31,230 in 2022. This is higher than the average across Yorkshire and the Humber (£30,501), but lower than Great Britain (£33,111). Workplace-based annual earnings in Kirklees stood at £30,062 in 2022, meaning those working in the authority earned less than those living there. It should also be noted that workplace-based earnings in Kirklees were slightly above the average observed across the region (£30,000), but lower than Great Britain (£33,106).

### Occupations

Figure 5.5 Proportion of residents that work within SOC



Source: Annual Population Survey (2022) / Lichfields analysis

5.14 It can be seen from Figure 5.5, that the occupational base in Kirklees is characterised by<sup>7</sup>:

<sup>7</sup> Annual Population Survey (2022)

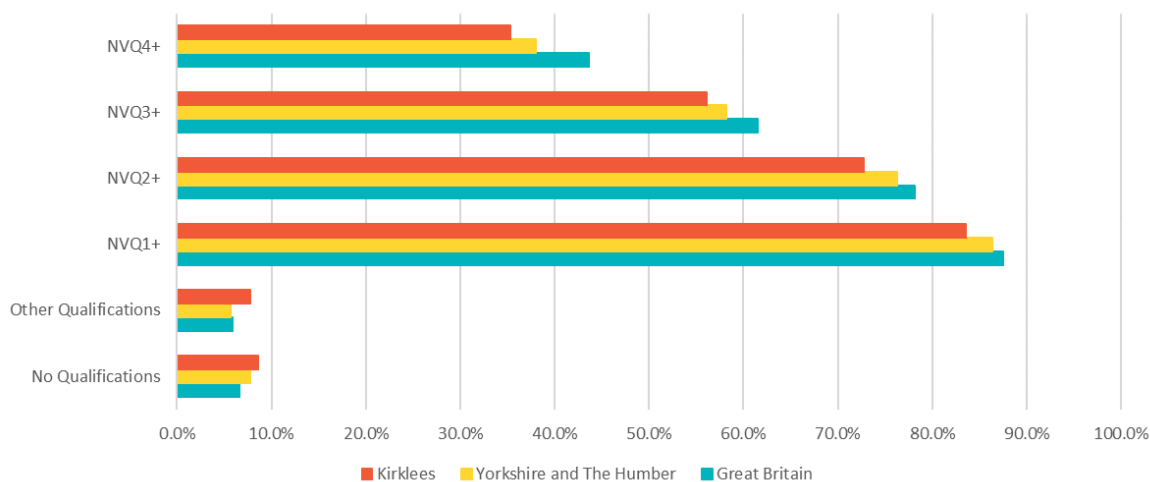
- 39.8% of residents that work in professional and technical roles, and managerial/directors roles (SOC1-3<sup>8</sup>). This is lower than both the regional (46.9%) and national (51.1%) averages; and
- 29.4% of Kirklees’ residents work in lower skilled jobs such as elementary occupations, process and machine operatives, and sales and customer services roles (SOC 7-9). This is higher than the regional (25.4%) and national (21.9%) averages.

## Skills

A1.1 Figure 5.6 provides a summary of the skills base of the resident population for Kirklees and the relevant benchmark areas. This illustrates that the AOI is characterised by<sup>9</sup>:

- A lower proportion of residents with NVQ level 1 and 2 qualifications (83.6% and 72.7%) than in Yorkshire and the Humber (86.4% and 76.3%) and Great Britain (87.5% and 78.1%).
- A lower proportion of residents with graduate level (NVQ level 4+) qualifications (35.3%) than regionally (38.0%) and nationally (43.6%); and
- A higher proportion of residents with no qualifications than regionally (7.8%) and nationally (6.6%).

Figure 5.6 Proportion of residents with qualifications



Source: Annual Population Survey (2021)

## Health-Related Indicators

### Adult and Child Health

5.15 Data from Public Health England provides health profiles of local authorities and covers a range of health indicators. It also provides data for Yorkshire and the Humber and England which can be used to benchmark the local authorities. Key data for child and adult health is provided in Table 5.2. It demonstrates that Kirklees performs favourably on two of the

<sup>8</sup> SOC: Standard Occupational Code

<sup>9</sup> Annual Survey of Hours and Earnings (2022)

twelve indicators (inequality in life expectancy at birth (male) and killed and seriously injured on roads) when compared to the national benchmark.

