

# Anglia Square, Norwich Health Impact Assessment

Dated March 2022

**Weston  
Homes**





31ST MARCH  
2022

# Anglia Square, Norwich

## Health Impact Assessment

Iceni Projects Limited on behalf of  
Weston Homes

31<sup>st</sup> March 2022

ICENI PROJECTS LIMITED  
ON BEHALF OF WESTON  
HOMES

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Anglia Square, Norwich  
HEALTH IMPACT ASSESSMENT

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# 1. INTRODUCTION

- 1.1 This Health Impact Assessment has been prepared by Icen Projects Ltd on behalf of Weston Homes Plc (the Applicant) in support of a hybrid (part full/part outline) planning application, (the Application), submitted to Norwich City Council (NCC) for the comprehensive redevelopment of Anglia Square and various parcels of mostly open surrounding land, (the Site), as shown within a red line on drawing 'ZZ-00-DR-A-01-0200'.
- 1.2 The Site is located in a highly accessible position within the northern part of Norwich City Centre and comprises a significant element of the Anglia Square/Magdalen Street/St Augustines Large District Centre, (the LDC). It is thus of strategic importance to the City, and accordingly has been identified for redevelopment for many years within various local planning policy documents, including the Northern City Centre Area Action Plan 2010, (NCCAAP), (now expired), the Joint Core Strategy for Broadland, Norwich and South Norfolk 2014, (JCS), and NCC's Anglia Square and Surrounding Area Policy Guidance Note 2017, (PGN). The Site forms the principal part of an allocation (GNLP 0506) in the emerging Greater Norwich Local Plan (GNLP).
- 1.3 This application follows a previous application on a somewhat smaller development parcel, (NCC Ref. 18/00330/F) made jointly by Weston Homes Plc as development partner and Columbia Threadneedle Investments, (CTI), the Site's owner, for a residential-led mixed use scheme consisting of up to 1,250 dwellings with decked parking, and 11,000 sqm GEA flexible ground floor retail/commercial/non-residential institution floorspace, hotel, cinema, multi-storey public car park, place of worship, and associated public realm and highway works. This was subject to a Call-in by the Secretary of State (PINS Ref. APP/G2625/V/19/3225505) who refused planning permission on 12<sup>th</sup> November 2020, (the 'Call in Scheme').
- 1.4 In April 2021, following new negotiations with Site owner CTI, Weston Homes decided to explore the potential for securing planning permission for an alternative scheme via an extensive programme of public and stakeholder engagement, from the earliest concepts to a fully worked up application. The negotiations with CTI have secured a "Subject to Planning" contract to purchase the Site, (enlarged to include the southeastern part of Anglia Square fronting Magdalen Street and St Crispins Road), which has enabled a completely fresh approach to establishing a redevelopment scheme for Anglia Square. This has resulted in a different development brief for the scheme, being to create a replacement part of the larger LDC suited to the flexible needs of a wide range of retail, service, business and community uses, reflective of trends in town centre character, integrated with the introduction of homes across the Site, within a highly permeable layout, well connected to its surroundings.

- 1.5 The new development proposal seeks to comprehensively redevelop the Site to provide up to 1,100 dwellings and up to 8,000sqm (NIA) flexible retail, commercial and other non-residential floorspace including Community Hub, up to 450 car parking spaces (at least 95% spaces for class C3 use, and up to 5% for class E/F1/F2/Sui Generis uses), car club spaces and associated works to the highway and public realm areas (the Proposed Development). These figures are maxima in view of the hybrid nature of the application. This proposes part of the scheme designed in full, to accommodate 367 dwellings, 5,808 sqm non-residential floorspace, and 146 car parking spaces (at least 95% spaces for residential use, and up to 5% for non-residential use), with the remaining large part of the Site for later detailed design as a “Reserved Matters” application, up to those maxima figures.
- 1.6 Planning should seek to promote healthy, successful places for people to live and work in. This can be achieved by providing the homes, jobs and services that people need, reducing environmental risks and delivering well designed buildings and urban spaces which will create the conditions for healthy, active lifestyles. In addition to access to healthcare services, a number of other factors are known to influence a person’s health status and lifestyle, including economic, environmental and social conditions. These factors are referred to as determinants of health.
- 1.7 The purpose of the HIA is to support the implementation of Policy 7 of the Joint Core Strategy for Broadland, Norwich and South Norfolk and to identify, assess and present any potential effects on the health (both physical and mental) of the new and existing population arising from the redevelopment of Anglia Square taking account of the determinants of health. The assessment then identifies any mitigation measures required to minimise potential adverse effects on health and optimise the beneficial impacts of the development.
- 1.8 The key values relate to health improvement, reduction of health inequalities, protecting health, accessibility and improving services and sustainable development.
- 1.9 This HIA is a standalone document but should be read alongside the Environmental Statement (ES) and other technical documents supporting the planning application.

### **Scope of the Assessment**

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- 1.10 The Environmental Impact Assessment (EIA) Scoping Opinion (reference: 21/01738/EIA2) received from NCC agrees with the Scoping Request insofar as it is proposed to submit a standalone Health Impact Assessment with the planning application, rather than being included as part of the EIA. The Scoping Opinion advises that impacts identified in the ES should be integrated into the Health Impact Assessment. This report should therefore be considered alongside the Environmental Statement (ES), particularly Socio-Economic Chapter (Chapter 4), which accompanies the planning application.

1.11 The scope of the assessment has been informed by the Greater Norwich Development Partnership's Health Impact Assessment Advice Note (January 2012), which sets out that the assessment must include, but look beyond the capacities of existing health treatment facilities, (which is considered within the Socio-Economic Chapter of the ES), and consider the nature of the development itself. Furthermore, the assessment will need to include an assessment of the environmental characteristics of the area as well as the demographic characteristics of likely residents.

### **Report Structure**

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1.12 The remainder of the report is structured as follows;

- **Section 2-** sets out the policy context;
- **Section 3-** provides a description of the assessment of methodology and significance criteria applied;
- **Section 4-** identifies the baseline conditions;
- **Section 5-** presents the Health Impact Assessment;
- **Section 6** – provides the conclusions.



## 2. POLICY CONTEXT

2.1 This section provides an overview of the policy context for considering the health impacts of development.

### National Policy

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#### National Planning Policy Framework (2021)

2.2 As part of the National Planning Policy Framework (NPPF), achieving sustainable development is identified as the purpose of the planning system which should perform an economic, social, and environmental role. Achieving sustainable development is identified as the purpose of the planning system. This latest revision of the NPPF highlights that the UK have agreed to pursue the 17 Global Goals for Sustainable Development in the period to 2030. These goals include good health and wellbeing, quality education and sustainable cities and communities.

Paragraphs relevant to this HIA are:

- **Paragraph 10** - plans and decisions need to take local circumstances into account, so that they respond to different opportunities for achieving sustainable development in different areas.
- **Paragraph 20** - considers the need for sufficient provision of a range of community facilities (including health, education and cultural infrastructure).
- **Paragraph 73** - local planning authorities should plan for a mix of housing based on current and future demographic trends, market trends and the needs of different groups in the community;
- **Paragraph 92** - planning policies and decisions should aim to achieve healthy, inclusive and safe places which (1) promote social interaction, including opportunities for meetings between people who might not otherwise come into contact with each other – for example through mixed-use developments, strong neighbourhood centres, street layouts that allow for multiple connections within and between neighbourhoods, and active street frontages (2) are safe and accessible, so that crime and disorder, and the fear of crime, do not undermine the quality of life or community cohesion – for example through the use of clear and legible pedestrian routes, and high quality public space, which encourage the active and continual use of public areas; and (3) enable and support healthy lifestyles, especially where this would address identified local health and well-being needs – for example through the provision of safe and accessible green infrastructure, sports facilities, local shops, access to healthier food, allotments and layouts that encourage walking and cycling;
- **Paragraph 93** - planning policies and decisions should ensure an integrated approach to considering the location of housing, economic uses and community facilities and services.
- **Paragraph 119**- planning policies and decisions should promote an effective use of land in meeting the need for homes and other uses, while safeguarding and improving the environment and ensuring safe and healthy living conditions.

### **National Planning Practice Guidance (2020)**

2.3 The National Planning Practice Guidance (NPPG) provides guidance on promoting healthy and safe communities. It advises that planning and health need to be considered together in two ways: in terms of creating environments that support and encourage healthy lifestyles, and in terms of identifying and securing the facilities needed for primary, secondary and tertiary care, and the wider health and care system (taking into account the changing needs of the population).

2.4 It advises that planning policies and proposals may need to have particular regard to the following issues<sup>1</sup>:

- proximity to locations where children and young people congregate such as schools, community centres and playgrounds;
- evidence indicating high levels of obesity, deprivation, health inequalities and general poor health in specific locations;
- over-concentration of certain uses within a specified area;
- odours and noise impact;
- traffic impact; and refuse and litter.

### **Healthy Lives, Healthy People: our strategy for public health in England (2010)**

2.5 Published in November 2010, the White Paper sets out the Government's long-term vision for the future of public health in England. It aims to create a 'wellness' service (Public Health England) and to strengthen both national and local leadership. It adopts a life course framework for tackling the social determinants and aims to support healthy communities.

2.6 While the White Paper dates to 2010 and has not given rise to legislation, it remains a widely referenced document that provides relevant context for public health and the principles for monitoring health outcome indicators (as used in this assessment).

### **The Health and Social Care Act (2012)**

2.7 The Act transferred the responsibility for commissioning most healthcare services to Clinical Commissioning Groups (CCG) and establishes an NHS Commissioning Board for commissioning primary care services and specialist acute services. The Act gives authorities responsibility of promoting joined up commissioning of local NHS services, social care and health improvement.

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<sup>1</sup> NPPG Healthy and safe communities - Paragraph: 004 Reference ID:53-004-20190722

## Local Planning Policy

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2.8 Norwich City Council Local Plan consists of three main documents and a variety of Supplementary Planning Documents;

- The Joint Core Strategy- which sets out the strategy for regeneration and growth;
- Development Management Policies- which provides detailed policies to guide and implement this strategy;
- Site allocations and Site Specific Policies; and
- Supplementary Planning Documents which provide additional guidance to support specific local plan policies.

### **Joint Core Strategy for Broadland, Norwich and South Norfolk (2011), amended January 2014**

2.9 The Joint Core Strategy (JCS) for Broadland, Norwich and South Norfolk is the key planning policy document for the Greater Norwich area and was adopted on 22 March 2011, with amendments adopted 2014. It forms part of the Local Plans for the districts of Broadland, Norwich and South Norfolk setting out the broad vision for the growth of the area and containing strategic policies for the period 2008 – 2026.

2.10 Within the Joint Core Strategy for Broadland, Norwich and South Norfolk (JCS), Policy 7 helps assist in the implementation of the requirement to contain health issues within Local Plan documents. The relevant part of the policy states;

2.11 Appropriate and accessible health facilities and services will be provided across the area including through new or expanded primary health facilities serving the major growth locations. Health Impact Assessments will be required for large-scale housing proposals. Provision will be made for the expansion of the Norfolk and Norwich University Hospital to meet the needs of growing communities.

2.12 *Healthier lifestyles will be promoted by maximising access by walking and cycling and providing opportunities for social interaction and greater access to green space and the countryside.* As stated within the Greater Norwich Development Partnership Health Impact Assessment Advice Note (2012), the supporting text to Policy 7 of the JCS emphasises that new development must seek to enhance the quality of life for existing and new residents. It also reflects the national and local spatial planning objectives including;

- Encouraging the development of healthy and active lifestyles;

- Sustainability of new housing;
- Reducing deprivation;
- Ensuring ready access to services and employment;
- Addressing climate change; and
- The development of safe communities.

#### **Emerging Greater Norwich Local Plan**

- 2.13 There is an emerging development plan, the Greater Norwich Local Plan (GNLP) which is being prepared by Broadland DC, South Norfolk Council, NCC and Norfolk County Council, (the Partnership), that will supersede the Joint Core Strategy for Broadland, Norwich and South Norfolk (2014) (JCS) and Norwich Site Allocations and Site Specific Policies Local Plan (2014) (NSASSP) once adopted. The GNLP Reg 19 version was submitted to the Secretary of State for examination on 30<sup>th</sup> July 2021.
- 2.14 The examination process is underway, for which hearing sessions took place during February and March 2022. As a result of the hearings, many policies, including the emerging allocation for the Site were subject to debate, addressing their soundness and the consequential need for amendment, alongside requests for additional information by the Inspectors. It is therefore considered likely the Council will prepare and consult upon Modifications or at least minor changes to both policy text and supporting text, relevant to this application. This process, and the publication of the Inspectors' report may extend beyond the determination of this application, and so final GNLP policy wording may not be available at that stage.
- 2.15 Paragraph 48 of the NPPF 2021 requires decision makers to give weight to relevant policies of emerging Local Plans according to the stage of preparation, the extent of unresolved objections, and the degree of consistency between emerging policies and the NPPF. In this instance, there are currently unresolved objections, in respect of some of which the Inspectors have requested additional information, and accordingly there are likely to be Modifications to some policies relevant to this application before they can be considered sound. On this basis, it is considered that in respect of those policies, the emerging development plan currently holds limited weight in decision making. In this context, those policies are not considered in detail. However relevant evidence base documents produced to inform this plan have been utilised within the technical assessment work undertaken in support of this application where appropriate.

### 3. ASSESSMENT METHODOLOGY AND SIGNIFICANCE CRITERIA

3.1 HIA is a means of assessing the health impacts of projects using quantitative, qualitative and participatory techniques. It aims to produce a set of evidence-based recommendations to inform decision-making to maximise the positive health impacts and minimise the negative health impacts of proposed policies, plans or projects<sup>2</sup>.

3.2 There is no prescribed methodology for assessing the health impacts of development proposals however, the methodology applied within this assessment draws on best practice approaches and examples. The following documents helped devise the assessment methodology;

- **Planning in Health Protocol (2019)**- An engagement protocol between local planning authorities, Public Health and the health sector organisations in Norfolk, prepared by Norwich City Council, Broadland Council and Norfolk County Council;
- **Health Impact Assessment Advice Note (2012)**- the purpose of this note, published by the Greater Norwich Development Partnership, is to assist in the implementation of the HIA required by Policy 7 of the Joint Core Strategy (JCS) dealing with health issues; and
- **Healthy Urban Development Unit (HUDU) Planning for Health Rapid Health Impact Assessment Tool (2019)**- this tool, published by NHS London HUDU, is designed to assess the likely health impact of development plans and proposals including planning frameworks and masterplans for large areas, regeneration and estate renewal programmes and outline and detailed planning applications;
- **Health in Environmental Impact Assessment, A Primer for a Proportionate Approach (2017)**- this document, published by the Institute of Environmental Management and Assessment (IEMA) provides guidance and recommendations for considering population and human health.

3.3 This assessment first establishes a baseline position in terms of the demographic profile of the local population, provision of community infrastructure, health indicators, socio-economic and environmental conditions which allows vulnerable or “priority groups” to be identified. Vulnerable/priority groups could include children, adolescents and young people, older people, people with disabilities, people with existing health issues (medical or mental), those on low incomes, unemployed, homeless and other minority groups. These groups are considered sensitive receptors for the purpose of this assessment.

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<sup>2</sup> World Health Organisation

- 3.4 The assessment then examines the potential effects of the Development on health outcomes on the general population and the applicable vulnerable/ priority groups within the Local Impact Area<sup>3</sup> using an assessment criteria matrix. Both direct and indirect effects are considered across the construction and operation phases of the development. The duration of the effects are highlighted.
- 3.5 Where an impact is identified, actions and measures are recommended to mitigate an adverse impact or enhance or secure a beneficial impact.
- 3.6 This approach has been agreed with NCC Public Health during the pre-application stage, albeit no response had been received at time of writing.

### **Significance Criteria**

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- 3.7 The health impacts are assessed in the context of the baseline position, as well as the nature and context of the impact, taking account of the sensitivity of the identified receptor (i.e new and existing population and identified vulnerable/ priority groups). The location of the effects and their likely duration are taken into account where possible.
- 3.8 The sensitivity of receptors is considered on a scale from low sensitivity (easily adapt to change) to high sensitivity (do not easily adapt to change). In identifying the sensitivity, factors including the capacity to accept or respond to change and the local position, local needs and vulnerable/ priority groups are taken into account.
- 3.9 The impacts of the Development are identified as 'beneficial', 'neutral' or 'adverse' and defined as follows:
- **Beneficial** - A positive and/or advantageous impact to a minor, moderate or major magnitude;
  - **Neutral** - No obvious significant effect;
  - **Adverse** - A negative and/or disadvantageous/ detrimental impact to a minor, moderate or major magnitude.
- 3.10 In instances where beneficial or adverse are identified, the following definitions of significance are applied:
- **Major** - the Development could be expected to have a substantial impact, either positive or negative, on health;

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<sup>3</sup> The Local Impact Area is defined in paragraph 3.13 below.

- **Moderate** - the Development could be expected to have notable impact, either positive or negative, on health;
- **Minor** – the Development could be expected to have a barely perceptible impact, either positive or negative, on health;
- **Negligible** – the Development could be expected to have no discernible impact, either positive or negative, on health.

3.11 The duration of the impact is considered against whether it is temporary or permanent. Due to their nature all operational impacts are considered to be permanent unless otherwise stated. In terms of temporary impacts, the duration can be determined as follows:

- short term - less than 5 years;
- medium term - 5-10 years; or
- long term - more than 10 years.

3.12 The impact significance matrix set out in the Table 3.1 below is used to determine the significance of an effect.

**Table 3.1 Magnitude and Sensitivity**

| Magnitude         | Sensitivity                           |                                       |                              |
|-------------------|---------------------------------------|---------------------------------------|------------------------------|
|                   | High                                  | Moderate                              | Low                          |
| <b>Major</b>      | Major – Adverse / Beneficial          | Major – Moderate Adverse / Beneficial | Minor - Adverse / Beneficial |
| <b>Moderate</b>   | Major – Moderate Adverse / Beneficial | Moderate – Minor Adverse / Beneficial | Minor - Adverse / Beneficial |
| <b>Minor</b>      | Minor - Adverse / Beneficial          | Moderate Minor - Adverse / Beneficial | Minor - Adverse / Beneficial |
| <b>Negligible</b> | Negligible                            | Negligible                            | Negligible                   |

### **Local Impact Area**

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- 3.13 The Site at Anglia Square is located in the northern City Centre and is classified within the Norwich Local Plan as a Large District Centre. An area with a number of comparable socio-economic characteristics, including a diverse population and pockets of deprivation has been defined to form the 'Local Impact Area' for the purposes of this assessment. This Local Impact Area is consistent with the area considered within the Socio-Economic Chapter of the ES. Discussion with Officers from Norwich City Council has confirmed that this is appropriate.
- 3.14 On this basis, the corresponding Local Super Output Areas (LSOAs) are used for the collection of data where possible. A map of the Local Impact Area and Norwich City Council administrative area is provided at Appendix A1.

### **Consultation**

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- 3.15 The organisations listed in Table 3.2 below have been consulted to support the preparation of the HIA.



**Table 3.2 Summary of Consultation Undertaken**

| Organisation                             | Date                 | Comment  | Response  |
|--|----------------------|--|---|
| Norfolk County Council – Public Health   | No response received | N/A  | N/A   |
| NHS Norwich Clinical Commissioning Group | 10/02/22             | There are 3 main GP practices and 2 local pharmacies, which have the potential to see an impact/increase in future demand from the Proposed Development along with the local Acute Trust, Mental Health and Community Health Care services. An indication of annual floorspace requirements for these types of healthcare provision is provided. | The impact on healthcare provision is considered in Table 5.3. Discussions with the CCG will be ongoing |
| Norfolk Community Foundation             | 02/02/22             | No comments  | N/A   |
| Age UK Norwich                           | No response received | N/A  | N/A   |

### Public Consultation

3.16 Extensive stakeholder consultation has taken place as part of the evolution of the Proposed Development over the course of 2021 and 2022. Alongside the public exhibitions in September 2021, November 2021 and January 2022 the project team met with local stakeholder groups in person to discuss the emerging proposals. Both statutory and non-statutory organisations have been consulted regarding the proposals and in preparing the technical reports, including Norwich City Council members and officers, local residents and key stakeholders including:

- Norwich City Council
- Norfolk County Council
- Historic England
- Norwich Cathedral
- Norwich Society

- Norwich Cycling Campaign
- Norwich Over The Wensum Neighbourhood Forum Group
- St Augustine's Community Together Residents Association
- SAVE Britain's Heritage
- Magdalen Street Area Traders Association (MATA)
- Norwich Access Group
- Vision Norfolk
- Anglia Square Centre Management Team
- Age UK Norwich
- Surrey Chapel
- Mens Shed
- Hair Care Share
- Cycle Links

3.17 The feedback received from those groups has informed the design evolution of the scheme. A full summary of the approach undertaken and the feedback received is outlined within the Statement of Community Involvement prepared by Cratus and submitted with the planning application. A brief summary of matters regarding health considerations is provided below:

- The inclusion of the Community Hub was well appreciated, as well as the renewable strategy rather than incorporating gas boilers;
- A cleaner and greener development should be the priority;
- Need to consider the security of open spaces to discourage crime and anti-social behaviour;
- Need to consider disabled users and welcomes inclusive design such as the “Changing Places” WC;
- The design of junctions, routes and road crossings need to prioritise cyclist safety.

3.18 Further details of the consultation responses are set out in the Statement of Community Involvement, details of how these views have been incorporated in the design are set out in the

DAS. Additionally, the design of the emerging scheme has undergone independent design review by Design South East, with three design review panels taking place in October 2021, December 2021 and February 2022. There has also been a review by an independent community review panel in October 2021 and February 2022, the panel is formed by members of the local community (selected by Norwich City Council) with sessions organised and led by Design South East. The feedback received from the design and community review panels has informed the design evolution of the scheme.

### **Limitations and Assumptions**

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- 3.19 Assumptions and limitations are highlighted where relevant throughout this assessment however, the key points of note are identified in this section.
- 3.20 Government data has been used to inform this assessment, including the latest available statistics from the 2011 Census, Indices of Multiple Deprivation and previous Public Health England Local Health Profiles. Local authority data has also been used. The sources used are clearly referenced.
- 3.21 While 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 time of drafting or during the course of the planning application process.
- 3.22 Public health profiles are not available at LSOA level therefore ward level data has been used.
- 3.23 This HIA draws on the information set out in the Anglia Square ES as well as other planning application documents including the Design and Access Statement (DAS) and Statement of Community Involvement (SCI).

## 4. BASELINE CONDITIONS

4.1 This section describes the demographic profile of the population, socio-economic indicators, community infrastructure provision, health profile as well as the living and environmental conditions in the Local Impact Area.

### Demographic Profile

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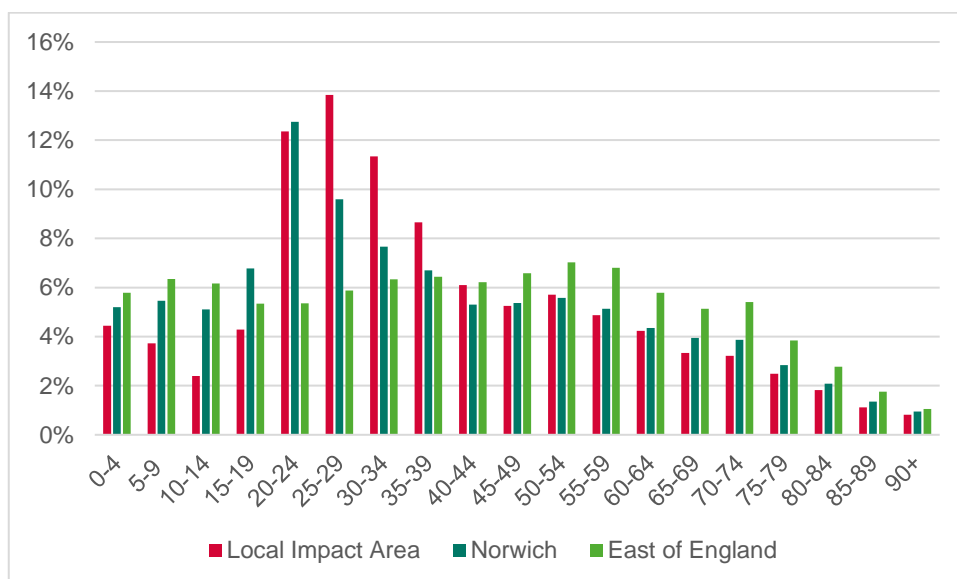
#### Age

4.2 Figure 4.1 provides a comparison of the population age structure in the Local Impact Area, Norwich and East of England based on Mid-2020 population estimates data.

4.3 The working age population (aged 16-64 years) of the Local Impact Area amounted to 16,395 persons or, 76% of the total population in comparison to Norwich (60% of Norwich total population) and East of England (61% of East of England total population).

4.4 Figure 4.2 highlights that there is generally a younger population in the Local Impact Area and Norwich compared with the East of England. The Local Impact Area has a lower population for ages 0-19 years in comparison to Norwich and East of England. Within the Local Impact Area, ages 20-39 years amounts to 46% of the total population in comparison to Norwich (37%) and East of England (24%). The proportion of residents aged 65+ in the Local Impact area is 13%, which is lower than Norwich (15%) and East of England (20%).

Figure 4.1 Population of the Local Impact Area, Norwich and East of England



Source: ONS: Mid-2020 Population Estimates

4.5 Based on the 2014 subnational population projections, Table 4.1 provides the population projections for Norwich. The population is set to increase by 17.3% from 137,500 in 2014 to 161,300 in 2039.

**Table 4.1 Population Projections**

| Year              | 2024    | 2029    | 2034    | 2039    |
|-------------------|---------|---------|---------|---------|
| Number of Persons | 148,000 | 153,000 | 157,300 | 161,300 |

*Source: ONS 2014 subnational population projections (2016)*

4.6 Norwich also has an ageing population with significantly more old people in 2036 and 2039. An ageing population will give rise to higher demand for specialist services and accommodation for elderly people.

#### Gender

4.7 There is little variation in the proportion of males and females within the Local Impact Area. Within the Local Impact Area, there are 11,356 males (53%) in comparison to 10,188 females (47%). This is slightly more uneven than Norwich (50% and 50% respectively) and East of England (49% and 51% respectively). The Public Health Profile also shows there are no notable age differences between sexes with the exception of 80+ where there are a larger proportion of females to males in particular, age category 90+. This is a reflection of national trends as women tend to have a longer life expectancy than men.

#### Ethnicity

4.8 Table 4.2 shows the ethnicity groups for the Local Impact Area, Norwich and East of England. Over 90% of the resident population in the Local Impact Area are white, which is broadly consistent with the Norwich and East of England populations. The ethnicity of the Local Impact Area population does not vary hugely in comparison to Norwich and East of England across all ethnicity groups.

**Table 4.2 Ethnic Profile of Local Impact Area, Norwich and East of England**

| Ethnicity | Local Impact Area | Norwich       | East of England |
|-----------|-------------------|---------------|-----------------|
| White     | 16,490 (90%)      | 120,380 (91%) | 5,310,190 (91%) |
| Mixed     | 490 (3%)          | 3,040 (2%)    | 112,120 (2%)    |
| Asian     | 840 (5%)          | 5,840 (4%)    | 278,370 (5%)    |
| Black     | 280 (2%)          | 2,150 (2%)    | 117,440 (2%)    |
| Other     | 170 (1%)          | 1,110 (1%)    | 28,840 (1%)     |

*Source: ONS Table QS201EW, Ethnic Group 2011*

#### Religion

4.9 Table 4.3 below highlights the religious profile of the Local Impact Area, Norwich and East of England. Within the Local Impact Area, there is a higher proportion of respondents reporting “no religion” (45%) in comparison to Norwich (43%) and East of England (28%). Also, there is a higher

proportion of respondents reporting “religion not stated” (9%) in comparison to Norwich (8%) and East of England (7%)<sup>4</sup>.

4.10 In addition, with the respondents that reported their religion, the Local Impact Area has a lower percentage of Christians (41%) in comparison to Norwich (49%) and East of England (60%) and a higher proportion of a variation of religious groups for example Muslims, Hindu and Buddhist<sup>5</sup>.

**Table 4.3 Religious Profile of Local Impact Area, Norwich and East of England**

| Religion            | Local Impact Area | Norwich      | East of England |
|---------------------|-------------------|--------------|-----------------|
| Christian           | 7,420 (41%)       | 59,515 (49%) | 3,448,065 (60%) |
| Buddhist            | 180 (1%)          | 980 (0.7%)   | 22,275 (0.4%)   |
| Hindu               | 240 (1%)          | 1,020 (0.8%) | 54,010 (0.9%)   |
| Jewish              | 20 (0.1%)         | 240 (0.2%)   | 34,830 (0.6%)   |
| Muslim              | 460 (3%)          | 2,610 (2%)   | 148,340 (2.5%)  |
| Sikh                | 20 (0.1%)         | 170 (0.1%)   | 18,215 (0.3%)   |
| Other Religion      | 190 (1%)          | 885 (1%)     | 24,980 (0.4%)   |
| No religion         | 8,140 (45%)       | 56,270 (43%) | 1,631,575 (28%) |
| Religion Not Stated | 1,580 (9%)        | 10,830 (8%)  | 424,685 (7%)    |

*Source: ONS Census (2011)- Religion. Figures rounded to the nearest 5*

## Socio-economic Indicators

### Socio-Economic Classification

4.11 Based on the Area Classification for Output Areas data<sup>6</sup> (as seen in Figure 4.2), Norwich has a diverse socio-economic profile; the Site is classified as comprising primarily “Constrained City Dwellers”, the area to the south of the Site is classified as “Cosmopolitans” and to the north of the Site is “Ethnicity Central.” Constrained City Dwellers typically are classified as having the following traits;

- Lower proportion of people aged 5 to 14 years;
- Higher level aged 65 and over than nationally;
- More densely populated than UK average;

<sup>4</sup> ONS Census- Religion (2011)

<sup>5</sup> ONS Census- Religion (2011)

<sup>6</sup> ONS/ UCL Geodemographic data derived from 2011 Census Data available from:

<https://maps.cdrc.ac.uk/#/geodemographics/oac11/default>

- People are more likely to be single or divorced;
- Lower representation of all the non-White ethnic groups;
- Lower proportion of households with no children;
- Households are more likely to live in flats and to live in social rented accommodation;
- Higher proportion of people whose day-to-day activities are limited;
- Higher level of unemployment; and
- No particular industries in which workers are most likely to be employed.

4.12 Within the Constrained City Dwellers classification, the residents proximate to the Site are considered to be classified as “Challenged Diversity” and “Hampered Aspiration”.

4.13 The population of the Challenged Diversity Group have the following traits compared to the Constrained City Dwellers:

- Higher level of people aged 0 to 14;
- A higher representation of non-white ethnic groups especially people with mixed ethnicity;
- A higher proportion of households live in terraced properties and are more likely to live in private rented accommodation;
- Car ownership is higher; and
- People are more likely to be employed in information and communication related industries.

4.14 The population of the Hampered Aspiration Group have the following traits compared to the Constrained City Dwellers:

- Lower representation of people of mixed ethnicity or of black ethnicity;
- Higher proportion of households live in terraced houses and in privately rented accommodation; and,
- A higher proportion of people work in the information and communication, financial and public administration related industries.

Figure 4.2: Socio-economic Classifications



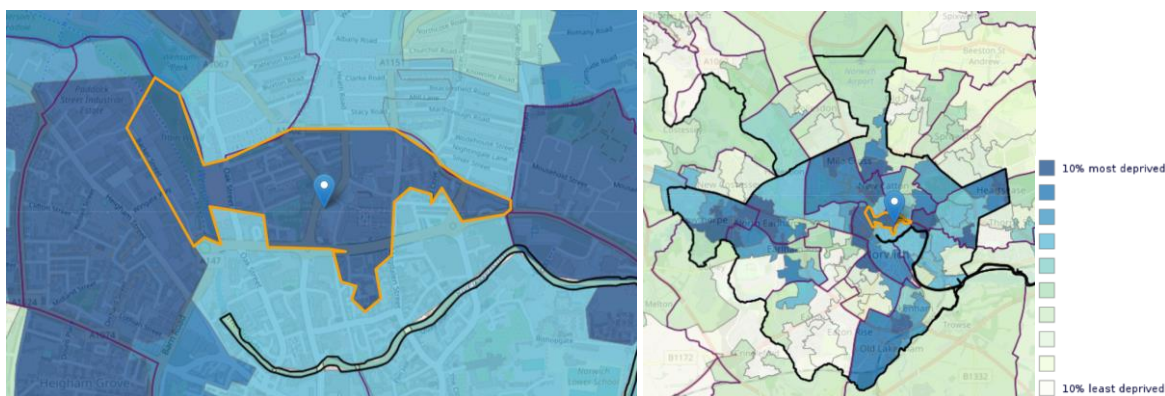
Source: ONS/ UCL Geodemographic data derived from 2011 Census Data-  
<https://maps.cdrc.ac.uk/#/geodemographics/oac11/default>

#### Deprivation

- 4.15 The English Indices of Multiple Deprivation (IMD) measures relative deprivation using a series of data to rank every neighbourhood in England from 1 (most deprived area) to 32,844 (least deprived area). The IMD average rank combines information from seven domains that varies from income to health to produce an overall relative measure of deprivation.
- 4.16 Overall, Norwich is ranked 61<sup>st</sup> out of 317 authorities which means Norwich is 61<sup>st</sup> most deprived local authority in the country in 2019 and within the top 20% most deprived local authorities in England.
- 4.17 As shown in Figure 4.3, the Norwich wide profile of deprivation highlights spatial variations in average rank deprivation levels across the Local Authority. Generally, the southwest of Norwich has far lower deprivation levels in comparison to the North
- 4.18 Figure 4.3 maps the scale of deprivation across Norwich. It shows that the Lower Super Output Area (LSOA) within which the Site is located (Norwich 007E) is in one of the 10% most deprived neighbourhoods in the country. Surrounding LSOAs to the north and south are ranked as less deprived in comparison.



**Figure 4.3 Deprivation- IMD Average Rank in the Local Impact Area and Norwich**



Source: English Indices of Multiple Deprivation 2019

- 4.19 Table 4.4 summarises how Norwich performs in all domains of the IMD. Norwich performs below average for all domains except for barriers to housing and services, where it is within the least 10% deprived authorities in the country.

**Table 4.4 Norwich IMD Ranking by Domain**

| Domain                           | Ranking (out of 317) | Decile          |
|----------------------------------|----------------------|-----------------|
| Income                           | 58                   | 2 <sup>nd</sup> |
| Employment                       | 87                   | 3 <sup>rd</sup> |
| Education                        | 59                   | 2 <sup>nd</sup> |
| Health                           | 39                   | 2 <sup>nd</sup> |
| Crime                            | 77                   | 3 <sup>rd</sup> |
| Barriers to housing and services | 287                  | 9 <sup>th</sup> |
| Living conditions                | 138                  | 5 <sup>th</sup> |
| IMD Average                      | 61                   | 2 <sup>nd</sup> |

Source: English Indices of Multiple Deprivation 2019

#### Income

- 4.20 The LSOA where the site is located is within the 10% most deprived neighbourhoods in the country in terms of the income deprivation domain. This domain includes income deprivation affecting children and older people. In general, the north of Norwich has higher levels of deprivation in terms of income, in comparison to the south (specifically the southwest) of Norwich.
- 4.21 Focusing on the index of income deprivation affecting children, the Site is located in a neighbourhood that is classified as within the top 10% most deprived areas of the country. The Site is also located in a neighbourhood that is classified as within the top 10% in the country for the index of income deprivation affecting older people. This indicates that older people experience more acute income deprivation.

- 4.22 Median average gross weekly workplace earnings for full-time employees in Norwich were £600.70 in 2021<sup>7</sup>. This is slightly lower than the average for East of England (£601.90) and c. 2% lower than the Great Britain average (£612.80). Average gross weekly workplace earnings have increased from 2006 to 2021 by £189.30 (46%), compared with £161.30 (37%) in the East of England and £168 (38%) Great Britain.
- 4.23 Furthermore, gross weekly resident place earnings<sup>8</sup> within Norwich (£604.40) are significantly lower than the East of England average (£628.60) and also the average across Great Britain (£613.10)<sup>9</sup>.
- 4.24 Local economic activity rates in Norwich averaged 83.8% between October 2020 and September 2021, which is higher than East of England (80.5%) but Great Britain as a whole (78.5%). Between October 2010 and September 2021, the number of economically active people in Norwich has risen by 10,500 people (15%)<sup>10</sup>. Unemployment in Norwich averages 3.9%. This equates to 3,100 unemployed people and is lower than the unemployment rate for both East of England (4.2%) and Great Britain (4.9%). This relatively lower level of unemployment reflects the longstanding trend of higher than average rates in the area in comparison to East of England and Great Britain<sup>11</sup>.

### Community Infrastructure

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- 4.25 As acknowledged within the NPPF, access to community infrastructure including education, health provision, community facilities, play space, open-space and sports and recreational facilities can have a significant impact on the health and well-being of the population. Strong, vibrant, sustainable and cohesive communities require good quality, accessible social and community infrastructure.
- 4.26 The Socio-Economic Chapter (Chapter 4) of the ES provides an in-depth assessment of the level of community infrastructure provision in the Local Impact Area. The outcomes of the assessment are not repeated here but can be summarised as follows:
- **Early Years/ Childcare-** There are 11 pre-school nurseries and 7 children's centres within 2 miles of the Site;

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<sup>7</sup> ONS Annual Survey of hours and earnings- workplace analysis (2021)

<sup>8</sup> Median earnings in pounds for employees living in the area.

<sup>9</sup> ONS Earnings and hours worked, place of residence by local authority: ASHE Table 8 (2021)

<sup>10</sup> ONS Annual Population Survey (October 2020 - September 2021)

<sup>11</sup> ONS Annual Population Survey (various dates)

- **Primary Education-** there are a total of 32 primary schools within 2 miles of the Site with surplus capacity of 1,253 places;
- **Secondary Education-** Within 2 miles of the Site, there are seven secondary schools with 1,871 available spaces;
- **16+ Further Education-** There are 6 secondary schools within 2 miles of the Site offering sixth form education, as well as 2 colleges;
- **Healthcare Provision-** There are five GP practices within the Local Impact Area, with 89,371 registered patients and 62 GPs (FTE). This results in a ratio of one GP to every 1,441 patients which indicates surplus capacity. There are a total of eight dental practices in the Local Impact Area.
- **Open Space/ play-space-** there are a wide range of open spaces available within close proximity to the Site including Gildencroft Park which is located within 400m of Anglia Square and offers a children’s playground;
- **Sport and Recreation Facilities-** there are a range of sports and recreation facilities within close proximity to the Site; and
- **Community Facilities-** within close proximity to the Site, there are seven community centres offering a wide range of facilities, a variety of places of worship and religious centres, a library, police station and ambulance services serving the local community.