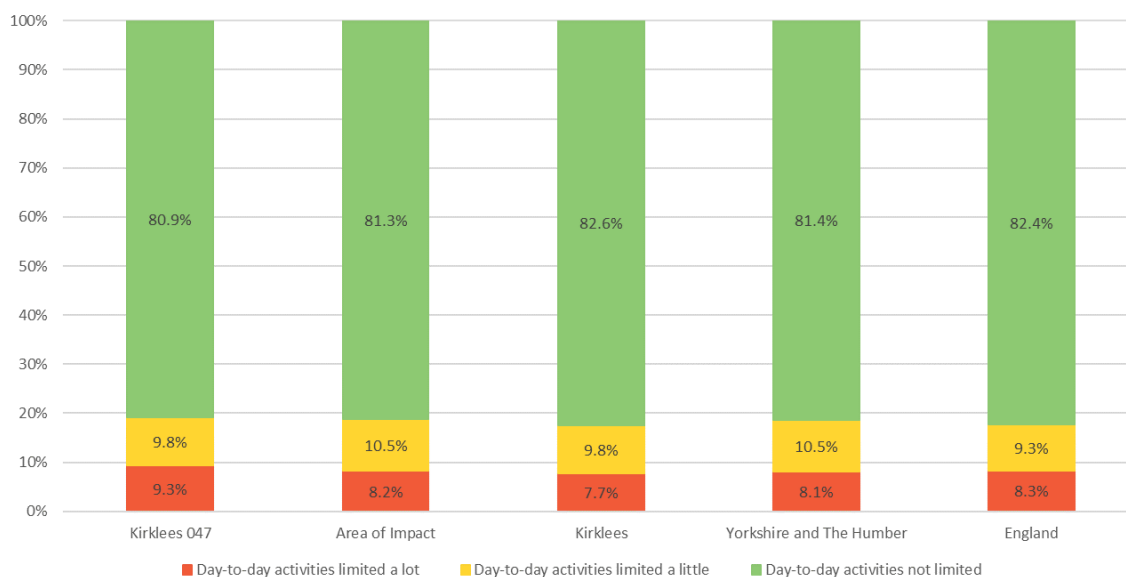
Table 5.2 Child and Adult health indicators (Green/Red = performs better/worse compared to national average)

Indicator	Period measured	Kirklees	Yorkshire and the Humber	England
<b>Child Health</b>				
Infant mortality rate	2018 - 20	5.6	4.2	3.9
Year 6: Prevalence of obesity (including severe obesity)	2019/20	21.0	24.2	23.6
Children in relative low income families (under 16s)	2020/21	28.2	25.2	18.5
Inequality in life expectancy at birth (male)	2018 - 20	9.3	10.7	9.7
Inequality in life expectancy at birth (female)	2018 - 20	8.1	8.8	7.9
<b>Adult Health</b>				
Life expectancy at birth (male)	2018 - 20	78.4	78.4	79.4
Life expectancy at birth (female)	2018 - 20	82.2	82.2	83.1
Suicide rate	2018 - 20	18.4	19.2	15.9
Killed and seriously injured (KSI) casualties on England's roads	2020	81.3	89.7	86.1
Smoking Prevalence in adults (18+) - current smokers (APS)	2019	17.5	17.3	15.8
Percentage of physically active adults	2020/21	62.8	65.2	67.9
Percentage of adults (aged 18+) classified as overweight or obese	2020/21	69.7	66.5	68.5

Source: Public Health England Local Authority Profiles

## Disability

Figure 5.6 Long-term health problem or disability



Source: ONS Census Data (2021) / Lichfields analysis

5.16

Based on 2021 Census data, Figure 5.6 shows that 18.7% of the AOI has a long-term health problem or disability that limits the individual’s day-to-day activities. This is broadly



comparable to Yorkshire and the Humber (18.6%), but higher than the regional (17.4%) and national (17.6%) averages. This data includes people who have their day-to-day activities limited a lot by their disability or health problem. In the AOI this stands at 8.2%, which is broadly in alignment with the regional (8.1%) and national (8.3%) averages, but slightly higher than the average in Kirklees (7.7%).

## 6.0 Assessment of Impacts

6.1 The proceeding sections (7.0 – 8.0) set out the assessments undertaken to consider the potential impacts of the proposed development on the determinants of health during the construction and operational phases of the development. Within the context of the proposed development, the determinants scoped into this assessment are as follows:

- 1 Lifestyles; and
- 2 Economic Conditions affecting Health.

6.2 It is acknowledged that there is potential for adverse impacts on the local population arising from living condition factors during construction. This includes the impact of the development on air quality and noise, which are impacts likely to be concentrated for individuals living in the immediately surrounding area to the site. With reference to the accompanying Air Quality Assessment and Noise Impact Assessment, significant adverse impacts are not anticipated in relation to air quality and noise. As such, neither impacts are considered to represent a constraint on the proposed development. However, it is understood that the proposed development, in conjunction with the development of the proposed residential units on the wider former St Luke's Hospital site could cumulatively generate more significant impacts.

6.3 A detailed assessment for each determinant is provided in Section 7.0 – 8.0. Each assessment is structured in the following format:

- Analysis of the overarching impact of the development on the general population. For the purpose of this assessment, each determinant is disaggregated by a number of 'indicators' to ensure that the analysis best captures each of the intricate ways that the development could impact health outcomes. Each indicator is assigned a level of significance, based upon the criteria set out in Section 2.0;
- An overall judgement regarding the significance of the impact is also provided for each determinant outlined above. The level of significance is colour-coded, as demonstrated in the table below. Where appropriate, mitigation and/or enhancement measures are recommended;

Table 6.1 Level of Significance - colour-coding system

Substantial Beneficial	
Moderate Beneficial	
Minor Beneficial	
Negligible	
Minor Adverse	
Moderate Adverse	
Substantial Adverse	
Not Assessed	

- The assessment then considers how the development might affect particular sub-sections of the general population – categorised as vulnerable groups (detailed below). Further mitigation and/or enhancement measures are recommended where appropriate.