## Health Profile

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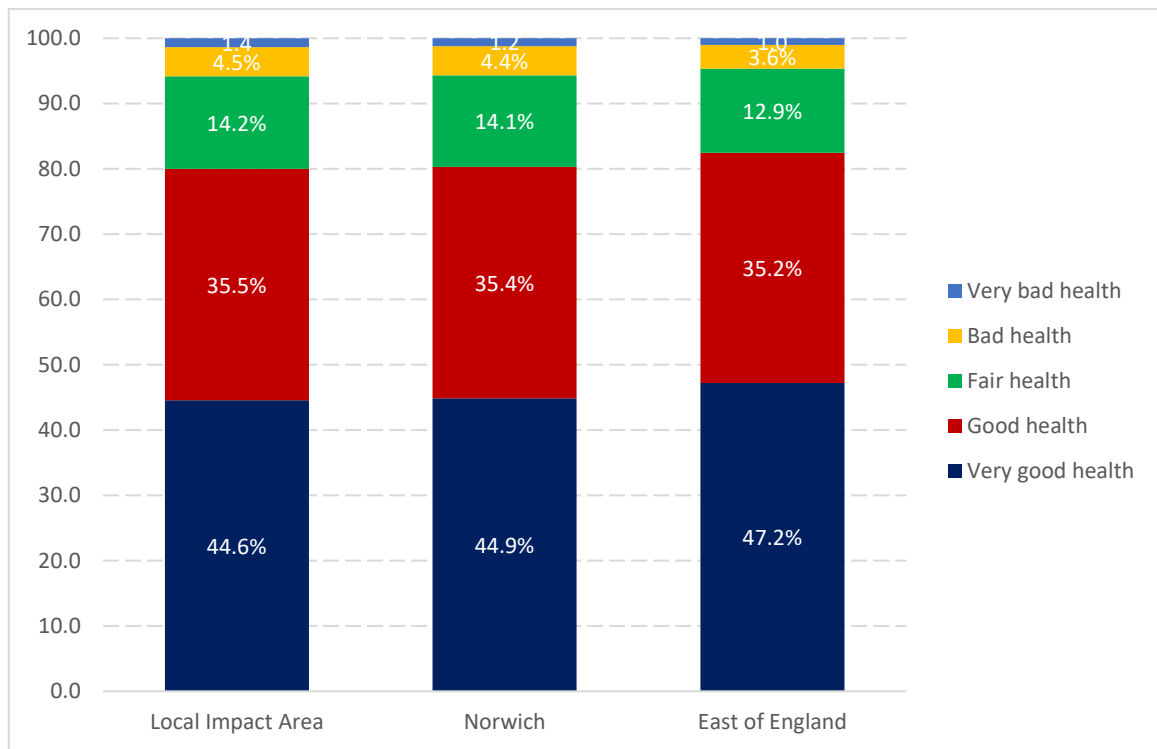
### General Health Based on Census Data

- 4.27 As set out below at Figure 4.4, Census data indicates that a majority of residents within the Local Impact Area (44.6% of the population), Norwich (44.9%) and East of England (47.2%) have a population with “very good health”<sup>12</sup>. This aside, the Local Impact Area has a higher percentage (1.4%) of population with “very bad health” in comparison to Norwich (1.2%) and East of England (1%) and a higher percentage (14.2%) of population with “fair health” in comparison to Norwich (14.1%) and East of England (12.9%).
- 4.28 Census data therefore indicates that the Local Impact Area and Norwich have a higher percentage of population with either “fair health”, “bad health” or “very bad health.”

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<sup>12</sup> Census Data (2011) Table QS302EW- General Health

**Figure 4.4 Proportion of Population and categories of General Health**

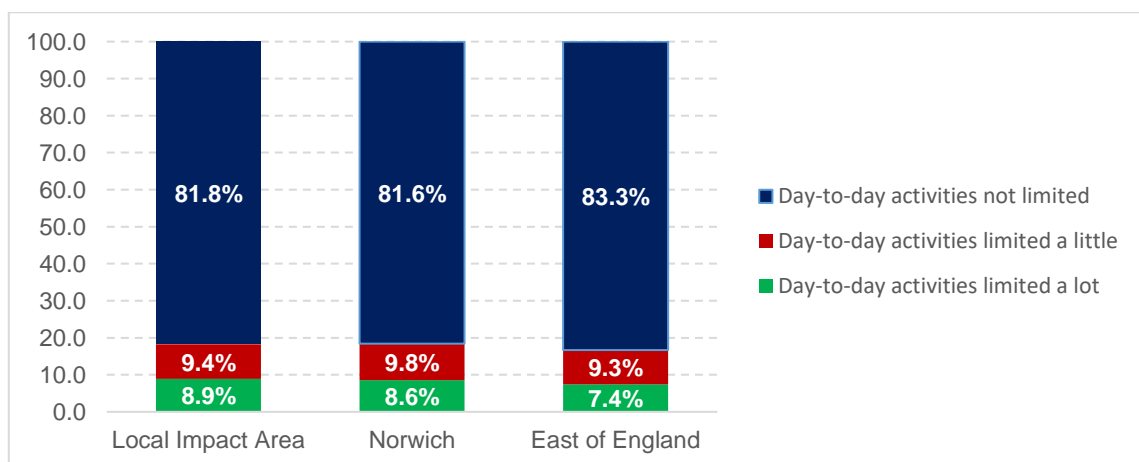


Source: ONS Census Data Table QS302EW- General Health

### Disability

4.29 Census data indicates that c.18.3% of the population of the Local Impact Area have a long-term health problem or disability that limits their day-to-day activities<sup>13</sup>. Approximately half of these people (9.4% of the total population) are defined as “limited a little”, while 8.9% are defined as “limited a lot”. This is broadly similar to the proportion recorded across Norwich, but slightly higher than East of England.

**Figure 4.5 Proportion of Population with Long Term Health Problem or Disability**

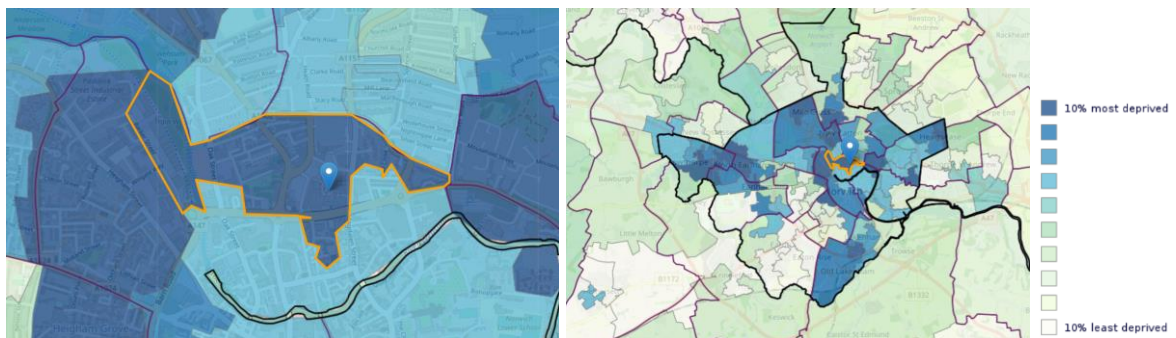


Source: ONS Census 2011

<sup>13</sup> ONS Table QS303EW- Long Term Health Problem of Disability (2011)

4.30 Figure 4.6 maps deprivation in terms of health and disability across the Local Impact Area and Norwich taking account of indicators such as years of potential life lost, comparative illness and disability ratios, acute morbidity and mood and anxiety disorders. This indicates that there is variation across the local authority area with the areas to the south west of Norwich experiencing less deprivation. The LSOA within which the Site is located is ranked 766 out of 32,844 LSOAs in England. This is classed as falling within the 10% most deprived neighbourhoods in the country in terms of health and disability.

**Figure 4.6 Deprivation in terms of Health and Disability in Local Impact Area and Norwich**



Source: English Indices of Multiple Deprivation 2019

#### General Health – Norwich Health Profile

4.31 Norwich Health Profile (2020), provided by Public Health England, gives a picture of people’s health in Norwich. It is designed to help local government and health services to understand their community’s needs, so that they can work together to improve people’s health and reduce health inequalities. Alongside this, data has been provided by Public Health for Mancroft ward (in which the Site sits), which enables a more localised health profile of the population. A full health profile of Mancroft ward, Norwich and England is available at Appendix A2.

#### Communities

4.32 Growing up in low income families and in poverty can negatively impact children’s health and well-being, further affecting their future health and life chances as adults. According to the IMD (2019), the proportion of children<sup>14</sup> living in poverty in the Mancroft ward (32.2% of the population) is significantly worse than Norwich (which is 23.8% of the population) and England (17.1%) overall.

4.33 Although the percentage of children in poverty in Mancroft and Norwich, remains higher than England overall, the percentage has decreased since 2015 highlighting an improvement in child deprivation across Norwich.

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<sup>14</sup> Please note- Public Health define “children” as 16 years and under.

- 4.34 Public Health data provided at Norwich level, highlights that the number of people in long term unemployment in Norwich has slightly increased in the last 5 years. In 2016, 3.9 people (per 1,000 working-age population) in Norwich were in long term unemployment, in comparison to 4.1 people (per 1,000 working-age population) in 2020. These figures remain higher than England (in 2020, 3.2 people per 1,000 working-age population were classified as being in long term unemployment).

#### **Children's and Young People's Health**

- 4.35 Regarding education, the Norfolk Joint Strategic Needs Assessment (JSNA) does highlight that in 2019 the percentage of pupils achieving grades 5 or above in English and Mathematics GCSEs in Norfolk was 39.7% compared with England at 43.2%.
- 4.36 In 2020, data highlights that there were a slightly higher number of deliveries to teenage mothers in Norwich (0.9%) than England (0.7%).
- 4.37 In the Mancroft ward, 20.8% of measured children in Year 6 were classified as obese, which is higher than Norwich (19.9% of children) and England (20.4% of children). Obesity can cause a strain on public services and impact on children's health.
- 4.38 Overall, in Mancroft ward, there were 164.9 emergency hospital admissions for children aged 5 and under (per 1,000 of 0-5 years population) in 2020, in comparison to Norwich (177.3 emergency hospital admissions for children 5 and under per 1,000 of 0-5 years population). Although the Mancroft ward has recorded less emergency hospital admissions than Norwich, both still remain higher than the number of emergency hospital admissions for under 5s in England overall (which in 2020 was 162.1 hospital admissions per 1,000 0-5 year population).
- 4.39 In the Mancroft ward there were 107.6 hospital admissions for injuries to under 15s (per 10,000 of the population of under 15s) in comparison to Norwich (126.9 admissions per 10,000 of the population of under 15s) and England (97.8 per 10,000 of the population of under 15s)<sup>15</sup>. However, for age group 15-24 years, there were 193.5 (per 10,000 of the population of 15-24 year olds) hospital admissions for injuries in the Mancroft ward in comparison to 107.8 in Norwich and 132.1 in England (per 10,000 of the population of 15-24 year olds).

#### **Adults' Health and Disease**

- 4.40 Public Health data also shows that the standardised emergency admission ratio for hospitals stays due to intentional self-harm in 2020 (all persons) is significantly higher in Mancroft (262.5) in

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<sup>15</sup> Crude Admission rate- Methodology (as stated by Public Health)- Total number of admissions divided by the total population per 10,000 of the specified age range

comparison to Norwich (123.9) and England (100). The above data suggests that Mancroft has a population with a higher number of people with poor mental health and well-being.

- 4.41 The percentage of people with a limiting long term illness or disability in 2011, is higher in the Mancroft ward (24.2%) in comparison to Norwich (18.4%) and England (17.6%).
- 4.42 Incidences of all cancer<sup>16</sup> (all ages of the population) are lower in the Mancroft ward than Norwich and England overall, however, incidences of lung cancer are significantly higher in the Mancroft ward (143.9) in comparison to Norwich (116.7) and England (100).
- 4.43 Overall, the number of emergency hospital admissions for all causes (and all ages) in 2020, is higher in the Mancroft ward (115.1) than Norwich (94) and England (100). Breaking this down further, hospital admissions for Coronary Heart Disease (CHD) and Myocardial Infarction (heart attack) are lower in the Mancroft ward than both the averages for Norwich and England. Whereas admissions for stroke and Chronic Obstructive Pulmonary Disease (COPD) are significantly higher.
- 4.44 Emergency hospital admissions for hip fractures (aged 65+) is lower in the Mancroft ward (91.5) than Norwich (96.5) and England (100).

#### **Life Expectancy and Causes of Death**

- 4.45 Life expectancy at birth for males in the Mancroft ward is 76.7 years, while life expectancy among females is higher at 83 years. Within Norwich, life expectancy for males is 78.4 years and for females 83. Life expectancy is lower than the England averages of 79.7 years for males and 83.2 years for females.
- 4.46 Deaths from all causes are broadly similar to English rates but for under 75s in 2019, was significantly worse in the Mancroft ward (150.6) in comparison to Norwich (120.6) and England (100).
- 4.47 For the under 75s, deaths from circulatory diseases and those which are considered preventable are significantly worse in the Mancroft ward (166.9 and 181.2 respectively) than Norwich (121.3 and 134.6 respectively) and England (both 100)<sup>17</sup>.

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<sup>16</sup> Please note that incidences are calculated by using Public Health's standardised incidence ratio (SIR). Ratios are calculated by dividing the observed total number of new cases in the area by the expected number and multiplying by 100.

<sup>17</sup> Please note that deaths are calculated using Public Health's standardised mortality ratio (SMR) which calculates expected deaths by applying the national death rates in an age group to calculate how many deaths could be expected in the Mancroft ward and Norwich and comparing this rate with the actual number of deaths which did take place.

## Housing

- 4.48 Table 4.4 shows that Norwich is within the 20% least deprived authorities for the barriers to housing and services domain of deprivation. The barriers to housing and services measure the physical and financial accessibility of housing and local services. The indicators fall into two sub-domains: “geographical barriers”, which relate to the physical proximity of local services, and “wider barriers” which includes issues relating to access to housing such as affordability<sup>18</sup>. The LSOA where the Site is located falls within the 40% least deprived neighbourhoods in the country in terms of barriers to housing and services and is ranked 22,742 out of 32,844 LSOAs in England (where 1 is the most deprived). In general, the area surrounding the Site has lower levels of deprivation in terms of barriers to housing and services.
- 4.49 Census data provides information about occupancy which provides a measure of whether a household’s accommodation is overcrowded or under occupied. An occupancy rating of -1 implies that a household has one fewer room/bedrooms than required so therefore is classified as “overcrowded”.
- 4.50 Table 4.5 shows the comparison of classified “overcrowded” households within the Local Impact Area, Norwich and East of England based on occupancy rating (rooms and bedrooms)<sup>19</sup>. It shows that there is a higher proportion of overcrowded households based on occupancy ratings of rooms within the Local Impact Area (13.2%) in comparison to Norwich (7.6%) and East of England (6.5%). For bedrooms, this is broadly similar across the Local Impact Area, Norwich and East of England (all c.3%). In addition to this, Public Health Data highlights that overcrowding in Norwich is similar to England average however is classified as “significantly worse” within the Mancroft Ward.
- 4.51 This suggests that there is potentially a housing shortage within the Local Impact Area, and availability of suitable housing is an important social issue as living in overcrowded conditions can have impacts on both physical and mental health.

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<sup>18</sup> Department for Communities and Local Government: English Indices of Deprivation 2019

<sup>19</sup> Note- Overcrowded households are considered to have an occupancy rating of -1 or less.



**Table 4.5 Proportion of Overcrowded households by all tenures across the Local Impact Area, Norwich and East of England**

|                   | All Categories: Tenure | Occupancy Rating (bedrooms) of -1 or less | Occupancy Rating (rooms) of -1 or less |
|-------------------|------------------------|---|--|
| Local Impact Area | 10,237                 | 306 (2.9%)                                | 1,355 (13.2%)                          |
| Norwich           | 60,319                 | 1,674 (2.8%)                              | 4,591 (7.6%)                           |
| East of England   | 2,423,035              | 82,582 (3.4%)                             | 156,437 (6.5%)                         |

*Source: Census 2011- Table LC4108EW & LC4106EW -Occupancy Rating (bedrooms and rooms) of -1 or less*

### Homelessness

- 4.52 As seen in Table 4.6, in Norwich, the number of households accepted as being homeless (per 1,000 households) has dramatically increased recently. With the exception of 2011-2012 and 2018-2020, the level of homelessness in Norwich has consistently been lower than the East of England and England.

**Table 4.6 Number per 1,000 Households accepted as being homeless and in priority need**

|                 | 2011-2012 | 2012-2012 | 2013-2014 | 2014-2015 | 2015-2016 | 2016-2017 | 2017-2018 | 2018-2019 | 2019-2020 |
|-----------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Norwich         | 2.47      | 1.0       | 0.95      | 1.0       | 1.10      | 1.35      | 1.0       | 6.99      | 5.44      |
| East of England | 2.19      | 2.30      | 2.32      | 2.32      | 2.49      | 2.56      | 2.37      | 4.84      | 5.39      |
| England         | 2.31      | 2.41      | 2.32      | 2.40      | 2.52      | 2.54      | 2.41      | 5.2       | 5.97      |

*Source: Department for Levelling Up, Housing and Communities and Ministry of Housing, Communities & Local Government - Live tables on homelessness*

### Environmental Conditions

- 4.53 This section identifies the environmental conditions in the Local Impact Area at present, please refer to the information set out in the ES for further details.

#### Noise

- 4.54 Road traffic noise is highlighted as the primary source of noise with movements on St Crispin's Road located on the southern boundary of the Site. The results from the noise monitoring demonstrate that there are raised noise levels along St Crispins Road, which is at surface level and, at the eastern part, an elevated dual carriageway located on the Southern boundary of the proposed Development Site. Within the centre of the Site, the noise levels are lower.

- 4.55 As such recommendations have been made with respect to noise control within the proposed dwellings, which will need to be considered as part of the scheme's subsequent detailed specification through mitigation measures.

#### **Air Quality**

- 4.56 The centre of Norwich (including Anglia Square) is designated as an Air Quality Management Area (AQMA). Given that the Development will not be completed and fully occupied until 2030, predicted air quality is modelled without the changes to traffic flows as a result of the Development. The Air Quality harm in the area proximate to the Site during the operational phase is predicted to be above the annual mean objective in some locations therefore mitigation measures within the proposed dwellings will be required. During the construction phase, the movements from the construction vehicles are not considered a significant contributor to air quality.

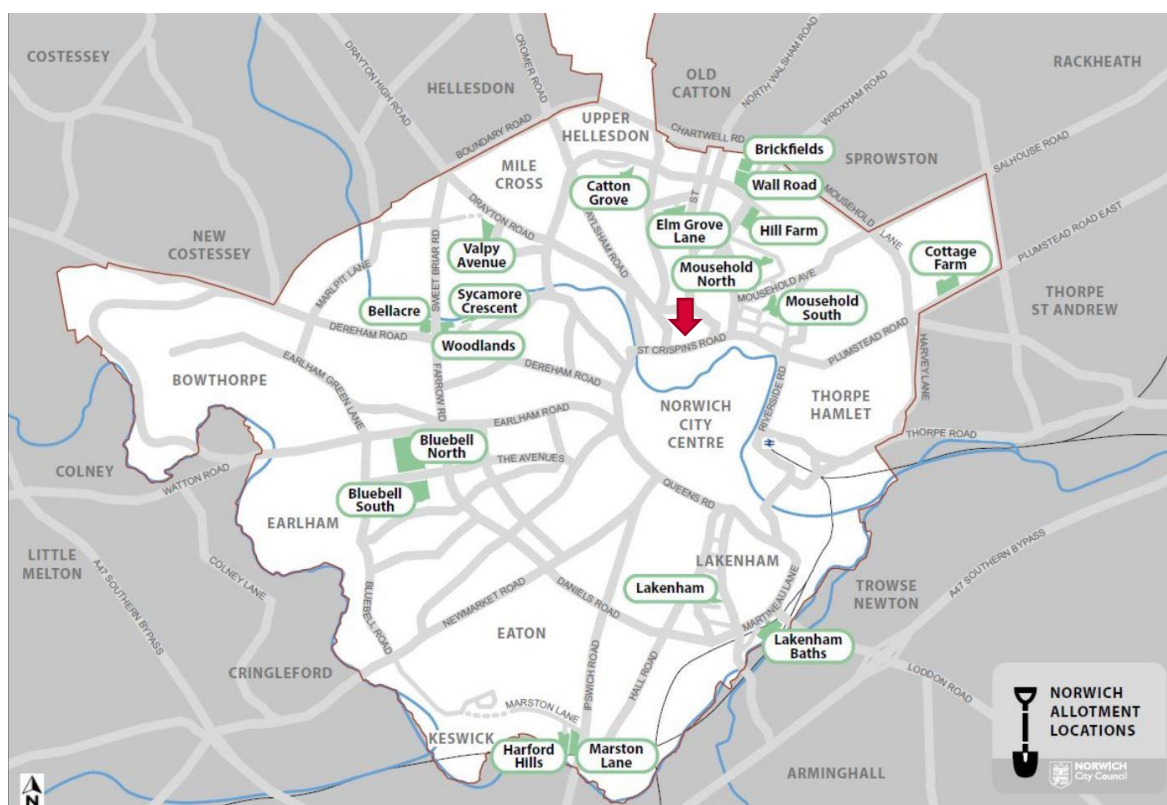
#### **Access to Open Space**

- 4.57 As set out in the Socio-Economic Chapter of the ES, there are around 500 hectares of parks and open spaces within the city; there are 12 open spaces/parks within approximately 20-25 minute walking distance of the Site. The quality of open space in the East Sub Area (as classified in the Open Space Assessment) is better than the Norwich average.
- 4.58 The Chapter also highlights that there are new areas of public open space that have been brought into use at Brazen Gate/Southwell Road and Bowthorpe Care Village as well as small "pocket parks" in the city centre. Delivery of new open space is also delivered in association with the development at St Anne's Wharf, increasing Norwich's overall open space provision and continually improving physical and mental health for the population.

#### **Access to Healthy Food**

- 4.59 Access to healthy and nutritious food can improve diet and prevent chronic diseases related to obesity. Opportunities to grow and purchase local healthy food and limiting concentrations of hot food take-aways can help to change eating behaviour and improve physical and mental health.
- 4.60 Allotment provision provides space for local food growing which can promote more active lifestyles, better diets and allows people to reduce their impact on the environment. Norwich has more than 2,000 allotment plots on 18 sites which are located throughout the city. The average cost for a plot is £46.25 for a year.
- 4.61 Figure 4.7 highlights the 18 allotment sites across Norwich. Mousehold North and Mousehold South are two allotment sites located within 20 minute walking distance of Anglia Square. Mousehold South offers 92 plots and Mousehold North offers 59 plots, albeit there are currently waiting lists for these allotments.

Figure 4.7 Norwich Allotment Sites (site pinpointed in red)



Source: Norwich City Council Allotment Sites; <https://allotments.norwich.gov.uk/>

### Crime and Community Safety

4.62 The Site is located within the Norwich East policing neighbourhood of the Norfolk Constabulary Force Area. Within Norwich East neighbourhood, in the past year, the highest crime types were anti-social behaviour (576), violence and sexual offences (473) and criminal damage & arson (105).

Table 4.7 Crimes by Type in Norwich East (from Dec 2020 to Nov 2021)

| Type                         | Occurrence | Percentage |
|------------------------------|------------|------------|
| Anti-social behaviour        | 576        | 39.4%      |
| Burglary                     | 47         | 3.2%       |
| Criminal damage and arson    | 105        | 7.2%       |
| Drugs                        | 35         | 2.4%       |
| Other theft                  | 61         | 4.2%       |
| Public order                 | 76         | 5.2%       |
| Vehicle crime                | 30         | 2.1%       |
| Violence and sexual offences | 473        | 32.3%      |
| Other crime                  | 35         | 2.4%       |
| Possession of weapons        | 8          | 0.5%       |

|                       |   |      |
|-----------------------|---|------|
| Shoplifting           | 5 | 0.3% |
| Robbery               | 5 | 0.3% |
| Theft from the person | 6 | 0.4% |
| Bicycle theft         | 1 | 0.1% |

Source: Police.UK Norfolk Constabulary - Norwich East; <https://www.police.uk/pu/your-area/norfolk-constabulary/norwich-east/?tab=Statistics>

- 4.63 Police statistics highlight that Norwich had a higher crime rate than the Norfolk Constabulary average; crime rates are calculated by the number of crimes over a twelve-month period per thousand residents. Norwich had a crime rate of 122.74 over the twelve-month period in comparison to Broadland (47.19), North Norfolk (49.08) and South Norfolk (50.64)<sup>20</sup>.
- 4.64 Norwich ranks within the 3<sup>rd</sup> decile in the crime dimension of the Indices of Multiple Deprivation, which factors in measures of crime representing risk of personal and material victimisation. However, the neighbourhood where the Site is located is within the 10% most deprived neighbourhoods in the country. Many of the neighbourhoods within the Local Impact Area, are amongst the top 30% deprived in terms of crime within the country.

### Transport and Connectivity

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- 4.65 The Transport Assessment highlights that the site is highly accessible by public transport and has a good pedestrian and cycle network.

#### Public Transport

- 4.66 As outlined in the Transport Assessment, there are numerous bus stops within a 640m radius (approximately 8-minute walk) from the Site, with the bus routes providing connections to a variety of destinations such as Stalham, Attleborough, Aylsham and Mundesley. The nearest bus stops are the “Anglia Square” bus stops located on Magladen Street and Edward Street. These are located within 140m of the Centre of the Site which equates to an approximate walk time of 2 minutes to the northbound and southbound stops from the centre of the Site.
- 4.67 Norwich Railway Station provides services operated by East Midlands Trains and Greater Anglia. It is located to the southeast of the city centre, approximately 1.5km from the centre of the Site and is therefore fully accessible either by walking or cycling. From Norwich, East Midlands Trains provides a direct service towards Liverpool Lime Street including destinations such as Nottingham, Sheffield, and Manchester Piccadilly, with a frequency of 1 train per hour at peak times and Greater Anglia Trains serve Ipswich, Colchester, Chelmsford and London

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<sup>20</sup> Crime in Norwich Compared with crime in other similar areas; <https://www.police.uk/pu/your-area/norfolk-constabulary/performance/compare-your-area/?tc=F31> (Last accessed 28/01/22).

### **Pedestrian Network**

4.68 A Toucan crossing over the A147 St Crispin's Road has improved access to Anglia Square for both pedestrians and cyclists from the south of the Site. Public pedestrian access to and from the Anglia Square site is also available from Edward Street, Pitt Street (via New Botolph Street) and at two points along Magdalen Street. All roads in the vicinity of the existing Anglia Square site have footways on either side and have street lighting.

4.69 There are pedestrian footways along most of the road network in Norwich, with lighting available along all streets within the local vicinity of the Site. The footways provide pedestrian links between bus stops and Norwich Railway Station.

### **Cycle Routes**

4.70 The Site is currently surrounded by cycle routes that provide connections to the centre of Norwich, the train station, employment areas and other local amenities. These also provide cycle access to employment areas and amenities to the north of Norwich including Norwich Airport along the 'Lakenham Pedalway' (which is circa 4.5km away).

4.71 There are also a variety of shared cycleway/footway routes; one along the eastern side of Edward St, the western boundary of the Site on Pitt Street and on the southern side of St Crispin's Road.

4.72 The Transport Assessment also highlights that there are a wide range of local amenities within walking distance of the Site. It is widely accepted that walking has the greatest potential to replace car journeys for distances less than 2km. Replacing car journeys with walking can increase a person's health and well-being whilst also reducing pollution within the area.

### **Road Casualties**

4.73 The Transport Assessment submitted with the planning application assesses the safety of the existing highway network surrounding the Site using personal injury collision (PIC) data since 2016. It finds that a total of 63 collisions have occurred, with 50 of these collisions resulting in slight injuries, 13 resulted in serious injuries and there were no fatalities recorded.

### **Defining Vulnerable/ Priority Groups**

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4.74 The baseline assessment allows vulnerable/ priority groups likely to experience predicted changes in health / likely to be more susceptible or vulnerable to changes to be identified. The following priority groups have been identified and are considered as part of the HIA in Section 5:

- **Children and Young people** – 15% of the Local Impact Area population comprises children in the age group of 0-19 years. While this is lower than the proportion of the population in this age cohort in Norwich and the East of England, it could be expected, given the dwelling mix of the

Proposed Development, that the population of children and adolescents in the Local Impact Area will increase. Further, child poverty and children's hospital admissions are high;

- **Older people** – the Local Impact Area has an ageing population with 13% of the population over 65 years. While this is a lower proportion than the average across Norwich, and the East of England region, there is a high proportion of the population being 90+ years in age;
- **Unemployed** - Unemployment in Norwich is an average of 3.9%, which equates to 3,100 unemployed people;
- **Low incomes** – Norwich is amongst the 20% most deprived authorities in England in terms of income deprivation which particularly impacts on children and older people. Average workplace and resident earnings in Norwich are slightly lower than the East of England average;
- **Homelessness** –In 2019-20, 5.44 households per 1,000 in Norwich were homeless;
- **People with existing medical condition or disability** - The percentage of people with a limiting long-term illness or disability is higher in the Local Impact Area (18.3%) compared to the East of England (16.7%). The neighbourhood ranks amongst the top 10% most deprived areas in term of health and disability as measured by the IMD;
- **Mental health issues** - Public Health data shows that the admission ratio for hospital stays due to intentional self-harm (all persons) in 2020 was significantly higher in the Mancroft ward (262.5) in comparison to Norwich (123.9) and England (100);
- **Minority Groups** - the Local Impact Area has a lower percentage of Christians (41%) in comparison to Norwich (49%) and East of England (60%) and a greater variation of religious groups for example Muslims, Hindus and Buddhists.

## 5. ASSESSMENT OF HEALTH IMPACTS

5.1 This section provides an assessment of the health impacts of the Development over both the construction and operation phases applying the significance criteria described in Section 2.0.

### **Proposed Development**

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5.2 The Development at Anglia Square is being sought via a hybrid application (part full/ part outline) is for a phased, comprehensive redevelopment of the Site. However, for the purposes of this assessment, the following parameters have been tested, which represent the expected maximum quantum of development on completion:

- Delivery of up to 1,100 residential units (10% affordable units);
- Up to 8,000sqm flexible retail, commercial and other non-residential floorspace including Community Hub (Use Class E/F1/F2/Sui Generis); and
- Up to 450 car parking spaces, car club spaces and associated works to the highway and public realm areas.

### **Health Determinants**

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5.3 This HIA identifies the link between the determinants (factors that can influence health outcomes) and health impact. The table below considers the connection between determinants and potential health impacts that have been considered in the identification of the impact of the Proposed Development at Anglia Square during the construction and operation phases.

**Table 5.1 Health Determinants and Potential Health Impacts**

| <b>Determinants</b>  | <b>Potential Health Impacts</b>  |
|--|--|
| <b>Housing quality and design</b>                                    | Access to decent and adequate housing is critically important for health and wellbeing, especially for the very young and very old. Environmental factors, overcrowding and poor sanitation in buildings as well as unhealthy urban spaces have been widely recognised as causing illness since urban planning was formally introduced. Post-construction management also has impact on community welfare, cohesion and mental wellbeing   |
| <b>Access to healthcare services and other social infrastructure</b> | Strong, vibrant, sustainable and cohesive communities require good quality, accessible public services and infrastructure. Encouraging the use of local services is influenced by accessibility, in terms of transport and access into a building, and the range and quality of services offered. Access to good quality health and social care, education (primary, secondary and post-19) and community facilities has a direct positive effect on human health. Opportunities for the community to participate in the planning of these services has the potential to impact positively on mental health and wellbeing and can lead to greater community cohesion.  |
| <b>Access to open space and nature</b>                               | <p>Providing secure, convenient and attractive open/green space can lead to more physical activity and reduce levels of heart disease, strokes and other ill-health problems that are associated with both sedentary occupations and stressful lifestyles. There is growing evidence that access to parks and open spaces and nature can help to maintain or improve mental health.</p> <p>The patterns of physical activity established in childhood are perceived to be a key determinant of adult behaviour; a growing number of children are missing out on regular exercise, and an increasing number of children are being diagnosed as obese. Access to play spaces, community or sport facilities such as sport pitches can encourage physical activity. There is a strong correlation between the quality of open space and the frequency of use for physical activity, social interaction or relaxation.</p> |
| <b>Air quality, noise and neighbourhood amenity</b>                  | The quality of the local environment can have a significant impact on physical and mental health. Pollution caused by construction, traffic and commercial activity can result in poor air quality, noise nuisance and vibration. Poor air quality is linked to incidence of chronic lung disease (chronic bronchitis or emphysema) and heart conditions and asthma levels of among children. Noise pollution can have a detrimental impact on health resulting in sleep disturbance, cardiovascular and psycho-physiological effects. Good design and the separation of land uses can lessen noise impacts.   |
| <b>Accessibility and active travel</b>                               | Convenient access to a range of services and facilities minimises the need to travel and provides greater opportunities for social interaction. Buildings and spaces that are easily accessible and safe also encourage all groups, including older people and people with a disability, to use them. Discouraging car use and providing opportunities for walking and cycling can increase physical activity and help prevent chronic diseases, reduce risk of premature death and improve mental health.   |
| <b>Crime reduction and community safety</b>                          | Planning and urban design that promotes natural surveillance and social interaction can help to reduce crime and the 'fear of crime', both of which impacts on the mental wellbeing of residents. As well as the immediate physical and psychological impact of  |



|  |   |
|--|---|
|  | being a victim of crime, people can also suffer indirect long-term health consequences including disability, victimisation and isolation because of fear. Community engagement in development proposals can lessen fears and concerns   |
| <b>Access to healthy food</b>                      | Access to healthy and nutritious food can improve diet and prevent chronic diseases related to obesity. People on low incomes, including young families, older people are the least able to eat well because of lack of access to nutritious food. They are more likely to have access to food that is high in salt, oil, energy-dense fat and sugar. Opportunities to grow and purchase local healthy food and limiting concentrations of hot food takeaways can change eating behaviour and improve physical and mental health.   |
| <b>Access to work and training</b>                 | Employment and income is a key determinant of health and wellbeing. Unemployment generally leads to poverty, illness and a reduction in personal and social esteem. Work aids recovery from physical and mental illnesses.  |
| <b>Social cohesion and lifetime neighbourhoods</b> | Friendship and supportive networks in a community can help to reduce depression and levels of chronic illness as well as speed recovery after illness and improve wellbeing. Fragmentation of social structures can lead to communities demarcated by socioeconomic status, age and/or ethnicity, which can lead to isolation, insecurity and a lack of cohesion.<br><br>Voluntary and community groups, properly supported, can help to build up networks for people who are isolated and disconnected, and to provide meaningful interaction to improve mental wellbeing. Lifetime Neighbourhoods is a concept that encourages planners to help create environments that people of all ages and abilities can access and enjoy, and to facilitate communities that people can participate in, interact and feel safe. |
| <b>Minimising the use of resources</b>             | Reducing or minimising waste including disposal, processes for construction as well as encouraging recycling at all levels can improve human health directly and indirectly by minimising environmental impact, such as air pollution.  |
| <b>Climate change</b>                              | Planning is at the forefront of both trying to reduce carbon emissions and to adapt urban environments to cope with higher temperatures, more uncertain rainfall, and more extreme weather events and their impacts such as flooding. Poorly designed homes can lead to fuel poverty in winter and overheating in summer contributing to excess winter and summer deaths. Developments that take advantage of sunlight, tree planting and accessible green/brown roofs also have the potential to contribute towards the mental wellbeing of residents.   |

*Source: NHS London Healthy Development Unit (2019)*

### **Construction Phase Effects**

5.16 The demolition and construction programme will be undertaken in 4 phases and is anticipated to take 8 years, starting in 2023 with completion in 2030. Table 5.2 below provides a detailed HIA for the proposed Development during the construction phase.

**Table 5.2 Health Impact Assessment Matrix – Construction Phase Impacts**

| Determinant   | Description of the Potential Impact  | Significance of Impact on General Population | Priority Groups Most Affected  | Impact (Beneficial/ Adverse/ Neutral) | Duration               | Mitigation  | Overall Significance |
|---|--|--|--|---------------------------------------|------------------------|---|----------------------|
| Housing quality and design                              | Not applicable during the construction phase.  | ~  | ~  | ~                                     | ~                      | ~   | ~                    |
| Access to healthcare services and social infrastructure | <p>Access to healthcare services and social infrastructure could be disrupted or reduced as a result of route diversions or street closures to accommodate the construction activities and the phased redevelopment of the shopping centre on Site.</p> <p>This could cause disturbance and stress which can have an adverse effect on physical and mental health. For those with mobility problems including older people, poor access to local services could limit opportunities (in a worst case scenario) for social interaction leading to isolation or depression.</p> <p>Existing residents in the Local Impact Area will be most affected as the new residential uses are introduced in the later phases of the development.</p> <p>Mechanisms and good construction practices will be put in place to reduce disruptions as far as possible.</p> <p>Overall, the impact is assessed as <b>medium-term, temporary, minor adverse</b>.</p> | Negligible/ Minor                            | <p>Children;</p> <p>People with disabilities ;</p> <p>People with mental health problem;</p> <p>Older people</p> | Adverse                               | Medium-term, temporary | Implementation of a Construction Environmental Management Plan (CEMP) through planning condition. | Minor                |
| Access to open space and nature                         | <p>Access to open space and nature could be disrupted or reduced as a result of route diversions or street closures to accommodate the construction activities.</p> <p>Access to open space and nature has a positive impact on health and well-being as it can improve physical and mental health. While obesity and respiratory diseases are not identified as a particular issue amongst the local population, barriers to access could reduce activity levels, cause disturbance and stress which can have an adverse effect on physical and mental health.</p>  | Negligible/ Minor                            | <p>Children;</p> <p>Older people;</p> <p>People with existing medical</p>  | Adverse                               | Medium-term, temporary | Implementation of a CEMP through planning condition.  | Minor                |

| Determinant                                  | Description of the Potential Impact  | Significance of Impact on General Population | Priority Groups Most Affected   | Impact (Beneficial/ Adverse/ Neutral) | Duration               | Mitigation  | Overall Significance |
|--|--|--|---|---------------------------------------|------------------------|---|----------------------|
|  | <p>Existing residents in the Local Impact Area will be most affected as the new residential uses are introduced in the later phases of the development.</p> <p>Mechanisms and good construction practices will be put in place to reduce disruptions as far as possible.</p> <p>Overall, the impact is assessed as <b>medium-term, temporary, minor adverse</b>.</p>   |  | conditions  |                                       |                        |   |                      |
| Air quality, noise and neighbourhood amenity | <p>The Site is in an Air Quality Management Area, primarily as a result of traffic levels in Norwich City Centre. Poor air quality is linked to incidence of chronic lung disease, heart conditions and asthma in children therefore people with respiratory health issues, children and older people are more likely to be vulnerable to a change in air quality. The population of the Local Impact Area has average incidences of respiratory diseases, but there are significantly higher incidences of lung cancer.</p> <p>The construction phase can increase exposure to PM10 (particulate matter/ dust). Demolition of a number of structures in close proximity to existing residents are likely to cause short-term, temporary, negative impacts. Mitigation will help to reduce these impacts and the provision of electric charging will help minimise air pollution.</p> <p>Based on the Air Quality Assessment of the ES (Chapter 8), the Proposed Development will not give rise to an increase in traffic levels and there will be no air pollutant emitting on-site energy generation. Therefore, the emissions arising from the site are being minimised as much as possible.</p> <p>Existing and new residents in the Local Impact Area will both be affected as the new residential uses are introduced in phases during the development.</p> <p>Construction hours can be controlled for noisy activities of Monday – Friday 08.00 to 18.00 hours and Saturday 08.00 to</p> | Negligible/ Minor                            | <p>Children;</p> <p>Older people;</p> <p>People with mental health issues;</p> <p>People with existing medical conditions</p> | Adverse                               | Medium-term, temporary | <p>Implementation of a CEMP through planning condition. Measures include the erection of screens around dusty activities; no idling vehicles; use of battery powered equipment; use of water for particulate suppression; use of noise compressors and silencers; programming of deliveries; considerate siting of plant.</p> <p>Noise and dust emission will be monitored against agreed thresholds.</p> | Minor                |

| Determinant                     | Description of the Potential Impact  | Significance of Impact on General Population | Priority Groups Most Affected  | Impact (Beneficial/ Adverse/ Neutral) | Duration               | Mitigation   | Overall Significance |
|---------------------------------|--|--|--|---------------------------------------|------------------------|--|----------------------|
|                                 | <p>13.00 hours, with no work on Sundays or Bank Holidays to reduce noise nuisance and monitoring of dust control measures will aim for compliance with agreed thresholds. Both of these measures will aim to protect neighbourhood amenity for existing and new residents in the Local Impact Area.</p> <p>Construction workers would be subject to mandatory health and safety requirements including Personal Protective Equipment to protect their health and well-being while undertaking construction activities.</p> <p>Overall, the impact is assessed as <b>medium-term, temporary, minor adverse</b>.</p>   |  |  |                                       |                        |  |                      |
| Accessibility and active travel | <p>The Transport Assessment (Chapter 7 of the ES) indicates that there is likely to be a local temporary negligible effect on: severance; pedestrian and cycle amenity and delay; fear and intimidation and accidents and safety as a result of traffic movements during the construction period.</p> <p>Provisions would be made on the Site for the secure storage of tools, personal protective equipment to encourage commuting by construction workers on foot, by bicycle and via public transport, to minimise the need for car / van trips to and from the Site. Secure bicycle storage would also be provided.</p> <p>HGVs will be routed along the most suitable roads and will be restricted as far as reasonably possible to avoid peak travel periods to reduce the impact on pedestrian amenity and safety. The anticipated traffic associated with the construction phase of the Proposed Development will be very low and spread across the course of the day.</p> <p>The parts of the Site subject to demolition and construction would be fully secured with 2.4m high hoarding to all exposed boundaries to ensure pedestrian safety.</p> <p>Site hoarding would be positioned to ensure that, where possible, footways are maintained and throughout</p> | Negligible                                   | <p>Children;<br/>Older people;</p> <p>People with disabilities ;</p> <p>People with mental health problems;</p> <p>People with existing medical conditions</p> | Adverse                               | Medium-term, temporary | Implementation of the CEMP through planning condition. | Negligible/ Minor    |