## **Vulnerable Groups**

- 6.4 This assessment considers the impacts of the proposed development on the health of the general population within the AOI (see Section 5.0) as well as the wider general population where appropriate. There is also a need to consider whether the proposed development could have a disproportionate impact upon particular sub-sections of the overall population. Such impacts could give rise to, or exacerbate inequalities between, the main population and these sub-populations. Within this HIA, these sub-population groups will be outlined as 'vulnerable groups'. The vulnerable groups are likely to be more sensitive to changes in the determinants of health and are at risk of being adversely affected by greater health inequality.
- 6.5 Receptor groups with regard to the proposed development have been identified through a review of local policies; relevant literature; considerations regarding the location and nature of the development; and baseline data. Vulnerable groups to be assessed in this HIA comprise:
- Economically inactive and people on low incomes;
  - Residents of homes located near the proposed development (1km radius);

## 7.0 Lifestyles

- 7.1 The proposed development has the potential to impact the lifestyles of local residents, which in turn could have implications for their health outcomes. Lifestyle factors such as levels of physical activity and access to healthy food can have a substantial impact on an individual's physical and mental wellbeing. It is therefore necessary to assess the impact of the proposed development on lifestyles to identify any potential health risks, or promote opportunities for positive health outcomes.
- 7.2 With regard to the proposed development, many of the indicators categorised in lifestyles can be scoped out. This includes the impact of the development on physical activity. Given that the application site is not an area of natural/green space, development on the site is not expected to have any adverse impacts on local individuals' ability to partake in exercise. It should be noted however that the proposed development, once operational, may have small indirect benefits on physical activity levels by providing a new foodstore within close proximity to a number of houses. As such, residents of nearby houses may opt to walk/cycle to the foodstore, as opposed to driving.

## Nutrition and Diet

- 7.3 The construction phase is not anticipated to have significant and direct impacts on the nutrition and diet of the AOI. On this basis, this assessment only considers the effect of the proposed development on nutrition and health during the operational phase.