| Determinant                          | Description of the Potential Impact  | Significance of Impact on General Population | Priority Groups Most Affected  | Impact (Beneficial/ Adverse/ Neutral) | Duration               | Mitigation   | Overall Significance |
|--------------------------------------|--|--|--|---------------------------------------|------------------------|--|----------------------|
|                                      | <p>construction, access and servicing will be maintained to the existing commercial tenants, along with pedestrian access for shoppers.</p> <p>Pedestrians would have the right of way along the footways that surround the Site.</p> <p>The Site is surrounded by cycle routes that provide connections to the centre of Norwich, the train station, employment areas and other local amenities. As outlined in the Transport Assessment, there are numerous bus stops within an eight-minute walk of the Site providing frequent bus access to a range of destinations.</p> <p>Construction workers and existing residents in the Local Impact Area will be most affected as the new residential uses are to be introduced in phases of the development.</p> <p>Based on these considerations, the impact on active travel and public transport options would be minimised which can seek to increase physical activity and help prevent chronic diseases, reduce the risk of premature death and improve mental health. Overall, the impact is assessed <b>as medium-term, temporary, negligible/minor adverse.</b></p> |  |  |                                       |                        |  |                      |
| Crime reduction and community safety | <p>The construction works will lead to some changes to the local environment, for example, the erection of a 2.4m hoarding and gates to secure the boundaries of the phase of the Site being developed. It is possible that there will be access diversions also over the course of the construction.</p> <p>Changes to the local environment can lead to increases in crime or result in a fear of crime as people feel more vulnerable. Where the local pedestrian environment is intimidating and inconvenient, people are less likely to use active travel which reduces social interaction and can impact on vulnerable/ priority groups.</p> <p>Existing residents in the Local Impact Area will be most</p>   | Negligible                                   | <p>Children;</p> <p>Young people;</p> <p>Older people;</p> <p>People with mental</p> | Adverse                               | Medium-term, temporary | Implementation of a CEMP through planning condition. | Negligible/ Minor    |

| Determinant                 | Description of the Potential Impact   | Significance of Impact on General Population | Priority Groups Most Affected                            | Impact (Beneficial/ Adverse/ Neutral) | Duration               | Mitigation  | Overall Significance |
|-----------------------------|---|--|--|---------------------------------------|------------------------|---|----------------------|
|                             | <p>affected as the new residential uses are to be introduced in phases of the development. However, the phased construction and phased occupation of the scheme will ensure that the new buildings are occupied and the area benefits from natural surveillance. Equally, it is proposed that Anglia Square will continue to be partly operational throughout the construction process, which will ensure continuous usage and activity at ground floor level.</p> <p>A CEMP will be prepared for the construction phase that will identify measures that will reduce the risk. The use of lighting and CCTV for surveillance will be considered</p> <p>Overall, the impact is assessed as <b>medium-term, temporary, negligible/minor adverse.</b></p> |  | <p>health problems;</p> <p>People with a disability;</p> |                                       |                        |   |                      |
| Access to healthy food      | <p>Redevelopment of a brownfield site/ previously developed land reduces the loss of agricultural land for food production elsewhere.</p> <p>The City Centre location means that there is a range of food stores, shops and cafes where construction workers can purchase fresh food for a balanced diet.</p> <p>Overall, the impact is assessed as <b>long-term, permanent, moderate/ major beneficial.</b></p>  | Moderate/ Major                              | People on low incomes;                                   | Beneficial                            | Long-term, permanent   | N/A   | Moderate/ Major      |
| Access to work and training | <p>The Development will support between 204 direct construction jobs per annum over the eight year build period which represents an 6.8% increase in the number of construction jobs in Norwich. These jobs will be at a range of skill levels providing opportunities for the existing labour force in the Local Impact Area and Norwich.</p> <p>The sustained construction phase will allow for the training of the local labour force and will help to tackle worklessness in the longer-term. The direct construction employment is likely to generate a further 207 indirect jobs in the supply chain</p>  | Moderate                                     | <p>People on low incomes;</p> <p>Unemployed</p>          | Beneficial                            | Medium term/ long-term | <p>Providing full and fair employment opportunities;</p> <p>Use of local sub-contractors and suppliers;</p> <p>Support local apprenticeship schemes and</p> | Moderate             |

| Determinant                                 | Description of the Potential Impact  | Significance of Impact on General Population | Priority Groups Most Affected | Impact (Beneficial/ Adverse/ Neutral) | Duration   | Mitigation  | Overall Significance |
|---|--|--|-------------------------------|---------------------------------------|------------|---|----------------------|
|   | <p>supporting businesses and existing jobs in different sectors in Norwich in the long-term.</p> <p>The Site currently supports 255 jobs (184 FTE) predominantly in the retail and creative industries; while part of the shopping centre will remain open throughout the construction phase it is likely that some existing occupiers will be displaced on a temporary and potentially permanent basis. However, relocation options could be located elsewhere in Norwich.</p> <p>As discussed elsewhere in this HIA, Anglia Square is well served by public transport which means that access to the job opportunities is available to those on low incomes.</p> <p>Providing employment opportunities will help to reduce poverty, illness and person and social esteem issues linked with unemployment.</p> <p>Overall, the impact is assessed as <b>medium-term, temporary, moderate beneficial</b>.</p>  |  |                               |                                       |            | generate linkages to local education providers;   |                      |
| Social cohesion and Lifetime neighbourhoods | <p>The provision of local employment opportunities during the construction phase will help improve social cohesion and mental well-being among construction workers. However, the potential displacement of existing jobs may have the opposite effect. The construction phase will also lead to a new community of workers in the area.</p> <p>Similarly, construction activity may disrupt current patterns of interaction which can lead to isolation, insecurity and a lack of cohesion amongst the existing residents and users of Anglia Square however, as discussed elsewhere, these impacts will be minimised through careful construction management and the implementation of a CEMP. These effects will vary in duration as this is a phased development.</p> <p>Community cohesion in the Local Impact Area is currently somewhat affected by the A147 severing the area from rest of Norwich City Centre to the south which the Proposed</p> | Negligible                                   | People on low incomes;        | Adverse                               | Short-term | <p>Providing full and fair employment opportunities.</p> <p>Use of local sub-contractors and suppliers.</p> <p>Support local apprenticeship schemes and generate linkages to local education providers.</p> | Minor                |

| Determinant                 | Description of the Potential Impact  | Significance of Impact on General Population | Priority Groups Most Affected                         | Impact (Beneficial/ Adverse/ Neutral) | Duration             | Mitigation  | Overall Significance |
|-----------------------------|--|--|---|---------------------------------------|----------------------|---|----------------------|
|                             | <p>Development will help to overcome.</p> <p>These factors indicate that there will be both beneficial and adverse impacts on social cohesion and lifetime neighbourhoods during the construction phase however, overall the impact is assessed as <b>short-term, temporary, minor adverse</b> that will decrease in the medium-term.</p>  |  |   |                                       |                      | Implementation of a CEMP through planning condition.  |                      |
| Minimising use of resources | <p>The Proposed Development represents the redevelopment of a brownfield site and vacant, degrading buildings which ensures that land is effectively used, recycled and enhanced.</p> <p>Reducing or minimising waste including disposal, processes for construction can improve human health directly and indirectly by minimising environmental impact, such as air quality.</p> <p>A Construction Management Plan would be produced detailing how waste would be disposed of and managed during demolition and construction. The Construction Management Plan would ensure waste production is minimised and that recycling and re-use is maximised through monitoring, recording, sorting and separating waste wherever practically possible.</p> <p>It is expected that 85% of waste associated with the construction of the scheme would be diverted from landfill. All timber would be reclaimed or responsibly sourced and FSC certified. A sustainable procurement plan will be developed to ensure that sustainable materials are used. Elements including walls, roofing, floors, windows, kitchens, insulation, and landscaping materials, will be selected with a BRE Green Guide rating of A to C where possible.</p> <p>Before construction commences, site investigations would be undertaken to identify the requirement for remediation of the Site to ensure there is no contamination present that could present a risk to health of new and existing residents of the</p> | Moderate                                     | People with existing medical conditions (respiratory) | Beneficial                            | Long-term, permanent | <p>Implementation of a Construction Management Plan through planning condition.</p> <p>Priority to be given to sustainable and recycled materials as far as possible.</p> <p>Completion of contamination investigation before construction commences.</p> | Moderate             |



| Determinant    | Description of the Potential Impact   | Significance of Impact on General Population | Priority Groups Most Affected                         | Impact (Beneficial/ Adverse/ Neutral) | Duration             | Mitigation   | Overall Significance |
|----------------|---|--|---|---------------------------------------|----------------------|--|----------------------|
|                | Local Impact Area. If required, excavated material will be subject to chemical testing and a hazard assessment.<br>Overall, the impact is assessed as <b>long-term, permanent, moderate beneficial</b> .  |  |   |                                       |                      |  |                      |
| Climate change | Embodied energy and carbon in construction materials can lead to an increase in fossil fuel use leading to an increase in greenhouse gasses. However, as set out above, construction waste would be minimised as far as possible to reduce the impact of the Development.<br>The anticipated traffic associated with the construction phase of the Proposed Development will be very low.<br>It is important to take account of the fact that the existing buildings are either dated or vacant and redundant and as a result the designs are no longer energy efficient and result in a large carbon footprint. On this basis, overall, the impact is assessed as <b>long-term, permanent, moderate beneficial</b> . | Moderate                                     | People with existing medical conditions (respiratory) | Beneficial                            | Long-term, permanent | Implementation of a CEMP through planning condition. | Moderate             |

### Operational Phase Impacts

5.17 Table 5.3 provides a detailed HIA for the Development during the operational phase.

**Table 5.3 Health Impact Assessment Matrix – Operational Phase Impacts**

| Determinant                | Description of Impact  | Significance of Impact on General Population | Priority Groups Most Affected | Impact (Beneficial/ Adverse/ Neutral) | Duration             | Mitigation                                       | Overall Significance |
|----------------------------|--|--|-------------------------------|---------------------------------------|----------------------|--|----------------------|
| Housing quality and design | Access to decent and adequate housing is critically important for health and well-being. The Development will deliver up to 1,100 high quality, new residential units including at least | Major  | Children;                     | Beneficial                            | Long-term, permanent | Preparation of a Design Code to guide the future | Major                |

| Determinant          | Description of Impact  | Significance of Impact on General Population | Priority Groups Most Affected                                      | Impact (Beneficial/ Adverse/ Neutral) | Duration | Mitigation  | Overall Significance |
|----------------------|--|--|--|---------------------------------------|----------|---|----------------------|
|                      | <p>10% affordable homes. An increased supply of housing will allow churn in the local market increasing supply. The provision of affordable housing is expected to help those on low incomes to access housing.</p> <p>The proposal will also contribute to providing a mix of dwelling typologies and sizes (providing 1, 2 and 3-bedroom apartments as well as some 3-bedroom houses), which would enhance the quality and quantity of housing choice within the local market of Norwich. By providing an increased mix of housing, this would allow residents better choice in obtaining their desired dwelling that best meets their needs and could help to reduce overcrowding. Housing that is overcrowded can affect mental health, lead to stress, physical illness and accidents.</p> <p>All units are designed in accordance with Nationally Described Space Standards and the layout has been informed by Building Regulations and the need to maximise dual aspect units. This means that the new homes will be accessible and well oriented.</p> <p>All of the residential units provided by the development, including the approaches to the buildings and the common areas, are designed to meet the Building Regulations Part M where applicable; with a proportion of the residential units designed as wheelchair user dwellings as outlined in the Design and Access Statement submitted with the planning application. Providing adaptable units allows residents to remain in their homes when their accommodation requirements change.</p> <p>Overall, the impact is assessed as <b>long-term, permanent, major beneficial.</b></p> |  | <p>Older people;</p> <p>People on low incomes;</p> <p>Homeless</p> |                                       |          | design of the Development in relation to the outline element of the scheme. |                      |
| Access to healthcare | The Development is expected to generate a resident population of about 2,321 which will generate additional  | Moderate                                     | Children;  | Beneficial                            |          | Applicant to engage with NHS Clinical                                       |                      |

| Determinant                        | Description of Impact  | Significance of Impact on General Population | Priority Groups Most Affected  | Impact (Beneficial/ Adverse/ Neutral) | Duration   | Mitigation  | Overall Significance |
|------------------------------------|--|--|--|---------------------------------------|------------|---|----------------------|
| services and social infrastructure | <p>needs and demand for healthcare services and other social infrastructure which could have an adverse impact on health and well-being if there is insufficient capacity in existing facilities.</p> <p>As set out in the baseline, the Local Impact Area is well served in terms of community and social infrastructure. As flexible Class E floorspace is proposed, there is scope within the scheme to provide healthcare floorspace or office space to accommodate supporting services which could alleviate any capacity constraints and provide an accessible resource; resulting in a direct positive effect on health particularly on vulnerable/ priority groups. This would benefit new and existing residents in the Local Impact Area and would help to support the creation of a Lifetime Neighbourhood and a strong, cohesive community.</p> <p>The development includes the provision of a dedicated 'community hub'. A shared, publicly accessible facility located within Block D, that will serve both the existing and new communities. The facility could facilitate a multitude of uses, inclusive of shared / flexible workspace, community hall for hire / use, breast feeding facility etc.</p> <p>An on-site provision of publicly accessible toilets is provided that will be designed to meet the requirements of Changing Places. This will replace the now closed public toilets which is noted as a significant loss to the existing users of Anglia Square.</p> <p>The Development will also improve the retail and leisure offer at Anglia Square including a larger, up to date cinema providing a social outlet.</p> <p>Overall, the impact is assessed as <b>long-term, permanent, moderate beneficial impact.</b></p> |  | <p>Older people;</p> <p>People with disabilities;</p> <p>People with existing medical conditions;</p> <p>Minority groups (religious)</p> |                                       |            | Commissioning Group to consider how their needs can be met. |                      |
| Access to                          | There are a wide range of open spaces available within close   | Minor to                                     | Children;  | Beneficial                            | Long-term, | Implementation of   | Minor to             |

| Determinant            | Description of Impact   | Significance of Impact on General Population | Priority Groups Most Affected  | Impact (Beneficial/ Adverse/ Neutral) | Duration   | Mitigation                               | Overall Significance |
|------------------------|---|--|--|---------------------------------------|------------|--|----------------------|
| open space and nature  | <p>proximity to the site including Gildencroft Park, Waterloo Park (less than 400m from the Site), Sewell Park and Mousehold Heath. The Proposed Development provides improved pedestrian and cycle routes to make the open space more accessible.</p> <p>Accessible green spaces and play spaces can encourage physical activity and maintain or improve mental health as well as providing opportunities for social interaction amongst new and existing residents to avoid isolation, particularly of vulnerable people.</p> <p>The Proposed Development will provide 1.6ha (4 acres) of public open space in the form of public squares which equivalent to two football pitches and is a net improvement on existing levels. Public areas will be designed to meet accessibility standards.</p> <p>The Development also includes shared residential amenity areas on podium terraces or accessible roof gardens, and private amenity in the form of balconies or terraces.</p> <p>There will be direct access to podium and roof gardens, which will provide semi private amenity space for residents of the scheme to use and enjoy. Private terraces will overlook the semi-private space which will include informal play spaces, communal areas and more secluded seating areas. The houses will be provided with private gardens.</p> <p>The proposals include the addition of significant levels of tree planting to increase biodiversity, provide areas of shade and to help improve the air quality in this area which currently has a low ecological value.</p> <p>Overall, the impact is assessed as <b>long-term, permanent, minor to moderate beneficial</b>.</p> | moderate                                     | <p>Older people;</p> <p>People with existing medical problems;</p> <p>People with mental health problems</p> <p>People with disabilities</p> |                                       | permanent  | the Landscape and Public Realm Strategy. | moderate             |
| Air quality, noise and | The operational effect on air quality will be as a result of additional traffic associated with the new residents and the   | Negligible                                   | Children;  | ~                                     | Long-term, | Provision of electric vehicle charging   | Negligible           |

| Determinant           | Description of Impact   | Significance of Impact on General Population | Priority Groups Most Affected  | Impact (Beneficial/ Adverse/ Neutral) | Duration  | Mitigation   | Overall Significance |
|-----------------------|---|--|--|---------------------------------------|-----------|--|----------------------|
| neighbourhood amenity | <p>commercial occupiers. Measures will be taken to reduce reliance on the car to minimise the impacts as set out in the Transport Assessment that accompanies the planning application and is considered below.</p> <p>Air quality varies with height therefore residents of residential units on upper stories will be less significantly impacted. This has been factored into the design. Appropriate ventilation systems will be installed in the residential units to achieve a good standard of air quality.</p> <p>Noise pollution and vibration can have a detrimental impact on health resulting in sleep disturbance, cardiovascular and physiological effects<sup>21</sup>. The primary source of noise at the Site is from traffic on St Crispins Road located on the southern boundary which will be mitigated against using appropriate double glazing.</p> <p>Communal terraces are screened or sheltered from St Crispins Road which is the primary source of NO2 (nitrogen dioxide which can cause heart failure when inhaled) affecting air quality and noise disturbance.</p> <p>Delivery hours and opening hours of the shopping centre are expected to be controlled by condition, taking account of amenity of existing and new residents of the Local Impact Area. The design of the Proposed Development and the separation of land uses is expected to lessen impacts.</p> <p>The planning application is accompanied by a Daylight and Sunlight Assessment which concludes that the scheme demonstrates careful attention to the daylight and sunlight availability of neighbouring properties. Dual aspect units</p> |  | <p>Older people;</p> <p>People with mental health issues;</p> <p>People with existing medical conditions</p> |                                       | permanent | <p>points;</p> <p>Implementation of a Travel Plan to reduce the use of private cars;</p> <p>Installation of whole house mechanical ventilation with acoustic trickle vents;</p> <p>Double glazing;</p> <p>Opening hours/ delivery times will be secured via planning condition.</p> <p>Monitoring of take-up of residential spaces in each phase to establish if a lower ratio can be used in subsequent phases.</p> |                      |

<sup>21</sup> NHS London Healthy Urban Development Unit (2019)

| Determinant                     | Description of Impact   | Significance of Impact on General Population | Priority Groups Most Affected  | Impact (Beneficial/ Adverse/ Neutral) | Duration             | Mitigation   | Overall Significance |
|---------------------------------|---|--|--|---------------------------------------|----------------------|--|----------------------|
|                                 | <p>have been maximised. The amount of daylight and sunlight within the proposed units is positive - 61% of the assessed properties will achieve or exceed their target thresholds, which would be significantly increased if there were no balconies included.</p> <p>The impacts on existing residents in the Local Impact Area are also considered. The majority will remain compliant but it is expected some may experience meaningful alterations in daylight and sunlight given the underdeveloped nature of the site and/or often feature overhanging balconies exacerbating these alterations. However, any deterioration to daylight and sunlight is not assessed to have an unacceptable impact on the neighbouring occupants' amenity.</p>   |  |  |                                       |                      |  |                      |
| Accessibility and active travel | <p>The Development seeks to promote active and sustainable travel modes which can help both new and existing residents as well as visitors to the Site, to achieve daily physical activity levels and to provide greater opportunities for social interaction. This is facilitated by the Site's city centre location. Active travel can help prevent chronic diseases, reduce risk of premature death and improve mental health<sup>22</sup>.</p> <p>New pedestrian/cycle routes running across the Site will be provided, connecting Anglia Square with the surrounding area, including public transport nodes and the City Centre. This includes a dedicated North-South cycle way, to connect the recently completed surface level crossing across St Crispins, heading North as well proposals for off site improvements North, along Edward Street. New crossings over Edward Street, New Boltolph Street and Pitt Street are</p> | Moderate                                     | <p>Children;<br/>Older people;</p> <p>People with disabilities;</p> <p>People with mental health problems;</p> | Beneficial                            | Long-term, permanent | <p>Travel Implementation of a Travel Plan and a Shopping Centre Travel Plan to be implemented prior to occupation;</p> <p>Appointment of a Travel Plan Co-ordinator;</p> <p>Monitoring of take-up of residential</p> | Moderate to major    |