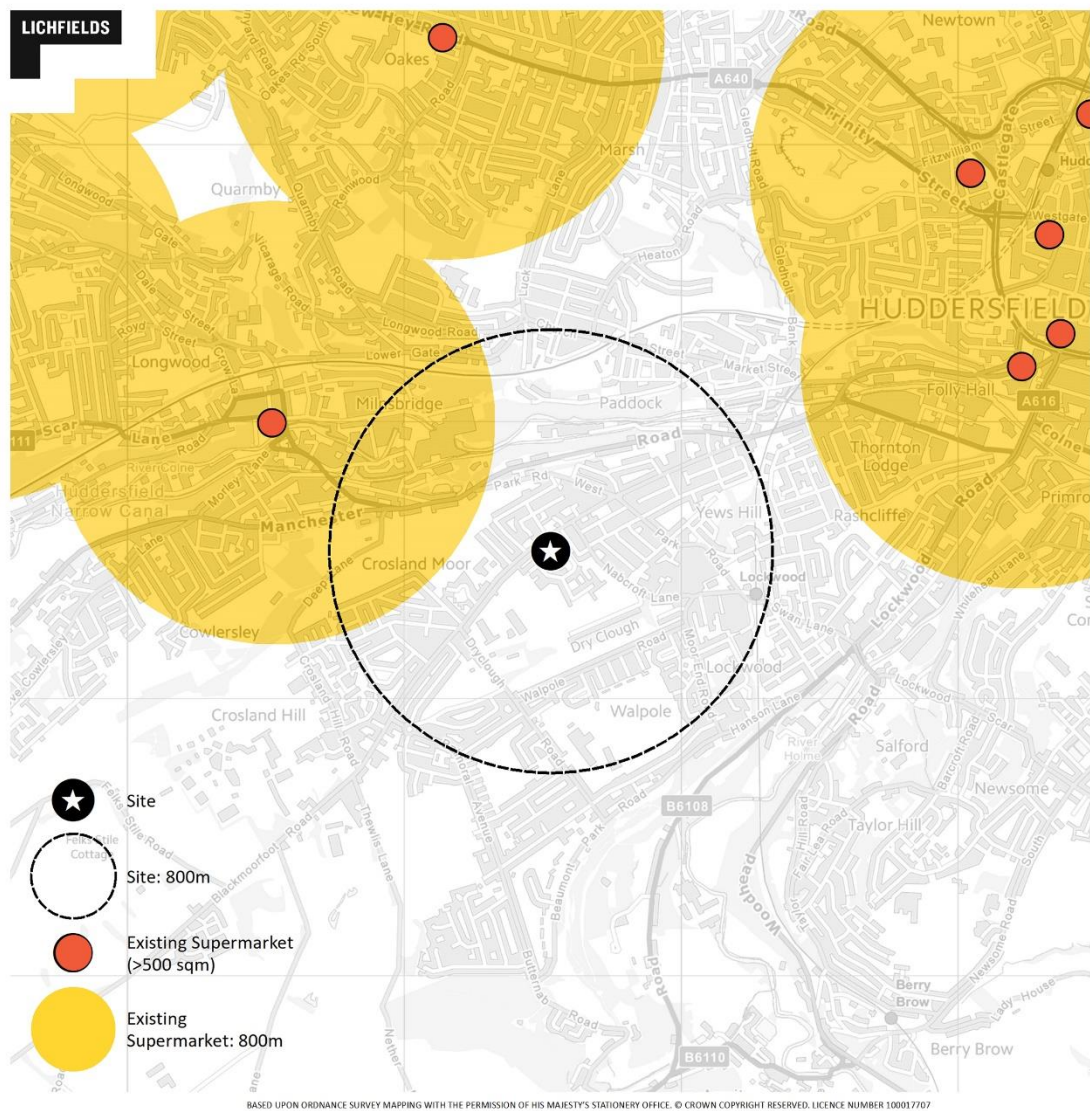
### Operational Phase

- 7.4 There is substantial research demonstrating the link between the nutrition and diet of individuals and health outcomes. Improving access to healthy food options is therefore vital in improving the health profile of the local area, as individuals are more likely to choose healthier food options when they are cheap and convenient.
- 7.5 Based upon a review of the local area, there is a limited number of existing foodstores in close proximity to the application site. As shown in Figure 7.1, no supermarkets are located within a 1km walking distance of the site, with a small number of options within a 2km radius. These options, however, are all located towards the north/east of the site.
- 7.6 With reference to the Institution of Highways and Transportation guidance,<sup>10</sup> for non-commuter journeys, a 0.8km walking distance is considered to be 'acceptable' with a maximum recommended walking distance of 1.2km. For residents of areas south of the application site (i.e. Crosland Moor, Taylor Hill, Newsome), it is clear that they are not currently serviced within an acceptable walking distance by any existing supermarket. As such, options for accessing healthy food could be considered more limited at present, especially for residents that are constrained by poor access to transportation. Whilst it is acknowledged that residents of Taylor Hill and Newsome do not fall within a 0.8km radius of the application site, it is clear that the proposed development would provide a more accessible, convenient store than the current options.

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<sup>10</sup> The Institution of Highways and Transportation – Guidelines for Providing for Journeys on Foot

Figure 7.1 Nearby Supermarkets within an acceptable walking distance



Source: Lichfields

7.7 In addition, Lidl is classified as a discount foodstore and, consequently, would provide healthier food options at a more accessible price for the wider population. As stated above, when healthy food is more affordable and accessible, individuals are more likely to incorporate them into their diets, which can lead to improved nutrition and less reliance on (often cheaper, low-quality) unhealthier processed food. This can also contribute towards reducing health disparities by ensuring that lower-income individuals, that may typically be priced-out of such foods, are able to access healthier options.

7.8 The above analysis indicates a medium magnitude of change. Lichfields' HealthIA analytical model suggests that the local area has a medium sensitivity to change based upon:

- 1 The percentage of adults locally classified as overweight or obese;
- 2 Health deprivation in the AOI; and

3 The local income level and income deprivation.

7.9 However, given the low number of alternative foodstores located within close proximity to the development, particularly for areas south of the site, it was deemed appropriate to adjust the sensitivity to 'high'.

7.10 Taken together, the proposed development is considered to have a permanent, Moderate Beneficial impact on health outcomes in relation to nutrition and diet.

### Vulnerable Groups

7.11 As outlined above, people on low-incomes may benefit from increased accessibility to lower cost healthy food options presented by the proposed development. By providing increased accessibility to affordable healthy food options, it is possible that local residents will benefit from better nutrition which in turn leads to better physical health outcomes. In addition, better nutrition could generate indirect impacts on productivity, by virtue of improved focus and reduced illness (causing illness-related absence). For individuals on low-incomes, this indirect benefit could be significant and help to contribute towards a rise in wages in the long term.

### Summary: Lifestyles

Table 7.1 Summary - Lifestyles

	Construction Phase	Operational Phase
Determinant (overall)		
Lifestyles	Not assessed	Moderate Beneficial
Indicators		
Nutrition and Diet	Not assessed	Moderate Beneficial

Source: Lichfields

## 8.0 **Economic Conditions affecting Health**

8.1 As outlined in Section 2.0, local economic conditions can have a major influence on the health and wellbeing of individuals and communities. It is well recorded that there is a strong, positive correlation between health and a number of socioeconomic indicators, including:

- Life expectancy and income;
- Healthy life expectancy and employment;
- Mental wellbeing and employment.<sup>11</sup>

8.2 As such, understanding how the proposed development could impact local economic conditions is clearly essential when assessing the potential health impacts. The impacts can be categorised by three overarching indicators (employment, training and apprenticeships, and wages) – considered as *direct* effects – however it is important to note these effects are also likely to generate indirect impacts. This may include impacts on mental wellbeing, social cohesion and wider regeneration.

8.3 The impacts on economic conditions during both the construction and operational phases are likely to be of different scales and durations. As a result, this section considers the two phases separately.

### **Employment**

#### **Construction Phase**

8.4 Employment is widely recognised as having a positive impact on the health outcomes of individuals. Consequently, the provision of new employment opportunities as a result of the development could have numerous benefits for the affected population. This includes impacts such as an increased sense of purpose and community spirit, whereby an individual is provided with a sense of accomplishment from their work and is able to interact with others in the workplace. Employment is also likely to support career development by providing individuals with valuable work experience and skills, irrespective of a more formalised training program (explored below). Naturally, improved financial security through an uplift in wages is a principal benefit of employment, although this is assessed in further detail below.

8.5 With respect to the proposed development, it is estimated that 40 direct FTE construction jobs will be supported throughout the construction phase. This has been derived having regard to:

- BCIS data regarding the average build cost per sqm (GEA) of a retail development in Yorkshire and the Humber;
- Information provided to Lichfields by the wider client team regarding the estimated build period of the development; and

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<sup>11</sup> Assuming good working practices are upheld.

- The application of an appropriate labour coefficient.<sup>12</sup>

- 8.6 In addition, a level of indirect jobs is expected to be supported through the purchase of construction resources from suppliers in the supply chain. ONS Input-Output Tables indicates that for every direct job, an additional 1.11 indirect job will be supported. Applying this to the 45 *direct* FTE jobs estimated above signifies that an additional 50 *indirect* jobs will be supported throughout the construction phase. Taken together, the construction phase is estimated to support a total of 95 direct and indirect jobs throughout the nine month build period. With respect to health, having regard to the information set out above, this is considered to translate to a low magnitude of change.
- 8.7 The HealthIA model estimates that the AOI has a low sensitivity with respect to employment during construction. This is by virtue of a number of factors, including:
- 1 The number of people in Kirklees currently seeking employment in the construction sector;
  - 2 The unemployment rate in the AOI; and
  - 3 The level of employment deprivation in the AOI.
- 8.8 Based upon this analysis, the proposed development is anticipated to generate a temporary, minor beneficial impact with regard to health in relation to employment.

### **Operational Phase**

- 8.9 Given the nature of the proposals, new permanent employment opportunities are likely to be generated once the development is operational. Based upon Lichfields' experience of working on Lidl foodstores, it is estimated that 40 direct, permanent headcount jobs (equivalent to 25 FTE<sup>13</sup>) will be supported by the application site. In addition, it is anticipated that a level of indirect and induced jobs will be supported. Taking into account the type of development, it is considered that a 'retailing' multiplier is the most appropriate in the context of operational employment. This indicates that Yorkshire and the Humber has a Type II<sup>14</sup> multiplier of 1.21 at the local level rising to 1.38 at the regional level. Applying these multipliers to the range of direct jobs estimated above indicates that an additional 5 jobs could be supported at the local level, rising to 10 at the regional level.
- 8.10 It must be noted that the above employment estimates are gross values and do not take into account displacement effects. However, since there are no existing employment uses on the application site, the *net* on-site job change resulting from the proposed development is indifferent to the *gross* estimate.
- 8.11 As highlighted above, it is anticipated the proposed development will create both part-time and full-time employment opportunities. This provides local residents who are seeking employment opportunities in the local community – but are unable to take on full-time positions – with viable options to enter the labour market, including individuals such as lone families and those wishing to combine work with education.

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<sup>12</sup> A 'Private commercial' coefficient is considered as the most appropriate in relation to the proposed development, with reference to Homes and Communities Agency (HCA) Calculating Cost per Job Best Practice Note (2015).

<sup>13</sup> 10 Full-Time and 30 Part-Time positions – translating to 25 FTE jobs

<sup>14</sup> Indirect and Induced effects



- 8.12 In addition, indirect impacts could be generated such as bidding up local wages, supporting the development of infrastructure and uplifting rates of physical activity. With regard to the proposed development, however, indirect effects are expected to be limited, given the relatively lower volume of employment generation.
- 8.13 Based on the above information, a low magnitude of change is anticipated with regard to employment.
- 8.14 The HealthIA model estimates that the AOI has a low level of sensitivity having regard to factors such as:
- 1 The number of people seeking employment in relevant occupations. With respect to the proposed development, this includes corporate managers; business associate professionals; sales occupations; and administration and service occupations.
  - 2 The current unemployment rate; and
  - 3 Employment deprivation.
- 8.15 As such, it is considered that the proposed development will have a permanent, Minor Beneficial impact on employment impacts within the context of health outcomes.