<sup>22</sup> NHS London Healthy Urban Development Unit (2019)

| Determinant | Description of Impact   | Significance of Impact on General Population | Priority Groups Most Affected           | Impact (Beneficial/ Adverse/ Neutral) | Duration | Mitigation   | Overall Significance |
|-------------|---|--|---|---------------------------------------|----------|--|----------------------|
|             | <p>also proposed as part of the application. This will result in a material improvement in pedestrian/ cycling accessibility and permeability in the area. All roads in the vicinity of Anglia Square have footways on either side and are illuminated with street lighting.</p> <p>The Local Impact Area is very well served by buses with numerous bus stops within an eight-minute walk, with the majority stopping on Magdalen Street which can conveniently accommodate people commuting to/ from Anglia Square.</p> <p>As part of the engagement process with NCC and Norfolk County, the provision of a Mobility Hub shall be included as part of the wider scheme. This will form part of a separate application, but the Applicant is working closely with the necessary stakeholders to bring forward a significant transport interchange, located to the southeast of the site in the newly imagined 'Stumps Cross'.</p> <p>The Development does include the provision of a maximum of 450 residential car parking spaces (including 5% disabled spaces and 100% active electric charging). Given the scale of the Development this is not considered to be excessive. It may also be possible for the Applicant to monitor take-up of the initial residential spaces, to establish whether the parking ratio in subsequent phases can be lessened.</p> <p>For the residents and commercial staff, secure cycle parking will be provided internally in accordance with the NCC standards. The public realm will seek to accommodate 160 cycle parking spaces for visitors and customers, and the feedback received through the community consultation process has welcomed this aspect.</p> <p>There are a number of car clubs and car club parking spaces that exist to the north and south of the Site. It is also proposed to include further car club spaces across the Proposed Development, and these have been concentrated</p> |  | People with existing medical conditions |                                       |          | spaces in each phase to establish if a lower ratio can be used in subsequent phases. |                      |

| Determinant                          | Description of Impact   | Significance of Impact on General Population | Priority Groups Most Affected  | Impact (Beneficial/ Adverse/ Neutral) | Duration             | Mitigation  | Overall Significance |
|--------------------------------------|---|--|--|---------------------------------------|----------------------|---|----------------------|
|                                      | into specific locations to create a 'hub' type environment.<br>Overall, the impact is assessed <b>as long-term, permanent, moderate to major beneficial.</b>  |  |  |                                       |                      |   |                      |
| Crime reduction and community safety | <p>The baseline assessment indicates that there are relatively high levels of crime in the Local Impact Area. This can cause immediate physical and psychological harm to victims, and has been mentioned as an issue through the community consultation process.</p> <p>Currently there is limited natural surveillance in the area, particularly once the shops close in the evening. The Proposed Development will help to design out crime - the residential element will provide natural surveillance creating places which are properly overlooked and make for effective passive and active policing. An ongoing dialogue is in place with the secure by design officers to ensure that a safe and comfortable environment is delivered for all.</p> <p>The balanced mix of potential land uses ensures that the Proposed Development will be active during the day but also inhabited at night. The footfall in the area will also increase.</p> <p>Lighting will be used in the public realm areas to ensure the space is both enticing and safe after dark for pedestrians, to reduce the 'fear of crime' and decrease opportunities for anti-social behaviour or criminal activity.</p> <p>CCTV will be provided for monitoring public realm areas and providing security.</p> <p>Provision of secure cycle parking spaces will be made available for use by the public at Anglia Square. Access to the residential and staff cycle parking areas will be security-controlled. This will help to ensure bike theft remains an uncommon crime in the local area.</p> <p>Overall, the impact is assessed as <b>long-term, permanent,</b></p> | Moderate to major                            | Children;<br><br>Young people;<br><br>Homeless;<br><br>People with disabilities;<br><br>People with mental health problems | Beneficial                            | Long-term, permanent | Implementation of a crime prevention strategy in consultation with NCC;<br><br>Installation of CCTV;<br><br>Controlled access to residential entrances and cycle storage areas. | Major                |



| Determinant                 | Description of Impact  | Significance of Impact on General Population | Priority Groups Most Affected                                      | Impact (Beneficial/ Adverse/ Neutral) | Duration             | Mitigation  | Overall Significance |
|-----------------------------|--|--|--|---------------------------------------|----------------------|---|----------------------|
|                             | <b>major beneficial.</b>   |  |  |                                       |                      |   |                      |
| Access to healthy food      | <p>There are over 2,000 allotments in Norwich and two sites within a 20-minute walk of Anglia Square providing opportunities for new residents to grow healthy food. This can help to change eating behaviour and improve physical and mental health.</p> <p>The City Centre location and potential for on-site food store ensures that fresh food would be available for purchase. This could enable new and existing residents to have better and affordable access to nutritious food to improve health outcomes.</p> <p>The inclusion of private balconies and rooftop terraces to residential units allows opportunities for food growing.</p> <p>Accessibility is most important for older people and people with disabilities while choice is likely to impact more on low-income groups.</p> <p>The hybrid planning application does not seek consent for any Sui Generis hot food takeaway uses, thus avoiding any increase in this provision.</p> <p>Overall, the impact is assessed as <b>long-term, permanent, minor beneficial.</b></p> | Negligible/ Minor                            | <p>People on low incomes;</p> <p>Children;</p> <p>Older people</p> | Beneficial                            | Long-term, permanent | Provision of food store on-site.  | Minor                |
| Access to work and training | <p>Employment and income are a key determinant of health and well-being as it reduces poverty levels and illness and supports personal and social esteem.</p> <p>The Proposed Development will result in a net reduction of commercial/ community floorspace compared to existing. However, it will provide a high-quality workplace environment that will make the place more competitive and attractive to business investment and will protect local job levels in the</p>  | Moderate                                     | <p>People on low incomes;</p> <p>Unemployed;</p>                   | Beneficial                            | Long-term, permanent | Promote local recruitment in partnership with NCC officers and local education providers. | Moderate to major    |

| Determinant                                 | Description of Impact   | Significance of Impact on General Population | Priority Groups Most Affected   | Impact (Beneficial/ Adverse/ Neutral) | Duration             | Mitigation   | Overall Significance |
|---|---|--|---|---------------------------------------|----------------------|--|----------------------|
|   | <p>long-term.</p> <p>The commercial/ community floorspace will allow an opportunity for a broader mix of uses which would diversify the employment opportunities.</p> <p>However in gross terms, it is estimated that the Proposed Development could support 288 FTE jobs including both part-time and full-time roles, or an uplift of 104 FTE jobs than existing. The net additional employment will help to support a further 40 indirect FTE jobs in Norwich or 106 FTE jobs in the East of England. It is likely that some existing occupiers will be displaced during construction. There may be opportunities for these uses/ jobs/ businesses to be relocated within the Proposed Development as it is completed in phases.</p> <p>There are currently childcare spaces available in the Local Impact Area making employment opportunities easier to access for people with childcare needs for work.</p> <p>As well documented in this HIA, the Site is highly accessible by public transport and accommodates active travel.</p> <p>Overall, the impact is assessed as <b>long-term, permanent, moderate to major beneficial.</b></p> |  | Children (indirectly)   |                                       |                      |  |                      |
| Social cohesion and Lifetime neighbourhoods | <p>The proposed Development at Anglia Square aims to redevelop and regenerate an area of Norwich that is currently considered deprived. The design has been carefully considered so not to alienate the current users of the space which could impact on mental health of current occupiers due to feelings of exclusion and those who use the shops daily and still have a strong connection with the area.</p> <p>It will provide a high-quality public realm with an enhanced commercial offer and services to benefit all residents, where people will come to work and socialise. A community hub with flexible floorspace will also be provided which can help to support community cohesion for new and existing</p>   | Moderate                                     | Children;<br><br>Young people;<br><br>Older people;<br><br>People with mental | Beneficial                            | Long-term, permanent | Provision of community hub floorspace.<br><br>On-going public engagement by Weston Homes to keep the existing residents informed about how the Proposed Development is | Moderate to major    |

| Determinant                 | Description of Impact   | Significance of Impact on General Population | Priority Groups Most Affected                  | Impact (Beneficial/ Adverse/ Neutral) | Duration             | Mitigation   | Overall Significance |
|-----------------------------|---|--|--|---------------------------------------|----------------------|--|----------------------|
|                             | <p>residents. It is envisaged that Anglia Square will form a stronger “neighbourhood magnet” that people will value.</p> <p>In the design, Lifetime Neighbourhood principles have been adhered to; the way people use the square at Anglia Square has been respected and has informed the design of the public spaces. The Proposed Development will provide public spaces which allow for social interaction between new and existing residents, people working on-site and visitors in a safe and permeable environment.</p> <p>The Proposed Development will also improve connectivity and permeability from neighbourhoods to the north and west of the Site to the City Centre reducing severance.</p> <p>The new population will help to ensure that critical mass is provided to support Anglia Square and maintain the role it currently plays in providing for the needs of the existing communities.</p> <p>The new population are expected to use the social and community infrastructure in the area (schools, parks, community facilities etc.) and attend community events that take place locally which will provide opportunities for community involvement and interaction with the existing communities. Networks in a community can help to reduce depression and levels of chronic illness as well as speed recovery after illness and improve well-being.</p> <p>Overall, the impact is assessed as <b>long-term, permanent, moderate to major beneficial</b>.</p> |  | <p>health problems;</p> <p>Minority groups</p> |                                       |                      | progressing.   |                      |
| Minimising use of resources | <p>The re-use and maximising the potential of previously developed brownfield land located within close proximity to the City centre is inherently sustainable.</p> <p>An effective waste strategy in line with the relevant standards will be formulated for both the residential and commercial elements of the Proposed Development. Design measures</p>   | Minor  | <p>Older people;</p> <p>People on low</p>      | Beneficial                            | Long-term, permanent | Implementation of a residential/ commercial waste strategy via the Facilities Management | Minor                |

| Determinant    | Description of Impact  | Significance of Impact on General Population | Priority Groups Most Affected              | Impact (Beneficial/ Adverse/ Neutral) | Duration             | Mitigation                                       | Overall Significance |
|----------------|--|--|--|---------------------------------------|----------------------|--|----------------------|
|                | <p>such as dedicated space for waste will be provided to encourage high recycling rates. Reducing or minimising waste can improve health directly and indirectly by minimising environmental impact.</p> <p>The design will be as energy efficient as possible starting with efficient fabric and will include renewable energy technology as far as possible to minimise the use of resources (described in further detail below). This could be expected to reduce energy bills for future residents and ensure health issues related to fuel poverty for example are reduced.</p> <p>Overall, the impact is assessed as <b>long-term, permanent, minor beneficial</b>.</p>  |  | incomes                                    |                                       |                      | Company  |                      |
| Climate change | <p>There is an obvious link between climate change and health. The Site location in the City Centre which makes it highly accessible, can help to reduce greenhouse gas emissions by requiring lower energy use in transport.</p> <p>By utilising good design principles and taking a fabric first approach the energy demand of the Proposed Development will be optimised in accordance with the requirements of the Building Regulations. As outlined in the Energy and Sustainability Strategy submitted with the application, the thermal performance of the building fabric will be significantly improved over Part L 2021 minimum requirements. Together with the use of energy efficient, air source heat pump heating and hot water systems, this will result in very efficient dwellings providing affordable annual energy costs for the residents, reducing the risk of fuel poverty amongst vulnerable groups.</p> <p>The energy requirements for heating and cooling the commercial elements of the Proposed Development would be met utilising locally dedicated air source heat pumps</p> | Moderate                                     | Older people;<br><br>People on low incomes | Beneficial                            | Long-term, permanent | Implementation of a Sustainable Energy Strategy. | Moderate             |

| Determinant | Description of Impact   | Significance of Impact on General Population | Priority Groups Most Affected | Impact (Beneficial/ Adverse/ Neutral) | Duration | Mitigation | Overall Significance |
|-------------|---|--|-------------------------------|---------------------------------------|----------|------------|----------------------|
|             | <p>solutions, and the feedback received through the community consultation process has welcomed this aspect.</p> <p>The proposal includes a comprehensive new hard and soft landscaping scheme, with a number of greening initiatives including the introduction of “Green routes” through the development and in excess of 100 new trees planted throughout. Community roof gardens are also proposed, with high quality soft landscaping proposals to provide a multi-layered design. This will create a greater biodiversity on a site that is currently of low nature conservation, with a gain of at least 10%.</p> <p>These design considerations have the potential to contribute towards the physical and mental well-being of new residents.</p> <p>Overall, the impact is assessed as <b>long-term, permanent, moderate beneficial</b>.</p> |  |                               |                                       |          |            |                      |

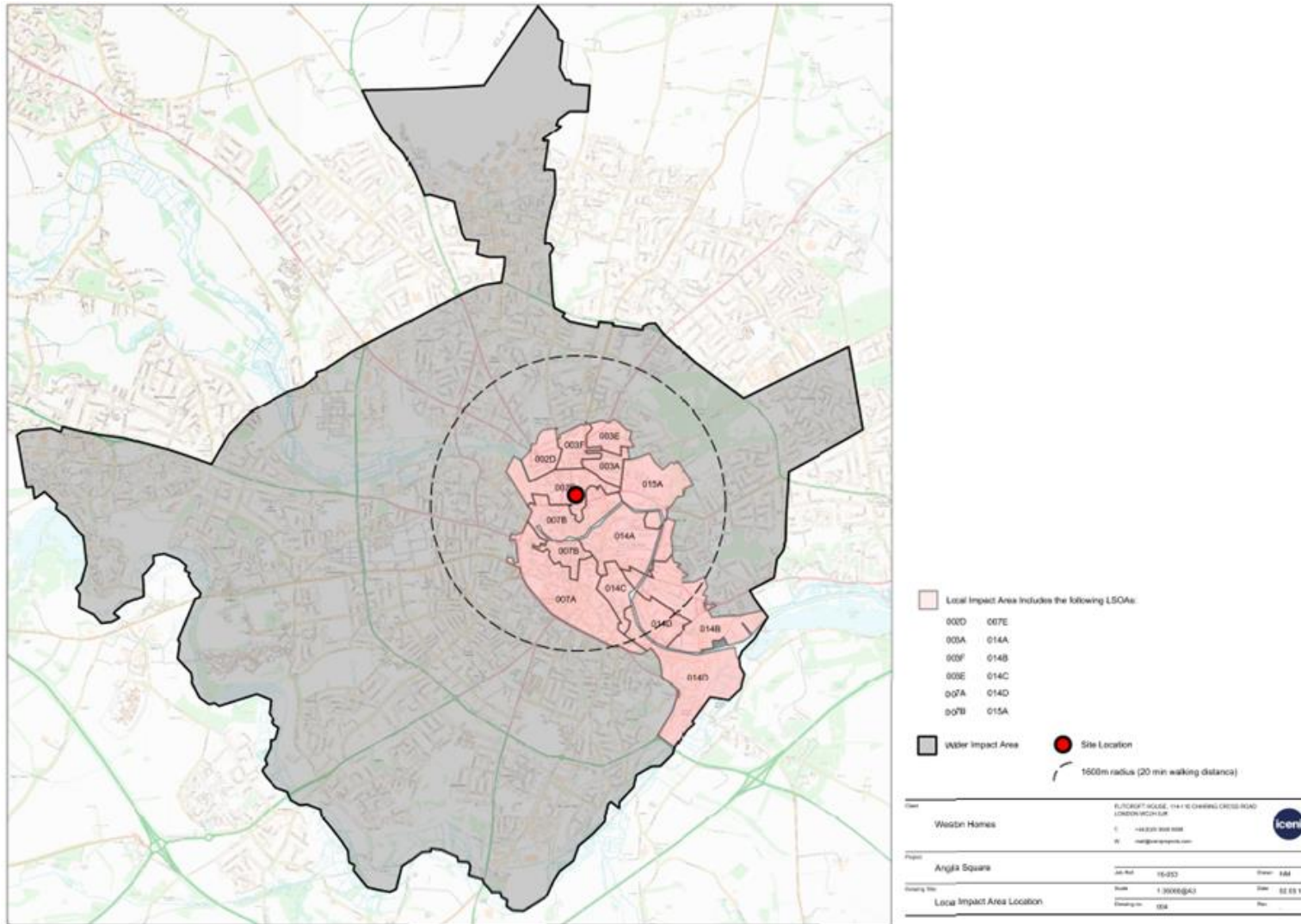
## 6. CONCLUSIONS

- 6.1 This HIA has been prepared to identify any potential effects on the health (both physical and mental) of the new and existing population, construction workers, permanent employees and visitors to the Site arising from the redevelopment of Anglia Square, taking account of the key determinants of health. Where an impact is identified, actions and measures are recommended to mitigate an adverse impact or enhance or secure a beneficial impact.
- 6.2 The baseline assessment provides an overview of demographic, socio-economic and health profile of the local population. It also sets out the current living environment, levels of community infrastructure provision and environmental conditions of the Local Impact Area, where possible compared against Norwich and the East of England.
- 6.3 There is a relatively high proportion of young adults aged 20-39 living in the local area, but a relatively low proportion of children and older people. The ethnic profile of residents is broadly comparable with Norwich and the East of England. However, it is more diverse in terms of socio-economic classification and religion.
- 6.4 Public health indicators suggest that the key issues in terms of children's health centre around emergency admissions to hospitals for under 5s and admissions for injuries ages under 15. Turning to adult health, hospital stays due to self-harm is a main issue, while emergency hospital admissions for all causes is high and incidences of lung cancer is significantly higher.
- 6.5 The Local Impact Area is one of the most deprived parts of the country, which experiences relatively high incidences of crime. However, the area is well served in terms of community and social infrastructure, as well as public transport. Air quality harm and noise disturbance primarily emanate from the A127.
- 6.6 The proposed Development includes the delivery of up to 1,100 new residential dwellings (including affordable provision), and up to 8,000sqm of high quality, flexible commercial floorspace and associated infrastructure. The mixed-use scheme is expected to facilitate regeneration for this part of Norwich and is likely to stimulate catalytic regeneration which will have a direct and indirect impact on the health and well-being of the receptor groups.
- 6.7 The construction phase is expected to result in a medium-term, adverse impact on the following health determinants: access to healthcare services, social infrastructure, open-space and nature; as well as on air-quality, noise and neighbourhood amenity, accessibility and active travel; crime and community safety, and social cohesion principally as a result of disruptions and route diversions and street closures to accommodate construction activities and the erection of

hoardings. The associated risk to health, particularly for priority/ vulnerable groups will be minimised through the implementation of a CEMP via a planning condition.

- 6.8 Given the effective re-use of a brownfield site comprising of previously developed land, the impact on the health determinants: access to healthy food, minimising the use of resources and climate change is assessed as beneficial. The construction phase will also support employment and training resulting in positive health outcomes, particularly for the unemployed.
- 6.9 In terms of the operational phase, the Proposed Development is assessed as having a beneficial impact with regards to housing quality and design; access to healthcare services and social infrastructure; access to open-space and nature; accessibility and active travel; crime reduction and community safety; access to healthy food; access to work and training; social cohesion and Lifetime Neighbourhoods. This is because the proposal includes 1,100 new residential units including a mix of tenure types and dwelling sizes, which will help to meet housing needs and reduce overcrowding. There is scope for the provision of supporting social/community services on-site in the flexible commercial floorspace which will support an increase in the quantum and types of employment opportunities. The scheme will therefore provide a wide range of services, high quality public open spaces, and improved pedestrian and cycle connections, all of which are pathways to better health outcomes.
- 6.10 Good design and future management will ensure a beneficial impact on minimising the use of resources and climate change. Design measures are also essential in mitigating the potentially negative health effects associated with air quality and noise issues.
- 6.11 In summary, planning should seek to promote healthy, successful places for people to live and work in. This can be achieved by providing the homes, jobs and services that people need, reducing environmental risks and delivering well designed buildings and urban spaces which will create the conditions for healthy, active lifestyles. It is considered that the Proposed Development at Anglia Square achieves this objective.