## **Training and Apprenticeships**

### **Construction Phase**

- 8.16 Local workers employed during construction could benefit from training opportunities offered by the developer to employees. At this stage of the proposals, the developer has not been determined and therefore this assessment considers the impacts broadly. Nevertheless, training and apprenticeship opportunities can directly improve the health outcomes of those who occupy the roles through a number of avenues. In the context of the construction sector, this is likely to include:
- Improved job security and financial stability: by accessing training/apprenticeship opportunities, individuals are able to acquire greater qualifications and experience that can help to support career development. It is understood that a large proportion of people working within the construction sector are freelance and therefore having greater experience and qualifications could enable these individuals to access new contracts easier and/or at a higher wage. As such, these employees are likely able to benefit from an improved level of financial stability, which could minimise rates of stress and anxiety.
  - Improved safety: training and apprenticeship programs can provide individuals with the skills and knowledge necessary to work in healthy and safe environments. This is clearly vital in the construction sector taking into account the common requirements to control asbestos, operate heavy machinery and work at heights. Increased training is therefore likely to lead to a reduced risk of workplace injuries and illnesses, improving physical health outcomes.
- 8.17 Based upon a review of Annual Population Survey data (2021), roughly 3% of the workforce in Kirklees is in a training or apprenticeship opportunity. The application of this to the 40 direct construction jobs estimated above indicates that a modest level of training and

apprenticeship opportunities could be supported during the construction phase of the proposals. This is considered to translate to a low magnitude of change.

8.18 Based upon the following considerations, the HealthHIA model considers the sensitivity of the AOI to be low:

- 1 The proportionate breakdown of the local population by qualifications, benchmarked against other local areas; and
- 2 The length of the construction period<sup>15</sup>.

8.19 Taken together, the above analysis indicates that the proposed development could have a temporary, minor beneficial impact on training and apprenticeships.

### **Operational Phase**

8.20 Similarly, training and apprenticeship opportunities are likely to be supported during operation. Lidl has a strong reputation for developing their workforce and has a well-defined training program applied to all staff. This includes an individually-orientated training plan, a mentoring program and clear targets. In addition, the training opportunities are available across a range of skill levels and entry levels. As such, career development and skill enhancement are pertinent benefits of the employment offered by the proposals.

8.21 Based upon the above information, it is reasonable to assume that a large proportion of the 40 employees will be able to benefit from opportunities for training. In addition, a small number of apprenticeship opportunities could be offered. Given the scale of employment that is expected to be generated, this is considered to translate to a low magnitude of change.

8.22 During operation, the AOI is considered to have a medium sensitivity with regard to training and apprenticeships, most notably reflecting the skills base of the local population. This corresponds to a permanent, minor beneficial impact.

## **Wages**

### **Construction Phase**

8.23 Through supporting employment during the construction phase, it is reasonable to assume that there will be an uplift in wages locally. As highlighted above, income is positively correlated with life expectancy and, therefore, a rise in wages locally is likely to have a beneficial impact on the local population. Given the short-term nature of the construction phase, this uplift in wages is expected to be temporary but may provide financial stability to freelance workers that are currently in between projects. For these workers, it is likely to secure their ability to purchase necessities and contribute towards lower rates of stress and anxiety, which in turn could contribute towards improved physical and mental health outcomes.

8.24 An increase in wage could also enable individuals to access higher quality or 'luxury' items. This could include the purchase of healthier food options, access to better housing and an

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<sup>15</sup> The HealthHIA model initially indicates a 'medium' level of sensitivity, however, accounting for the short-term length of the build period leads to a downward adjustment to the sensitivity. As such, the sensitivity has been concluded as low.

increased opportunity to access leisure activities, which would all improve an individual's quality of life.

- 8.25 Annual Survey of Hours and Earnings data (2021) indicates that the average construction sector worker in Yorkshire and the Humber earns approximately £37,000 per annum. Applying this to the estimated level of direct FTE construction jobs suggests that c.£1.2m of wages will be supported through the construction phase. This is considered to translate to a low magnitude of change.
- 8.26 The HealthIA model determines the sensitivity of the AOI with respect to wages during construction to be medium. This is based upon the following considerations:
- The average level of income Kirklees relative to other local authorities;
  - The average level of disposable income in Kirklees benchmarked against other local authorities; and
  - The proportion of residents that are economically active within Kirklees.
- 8.27 As such, during the construction phase, the proposed development is anticipated to generate temporary, minor beneficial impacts with regard to wages.

### **Operational Phase**

- 8.28 The operational phase of the proposed development will also contribute towards increase wages locally through the provision of additional employment. The positive impacts outlined for the construction phase can also be applied to the operational phase. However, additional benefits can be unlocked by virtue of the long-term/permanent nature of the operational employment. Indeed, longer-term job security provides individuals with a stable and consistent source of income which improves their ability to budget and save money for future needs (emergency funds, housing, investments, retirement). Given the training opportunities outlined above, employees of the development are also likely to have the opportunity to progress upwards through the company, which could be expected to be compensated with an increased wage. Under this scenario, the impacts set out in this section would be enhanced.
- 8.29 Given the nature of the proposed development, a small range of occupations are expected to be supported. This could include corporate managers; business associate professionals; sales occupations; and administrative roles. Based upon a review of ONS data regarding the average proportionate breakdown of the resident population within the aforementioned roles, as well as the respective average annual salaries, it is estimated that the proposed development could uplift local wages by approximately £650,000 per annum across the 25 (FTE) employees. This is considered to translate to a low magnitude of change.
- 8.30 The AOI is considered to have a medium sensitivity with respect to wages, as highlighted previously. This indicates that the proposed development could be expected to have a permanent, minor beneficial impact on wages during the operational phase.

### **Vulnerable Groups**

- 8.31 The provision of new employment opportunities could benefit those that are currently unemployed to a greater extent than the wider population. As highlighted in PHE's Health

Equity Evidence Review 5, unemployed people have a greater risk of poor health than those in employment, contributing to health inequalities<sup>16</sup>.

8.32 Indeed, unemployed individuals are typically more financially constrained and subsequently unable to access a number of economic resources that would otherwise support good health and general wellbeing. In contrast, accessing employment meets “important psychosocial needs in societies where employment is the norm” whereby unemployment can lead to a level of insecurity. It is clear, therefore, that the provision of new employment could positively, and directly impact local residents that are currently unemployed through unlocking the large array of economic and mental wellbeing benefits associated with employment.

### Enhancement Measures

8.33 As no adverse impacts are anticipated, mitigation measures are not required. However, the following recommendations are provided below which may enhance the impact of the beneficial effects outlined above:

- Ensure a large proportion of the labour force (both in construction and operation) are resourced from the local area. This reduces the requirement for individuals to travel long distances to work, which could have adverse impacts on the environment, reduce the individuals’ disposable income, and lead to a poorer work-life balance.

### Summary

Table 8.1 Summary – Economic Conditions affecting Health

	Construction Phase	Operational Phase
Determinant (overall)		
Economic Conditions affecting Health	Minor Beneficial	Minor Beneficial
Indicators		
Employment	Minor Beneficial	Minor Beneficial
Training and Apprenticeships	Minor Beneficial	Minor Beneficial
Wages	Minor Beneficial	Minor Beneficial

Source: Lichfields

<sup>16</sup> Public Health England - Local action on health inequalities: Increasing employment opportunities and improving workplace health

## 9.0 Conclusions

9.1 Table 9.1 provides a summary of the detailed analysis outlined in the assessment of impacts above. It demonstrates that no significant adverse impacts on health are anticipated with respect to the proposed development. In contrast, a number of beneficial impacts are anticipated. Most significantly, this relates to the impact of the proposed development on the nutrition and diet of the local population, given that the foodstore will provide a cheap and convenient healthy food options to local residents.

Table 8.1 Summary – Economic Conditions affecting Health

	Construction Phase	Operational Phase
<b>Determinants</b>		
Lifestyles	Not assessed	Moderate Beneficial
Economic Conditions affecting Health	Minor Beneficial	Minor Beneficial
<b>Indicators</b>		
Nutrition and Diet	Not assessed	Moderate Beneficial
Employment	Minor Beneficial	Minor Beneficial
Training and Apprenticeships	Minor Beneficial	Minor Beneficial
Wages	Minor Beneficial	Minor Beneficial

Source: Lichfields

## Appendix 1 Area of Impact Data

Appendix 2 Green = Area of Impact MSOAs: generated on the basis of Census (2011) Commuting Pattern Data.

Appendix 3 Red = The MSOA excluded from the AOI due to qualitative considerations (outlined in section 4.0).

Table 1 Commuting Patterns to Site MSOA

MSOA the employee is currently residing in	Kirklees 047 (site MSOA) – Total employment = 754	% of the site MSOA's employment	Cumulative
Kirklees 047	101	13.4%	13.4%
Kirklees 043	55	7.3%	20.7%
Kirklees 050	39	5.2%	25.9%
Kirklees 045	34	4.5%	30.4%
Kirklees 048	27	3.6%	34.0%
Kirklees 055	26	3.4%	37.4%
Kirklees 053	25	3.3%	40.7%
Kirklees 059	24	3.2%	43.9%
Kirklees 049	22	2.9%	46.8%
Kirklees 041	17	2.3%	49.1%
Kirklees 030	14	1.9%	50.9%
Kirklees 027	13	1.7%	52.7%
Kirklees 031	13	1.7%	54.4%
Kirklees 033	13	1.7%	56.1%
Kirklees 058	13	1.7%	57.8%
Kirklees 032	12	1.6%	59.4%
Kirklees 037	12	1.6%	61.0%
Kirklees 036	11	1.5%	62.5%
Kirklees 038	11	1.5%	63.9%
Kirklees 044	11	1.5%	65.4%
Kirklees 054	11	1.5%	66.8%
Kirklees 042	10	1.3%	68.2%
Kirklees 052	10	1.3%	69.5%
Kirklees 025	9	1.2%	70.7%
Kirklees 029	9	1.2%	71.9%
Kirklees 039	9	1.2%	73.1%
Kirklees 056	9	1.2%	74.3%
Kirklees 035	8	1.1%	75.3%
Kirklees 051	8	1.1%	76.4%
Calderdale 026	7	0.9%	77.3%
Kirklees 046	7	0.9%	78.2%
Kirklees 057	7	0.9%	79.2%
Calderdale 024	6	0.8%	80.0%
Kirklees 034	6	0.8%	80.8%
Kirklees 040	5	0.7%	81.4%
Oldham 007	4	0.5%	82.0%
Kirklees 008	4	0.5%	82.5%
Kirklees 015	4	0.5%	83.0%
Kirklees 021	4	0.5%	83.6%
Kirklees 022	4	0.5%	84.1%
Kirklees 028	4	0.5%	84.6%
Barnsley 005	3	0.4%	85.0%
Bradford 058	3	0.4%	85.4%
Calderdale 025	3	0.4%	85.8%