## A1. SITE LOCATION AND IMPACT AREAS





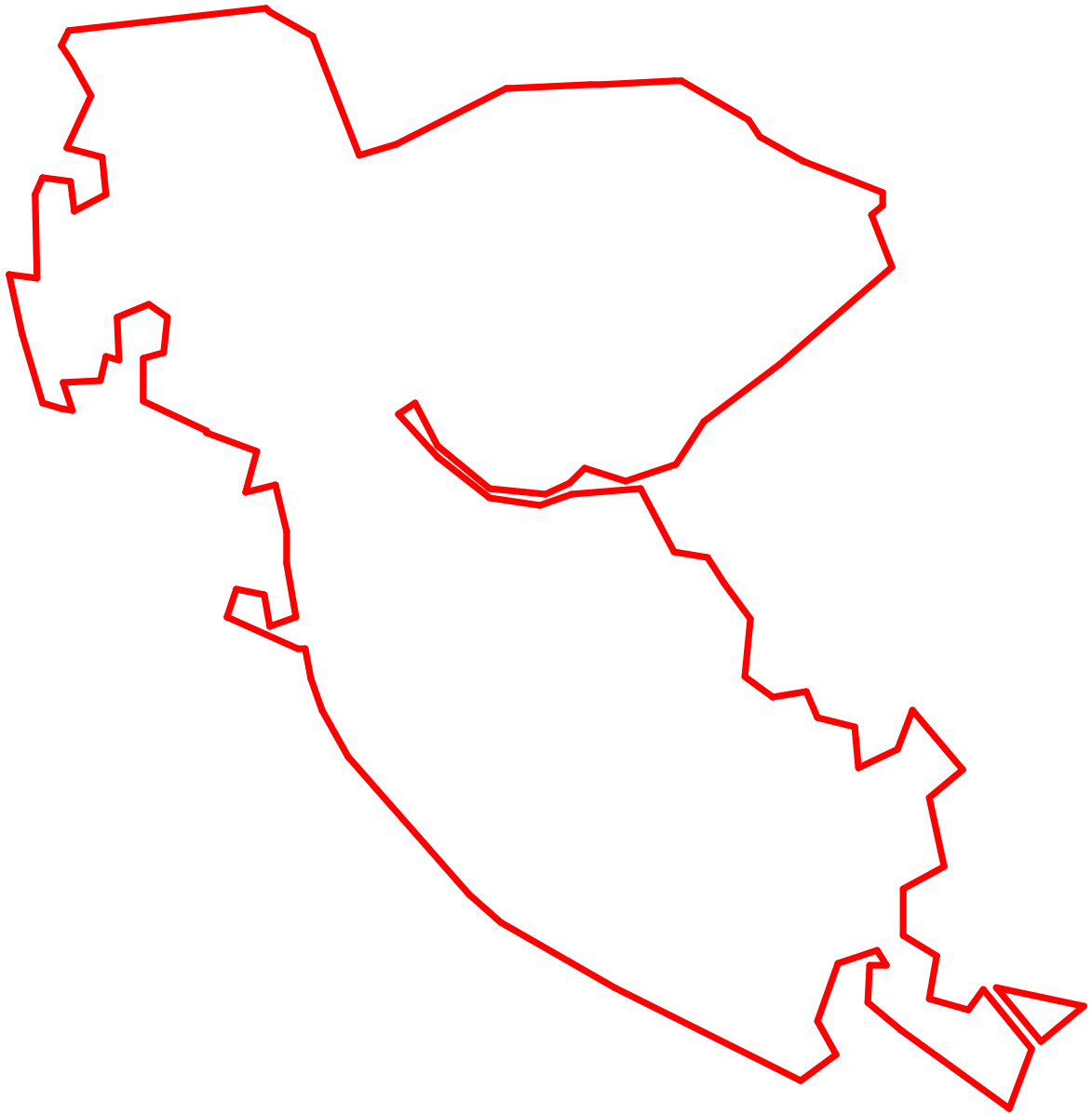
## **A2. PUBLIC HEALTH PROFILE**



Study area **Mancroft (Ward 2020)**, compared with **England**

REPORT PART 1

Presentation map

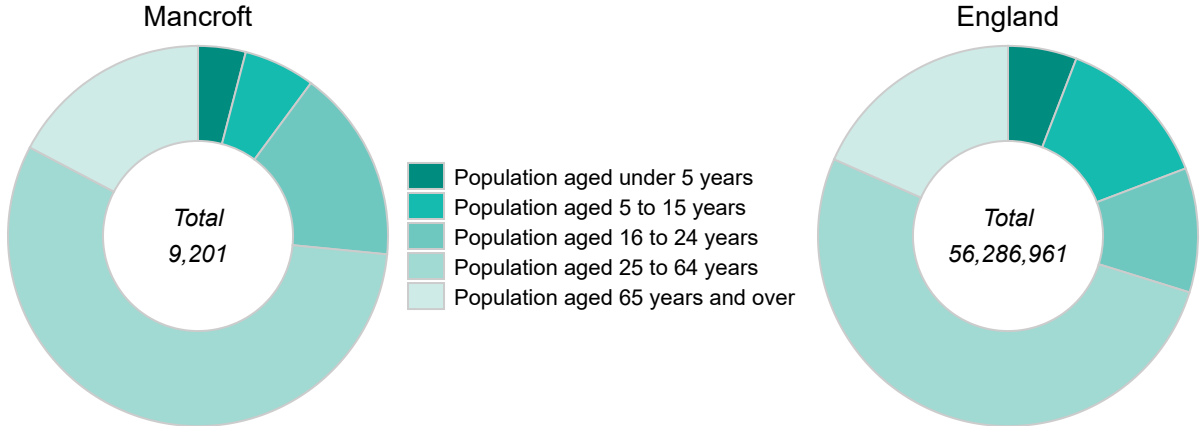




Study area **Mancroft (Ward 2020)**, compared with **England**

**REPORT PART 1 - POPULATION**

**Population by age group, 2019**



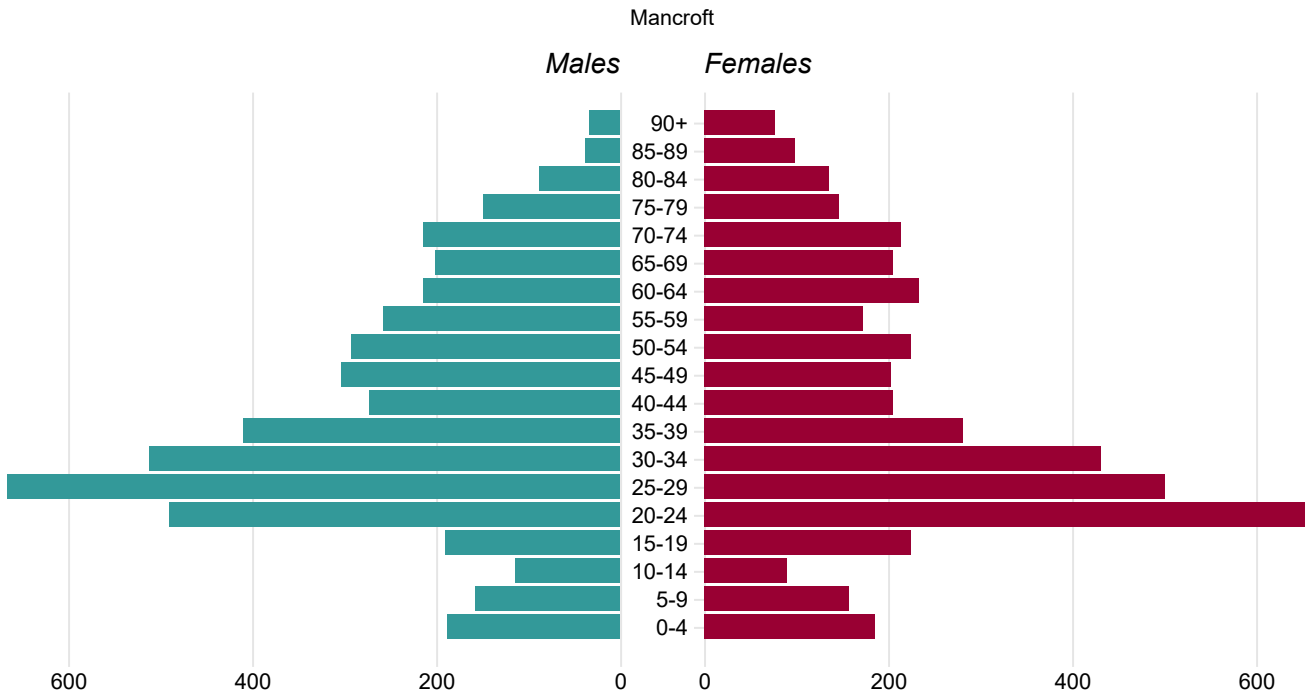
Source: ONS + Office for National Statistics (ONS) Small Area Mid-year Population Estimates + Office for National Statistics (ONS) Small area population estimates, England and Wales: mid-2019

**Population by age group, 2019, numbers**

| Indicators                        | Mancroft | Norwich (LTLA 2021) | Norfolk (UTLA 2021) | England    |
|-----------------------------------|----------|---------------------|---------------------|------------|
| Population aged under 5 years     | 373      | 7,570               | 45,540              | 3,299,637  |
| Population aged 5 to 15 years     | 559      | 16,199              | 108,568             | 7,517,042  |
| Population aged 16 to 24 years    | 1,510    | 25,197              | 88,804              | 5,953,505  |
| Population aged 25 to 64 years    | 5,168    | 70,362              | 442,182             | 29,163,061 |
| Population aged 65 years and over | 1,591    | 21,245              | 222,666             | 10,353,716 |
| Total population                  | 9,201    | 140,573             | 907,760             | 56,286,961 |

Source: ONS + Office for National Statistics (ONS) Small Area Mid-year Population Estimates + Office for National Statistics (ONS) Small area population estimates, England and Wales: mid-2019

**Age pyramid for selection: male and female numbers per five-year age group, 2019**



Source: Office for National Statistics (ONS) Small Area Mid-year Population Estimates, 2019



Study area **Mancroft (Ward 2020)**, compared with **England**

**REPORT PART 1 - ETHNICITY & LANGUAGE**

**Ethnicity and Language, 2011, numbers**

| Indicators   | Mancroft | Norwich (LTLA 2021) | Norfolk (UTLA 2021) | England    |
|--|----------|---------------------|---------------------|------------|
| Black and Minority Ethnic Population               | 827      | 12,137              | 29,870              | 7,731,314  |
| Population whose ethnicity is not 'White UK'       | 1,454    | 20,275              | 64,802              | 10,733,220 |
| Population who cannot speak English well or at all | 53       | 1,685               | 7,103               | 843,845    |

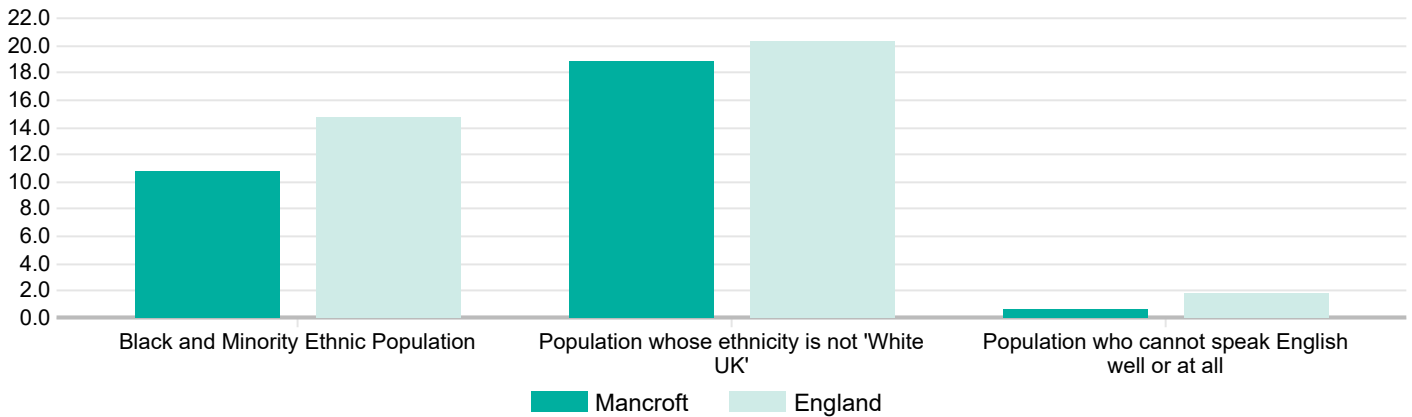
Source: Office for National Statistics (ONS) Census 2011

**Ethnicity and Language, 2011, %**

| Indicators   | Mancroft | Norwich (LTLA 2021) | Norfolk (UTLA 2021) | England |
|--|----------|---------------------|---------------------|---------|
| Black and Minority Ethnic Population (%)               | 10.7     | 9.2                 | 3.5                 | 14.6    |
| Population whose ethnicity is not 'White UK' (%)       | 18.8     | 15.3                | 7.6                 | 20.2    |
| Population who cannot speak English well or at all (%) | 0.6      | 1.3                 | 0.9                 | 1.7     |

Source: Office for National Statistics (ONS) Census 2011

**Ethnicity and language, 2011, %**



Source: Office for National Statistics (ONS) Census 2011

Study area **Mancroft (Ward 2020)**, compared with **England****REPORT PART 1 - DEPRIVATION****Indices of Deprivation, 2019, Score**

| Indicators      | Mancroft | Norwich<br>(LTLA 2021) | Norfolk<br>(UTLA 2021) | England |
|-----------------|----------|------------------------|------------------------|---------|
| IMD Score, 2019 | 42.2     | 27.6                   | 21.2                   | 21.7    |

Source: Ministry of Housing and Local Government 2019

**Deprivation indicators, 2019, numbers**

| Indicators  | Mancroft | Norwich<br>(LTLA 2021) | Norfolk<br>(UTLA 2021) | England   |
|---|----------|------------------------|------------------------|-----------|
| Income Deprivation, Number of people                | 1,760    | 22,445                 | 102,436                | 7,036,442 |
| Child Poverty, Number of children                   | 236      | 5,592                  | 23,080                 | 1,777,642 |
| Older People in Deprivation, Number of older people | 476      | 5,371                  | 31,873                 | 1,790,712 |

Source: Ministry of Housing and Local Government 2019

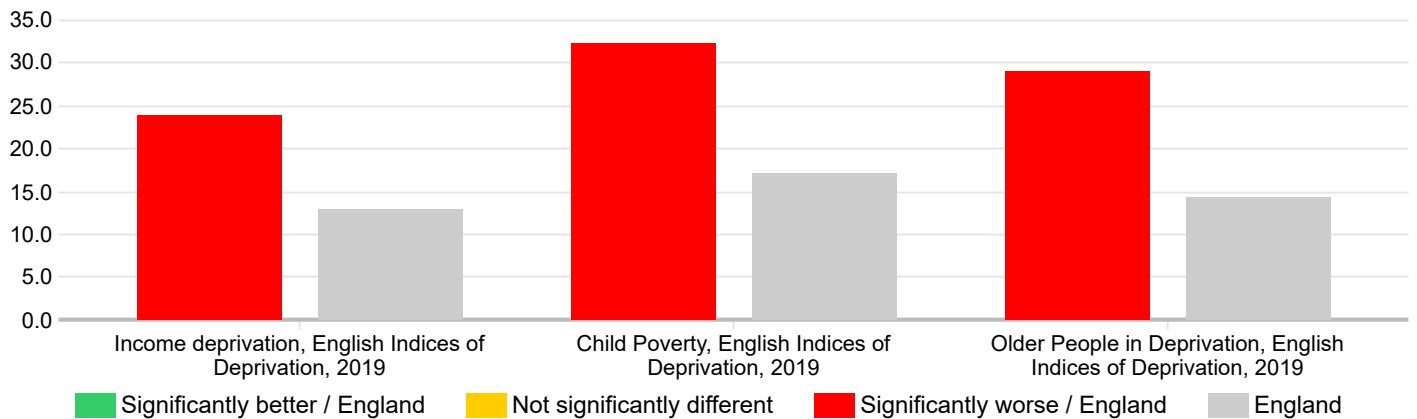
**Deprivation indicators, 2019, %**

| Indicators  | Mancroft | Norwich<br>(LTLA 2021) | Norfolk<br>(UTLA 2021) | England |
|---|----------|------------------------|------------------------|---------|
| Income deprivation, English Indices of Deprivation, 2019 (%)          | 23.7     | 16.3                   | 11.6                   | 12.9    |
| Child Poverty, English Indices of Deprivation, 2019 (%)               | 32.2     | 23.8                   | 15.5                   | 17.1    |
| Older People in Deprivation, English Indices of Deprivation, 2019 (%) | 28.9     | 20.2                   | 12.1                   | 14.2    |

Source: Ministry of Housing and Local Government 2019

**Deprivation indicators, 2019, %**

Mancroft



Source: Ministry of Housing and Local Government 2019



Study area **Mancroft (Ward 2020)**, compared with **England**  
**REPORT PART 1 - HOUSING AND LIVING ENVIRONMENT**

**Housing and living environment indicators**

Housing and living environment indicators

**Housing and living environment indicators, number of people or households**

| Indicators                      | Mancroft | Norwich (LTLA 2021) | Norfolk (UTLA 2021) | England   |
|---------------------------------|----------|---------------------|---------------------|-----------|
| Older people living alone, 2011 | 780      | 7,669               | 53,297              | 2,725,596 |
| Overcrowded houses, 2011        | 540      | 4,591               | 16,416              | 1,928,596 |
| Fuel Poverty, 2018              | 387      | 7,129               | 45,647              | 2,400,297 |

Source: Source: ONS Census 2011 / Department of Energy & Climate Change, 2018

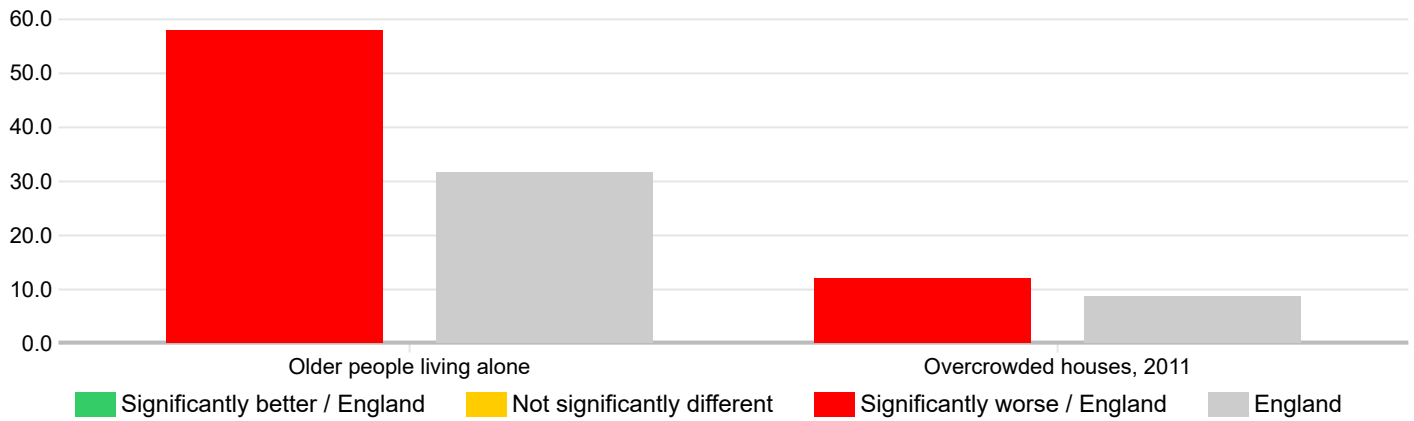
**Housing and living environment indicators, %**

| Indicators                    | Mancroft | Norwich (LTLA 2021) | Norfolk (UTLA 2021) | England |
|-------------------------------|----------|---------------------|---------------------|---------|
| Older people living alone (%) | 57.9     | 39.6                | 28.8                | 31.5    |
| Overcrowded houses, 2011 (%)  | 11.7     | 7.6                 | 4.4                 | 8.7     |
| Fuel Poverty, 2018 (%)        | 8.9      | 11.1                | 11.5                | 10.3    |