MSOA the employee is currently residing in	Kirklees 047 (site MSOA) – Total employment = 754	% of the site MSOA's employment	Cumulative
Kirklees 009	3	0.4%	86.2%
Kirklees 011	3	0.4%	86.6%
Kirklees 016	3	0.4%	87.0%
Kirklees 020	3	0.4%	87.4%
Kirklees 026	3	0.4%	87.8%
Leeds 090	3	0.4%	88.2%
Oldham 011	2	0.3%	88.5%
Salford 007	2	0.3%	88.7%
Barnsley 024	2	0.3%	89.0%
Bradford 020	2	0.3%	89.3%
Calderdale 009	2	0.3%	89.5%
Calderdale 016	2	0.3%	89.8%
Calderdale 018	2	0.3%	90.1%
Calderdale 019	2	0.3%	90.3%
Kirklees 001	2	0.3%	90.6%
Kirklees 003	2	0.3%	90.8%
Kirklees 007	2	0.3%	91.1%
Kirklees 017	2	0.3%	91.4%
Kirklees 019	2	0.3%	91.6%
Kirklees 023	2	0.3%	91.9%
Leeds 104	2	0.3%	92.2%
Wakefield 029	2	0.3%	92.4%
County Durham 004	1	0.1%	92.6%
Cheshire West and Chester 001	1	0.1%	92.7%
Manchester 003	1	0.1%	92.8%
Manchester 006	1	0.1%	93.0%
Manchester 055	1	0.1%	93.1%
Oldham 006	1	0.1%	93.2%
Oldham 013	1	0.1%	93.4%
Rochdale 006	1	0.1%	93.5%
Chorley 006	1	0.1%	93.6%
Fylde 004	1	0.1%	93.8%
East Riding of Yorkshire 016	1	0.1%	93.9%
Barnsley 009	1	0.1%	94.0%
Barnsley 012	1	0.1%	94.2%
Barnsley 016	1	0.1%	94.3%
Barnsley 018	1	0.1%	94.4%
Barnsley 027	1	0.1%	94.6%
Rotherham 015	1	0.1%	94.7%
Rotherham 033	1	0.1%	94.8%
Sheffield 004	1	0.1%	95.0%
Bradford 010	1	0.1%	95.1%
Bradford 013	1	0.1%	95.2%
Bradford 022	1	0.1%	95.4%
Bradford 028	1	0.1%	95.5%
Bradford 031	1	0.1%	95.6%
Bradford 034	1	0.1%	95.8%
Bradford 042	1	0.1%	95.9%
Bradford 047	1	0.1%	96.0%
Bradford 048	1	0.1%	96.2%
Bradford 049	1	0.1%	96.3%
Calderdale 001	1	0.1%	96.4%
Calderdale 004	1	0.1%	96.6%
Calderdale 005	1	0.1%	96.7%
Calderdale 021	1	0.1%	96.8%

MSOA the employee is currently residing in	Kirklees 047 (site MSOA) – Total employment = 754	% of the site MSOA's employment	Cumulative
Calderdale 023	1	0.1%	96.9%
Kirklees 006	1	0.1%	97.1%
Kirklees 010	1	0.1%	97.2%
Kirklees 012	1	0.1%	97.3%
Kirklees 013	1	0.1%	97.5%
Kirklees 014	1	0.1%	97.6%
Kirklees 018	1	0.1%	97.7%
Leeds 012	1	0.1%	97.9%
Leeds 025	1	0.1%	98.0%
Leeds 081	1	0.1%	98.1%
Leeds 103	1	0.1%	98.3%
Leeds 111	1	0.1%	98.4%
Wakefield 014	1	0.1%	98.5%
Wakefield 021	1	0.1%	98.7%
Wakefield 025	1	0.1%	98.8%
Wakefield 028	1	0.1%	98.9%
Wakefield 038	1	0.1%	99.1%
Wakefield 039	1	0.1%	99.2%
High Peak 003	1	0.1%	99.3%
Welwyn Hatfield 008	1	0.1%	99.5%
Medway 033	1	0.1%	99.6%
Shepway 005	1	0.1%	99.7%
Conwy 007	1	0.1%	99.9%
Conwy 008	1	0.1%	100.0%

Source: Census (2011) / Lichfields analysis



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