Source: Source: ONS Census 2011 / Department of Energy & Climate Change, 2018

**Housing and living environment**

Mancroft



Source: Office for National Statistics (ONS) Census 2011

Fuel poverty not displayed on charts as it does not have confidence intervals



Study area **Mancroft (Ward 2020)**, compared with **England**

**REPORT PART 1 - EMPLOYMENT**

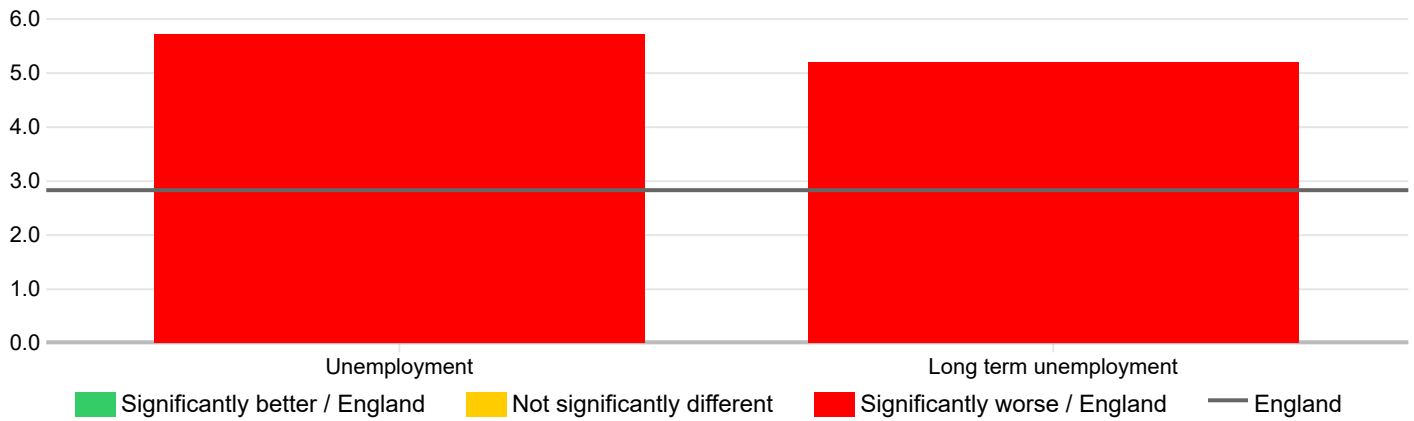
**Employment Indicators, 2019 to 2020, %**

| Indicators                                    | Mancroft | Norwich (LTLA 2021) | Norfolk (UTLA 2021) | England |
|---|----------|---------------------|---------------------|---------|
| Unemployment (%)                              | 5.7      | 3.0                 | 2.2                 | 2.8     |
| Long term unemployment (Crude rate per 1,000) | 5.2      | 4.1                 | 2.0                 | 3.2     |

Source: NOMIS Labour Market Statistics

**Employment Indicators, 2019 to 2020, %**

Mancroft



Source: NOMIS Labour Market Statistics



Study area **Mancroft (Ward 2020)**, compared with **England**  
**REPORT PART 1 - LONG-TERM HEALTH CONDITIONS AND MORBIDITY**

Long-term health conditions and morbidity, 2011, numbers

| Indicators                               | Mancroft | Norwich<br>(LTLA 2021) | Norfolk<br>(UTLA 2021) | England   |
|--|----------|------------------------|------------------------|-----------|
| Limiting long term illness or disability | 1,870    | 24,374                 | 172,431                | 9,352,586 |
| Back pain prevalence, 2012               | N/A      | N/A                    | N/A                    | N/A       |
| Severe back pain prevalence, 2012        | N/A      | N/A                    | N/A                    | N/A       |

Source: Office for National Statistics (ONS) Census 2011 + Musculoskeletal (MSK) Calculator produced by Imperial College London for Arthritis Research UK based on data from the Health Survey for England (HSE)

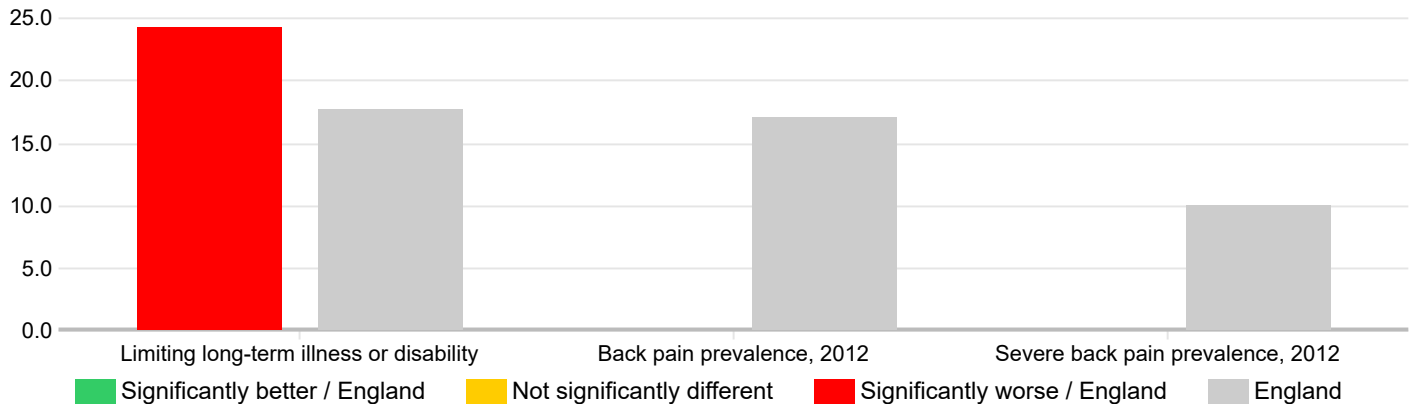
Long-term health conditions and morbidity, 2011, %

| Indicators                                   | Mancroft | Norwich<br>(LTLA 2021) | Norfolk<br>(UTLA 2021) | England |
|--|----------|------------------------|------------------------|---------|
| Limiting long-term illness or disability (%) | 24.2     | 18.4                   | 20.1                   | 17.6    |
| Back pain prevalence, 2012                   | N/A      | N/A                    | N/A                    | 17      |
| Severe back pain prevalence, 2012            | N/A      | N/A                    | N/A                    | 10      |

Source: Office for National Statistics (ONS) Census 2011 + Musculoskeletal (MSK) Calculator produced by Imperial College London for Arthritis Research UK based on data from the Health Survey for England (HSE)

Long-term health conditions and morbidity, %

Mancroft



Source: Office for National Statistics (ONS) Census 2011 + Musculoskeletal (MSK) Calculator produced by Imperial College London for Arthritis Research UK based on data from the Health Survey for England (HSE)





Study area **Mancroft (Ward 2020)**, compared with **England**

**REPORT PART 1 - CHILDREN'S WEIGHT (NCMP)**

**Children's weight indicators, 2017 to 2018, to 2019 to 2020, %**

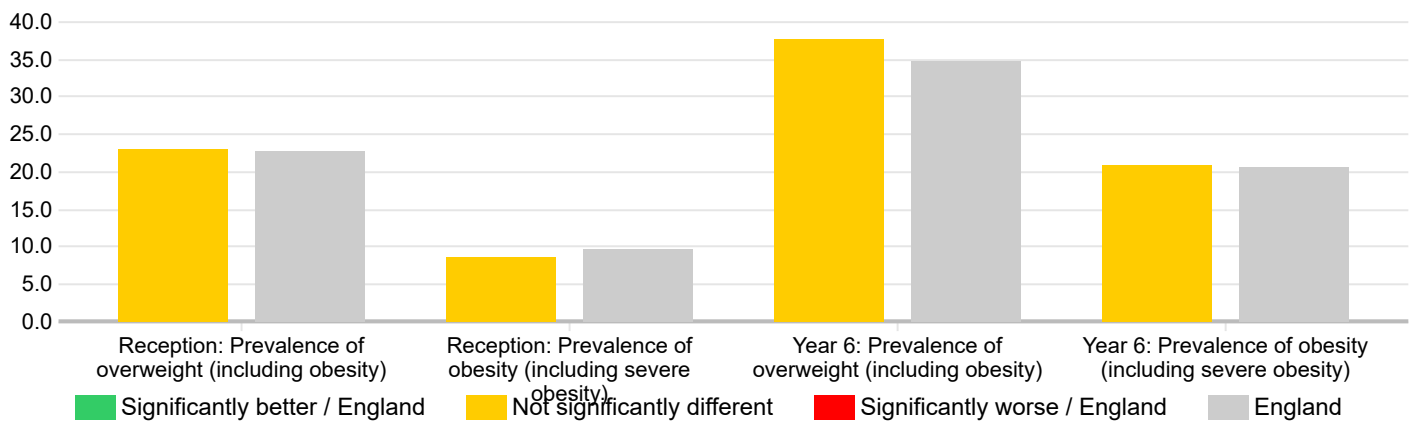
There have been data collection issues related to lockdown between 2019 to 2020 , please see metadata for details

| Indicators  | Mancroft | Norwich (LTLA 2021) | Norfolk (UTLA 2021) | England |
|---|----------|---------------------|---------------------|---------|
| Reception: Prevalence of overweight (including obesity) (%)     | 22.9     | 22.1                | 23.0                | 22.6    |
| Reception: Prevalence of obesity (including severe obesity) (%) | 8.6      | 10.0                | 9.4                 | 9.7     |
| Year 6: Prevalence of overweight (including obesity) (%)        | 37.5     | 32.8                | 32.8                | 34.6    |
| Year 6: Prevalence of obesity (including severe obesity) (%)    | 20.8     | 19.9                | 19.0                | 20.4    |

Source: National Child Measurement Programme (NCMP), NHS Digital

**Children's weight indicators, 2017 to 2018, to 2019 to 2020, %**

There have been data collection issues related to lockdown between 2019 to 2020 , please see metadata for details - Mancroft



Source: National Child Measurement Programme (NCMP), NHS Digital



Study area **Mancroft (Ward 2020)**, compared with **England**  
**REPORT PART 1 - CHILDREN'S HEALTH CARE ACTIVITY**

**Children's health care activity indicators, values**

Emergency and A&E admission 2017 to 2018, to 2019 to 2020, Emergency admissions for injuries 2015 to 2016, to 2019 to 2020

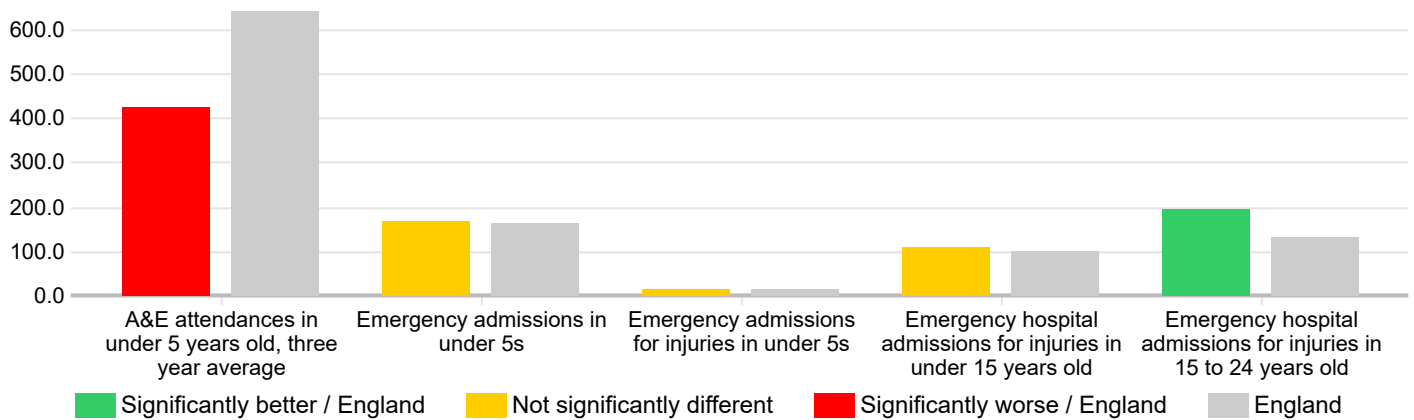
| Indicators   | Mancroft | Norwich (LTLA 2021) | Norfolk (UTLA 2021) | England |
|--|----------|---------------------|---------------------|---------|
| A&E attendances in under 5 years old, three year average (Crude rate per 1,000)                | 424.1    | 388.2               | 383.4               | 642.5   |
| Emergency admissions in under 5s (Crude rate per 1,000)  | 164.9    | 177.3               | 170.4               | 162.1   |
| Emergency admissions for injuries in under 5s (Crude rate per 10,000)                          | 14.0     | 16.0                | 13.3                | 12.3    |
| Emergency hospital admissions for injuries in under 15 years old (Crude rate/10,000 aged 0-15) | 107.6    | 125.9               | 104.4               | 97.8    |
| Emergency hospital admissions for injuries in 15 to 24 years old ((Crude rate per 10,000))     | 193.5    | 107.8               | 120.5               | 132.1   |

Source: Source: Hospital Episode Statistics (HES) NHS Digital; Mid-year Population Estimates, Office for National Statistics + Hospital Episode Statistics (HES) NHS Digital; Small Area Mid-year Population Estimates, Office for National Statistics

Please see metadata: Counts, denominators and rates are based on rounded values, confidence intervals are based on actual values.

**Children's health care activity indicators, values**

Emergency and A&E admission 2017 to 2018, to 2019 to 2020, Emergency admissions for injuries 2015 to 2016, to 2019 to 2020 - Mancroft



Source: Source: Hospital Episode Statistics (HES) NHS Digital; Mid-year Population Estimates, Office for National Statistics + Hospital Episode Statistics (HES) NHS Digital; Small Area Mid-year Population Estimates, Office for National Statistics

Please see metadata: Counts, denominators and rates are based on rounded values, confidence intervals are based on actual values.



Study area **Mancroft (Ward 2020)**, compared with **England**

**REPORT PART 1 - CHILD AND MATERNAL HEALTH**

**Child and maternal health, numbers**

Deliveries to teen mothers, 2015 to 2016, to 2019 to 2020, Fertility rate and Low birth weight, 2015 to 2019

| Indicators   | Mancroft | Norwich (LTLA 2021) | Norfolk (UTLA 2021) | England   |
|--|----------|---------------------|---------------------|-----------|
| Deliveries to teenage mothers (%)                                    | N/A      | 65                  | 350                 | 21,817    |
| General fertility rate: live births per 1,000 women aged 15-44 years | 420      | 7,994               | 43,297              | 3,210,504 |
| Low birth weight of live babies                                      | 38       | 565                 | 2,889               | 222,460   |

Source: Hospital Episode Statistics (HES), NHS Digital Office for National Statistics (ONS)

**Child and maternal health, %**

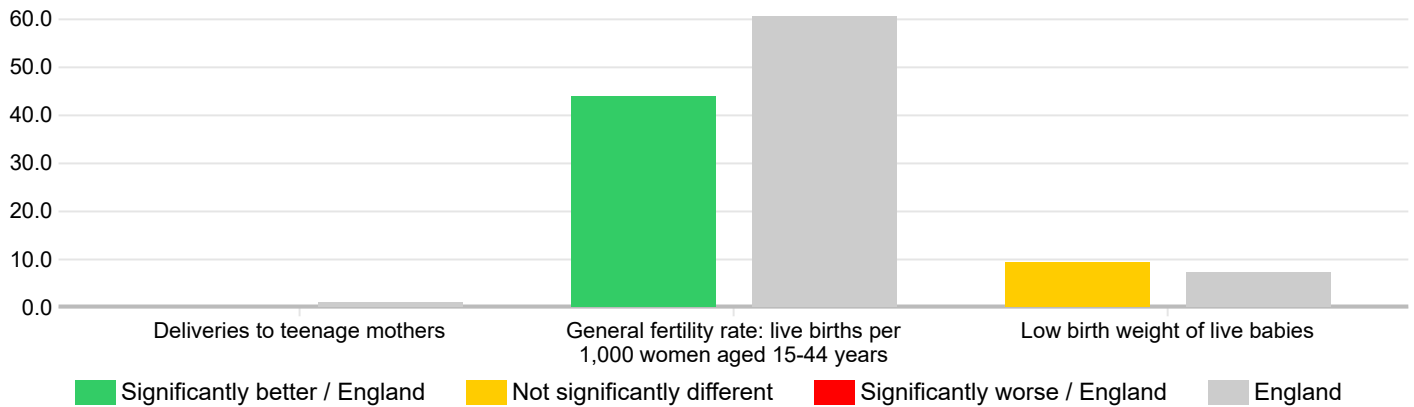
Deliveries to teen mothers, 2015 to 2016, to 2019 to 2020, Fertility rate and Low birth weight, 2015 to 2019

| Indicators   | Mancroft | Norwich (LTLA 2021) | Norfolk (UTLA 2021) | England |
|--|----------|---------------------|---------------------|---------|
| Deliveries to teenage mothers (%)  | N/A      | 0.9                 | 0.9                 | 0.7     |
| General fertility rate: live births per 1,000 women aged 15-44 years (%) | 43.7     | 47.4                | 57.7                | 60.6    |
| Low birth weight of live babies (%)                                      | 9.0      | 7.1                 | 6.7                 | 6.9     |

Source: Hospital Episode Statistics (HES), NHS Digital, Office for National Statistics (ONS)

**Child and maternal health**

Deliveries to teen mothers, 2015 to 2016, to 2019 to 2020, Fertility rate and Low birth weight, 2015 to 2019 - Mancroft



Source: Hospital Episode Statistics (HES), NHS Digital, Office for National Statistics (ONS)



Study area **Mancroft (Ward 2020)**, compared with **England**

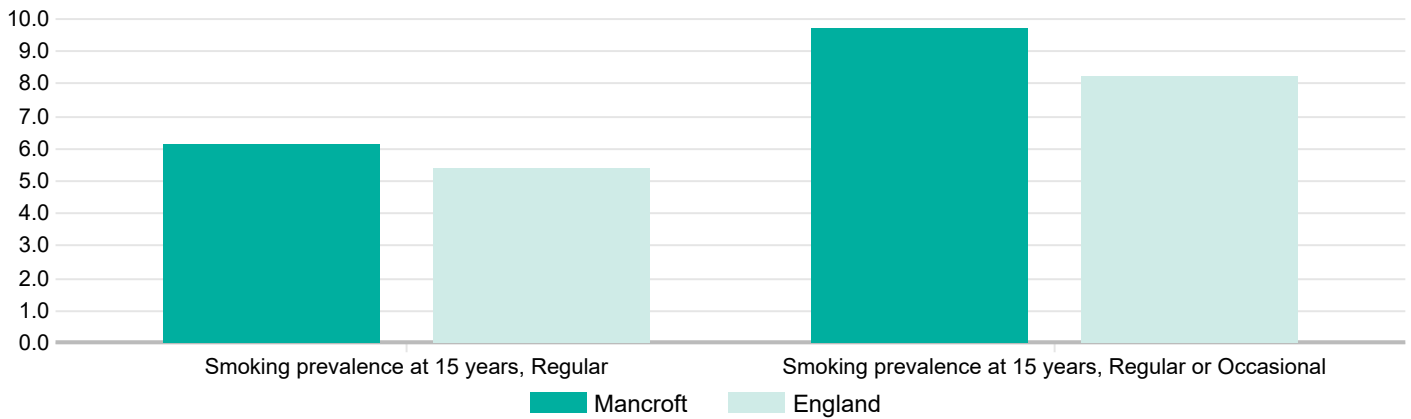
**REPORT PART 1 - BEHAVIOURAL RISK FACTORS**

**Smoking prevalence, 2014, % (modelled estimates)**

| Indicators  | Mancroft | Norwich (LTLA 2021) | Norfolk (UTLA 2021) | England |
|---|----------|---------------------|---------------------|---------|
| Smoking prevalence at 15 years, Regular (%)               | 6.1      | 7.9                 | 7.9                 | 5.4     |
| Smoking prevalence at 15 years, Regular or Occasional (%) | 9.7      | 11.4                | 11.4                | 8.2     |

Source: Department of Geography, University of Portsmouth and Department of Geography and Environment, University of Southampton; Mid year population estimates, Office for National Statistics.

**Smoking prevalence, 2014, % (modelled estimates)**



Source: Department of Geography, University of Portsmouth and Department of Geography and Environment, University of Southampton; Mid year population estimates, Office for National Statistics.

**Wooler England Adults (aged 16+): Estimated prevalence of obesity, including overweight, by national quintile (Number)**

Quintile 1 is the highest 20% and Quintile 5 is the lowest 20%

| Indicators  | Mancroft | Norwich (LTLA 2021) | Norfolk (UTLA 2021) | England |
|---|----------|---------------------|---------------------|---------|
| Adults (aged 16+): Estimated prevalence of obesity, including overweight, by national quintile (Number) | 5        | 5                   | 2                   | N/A     |

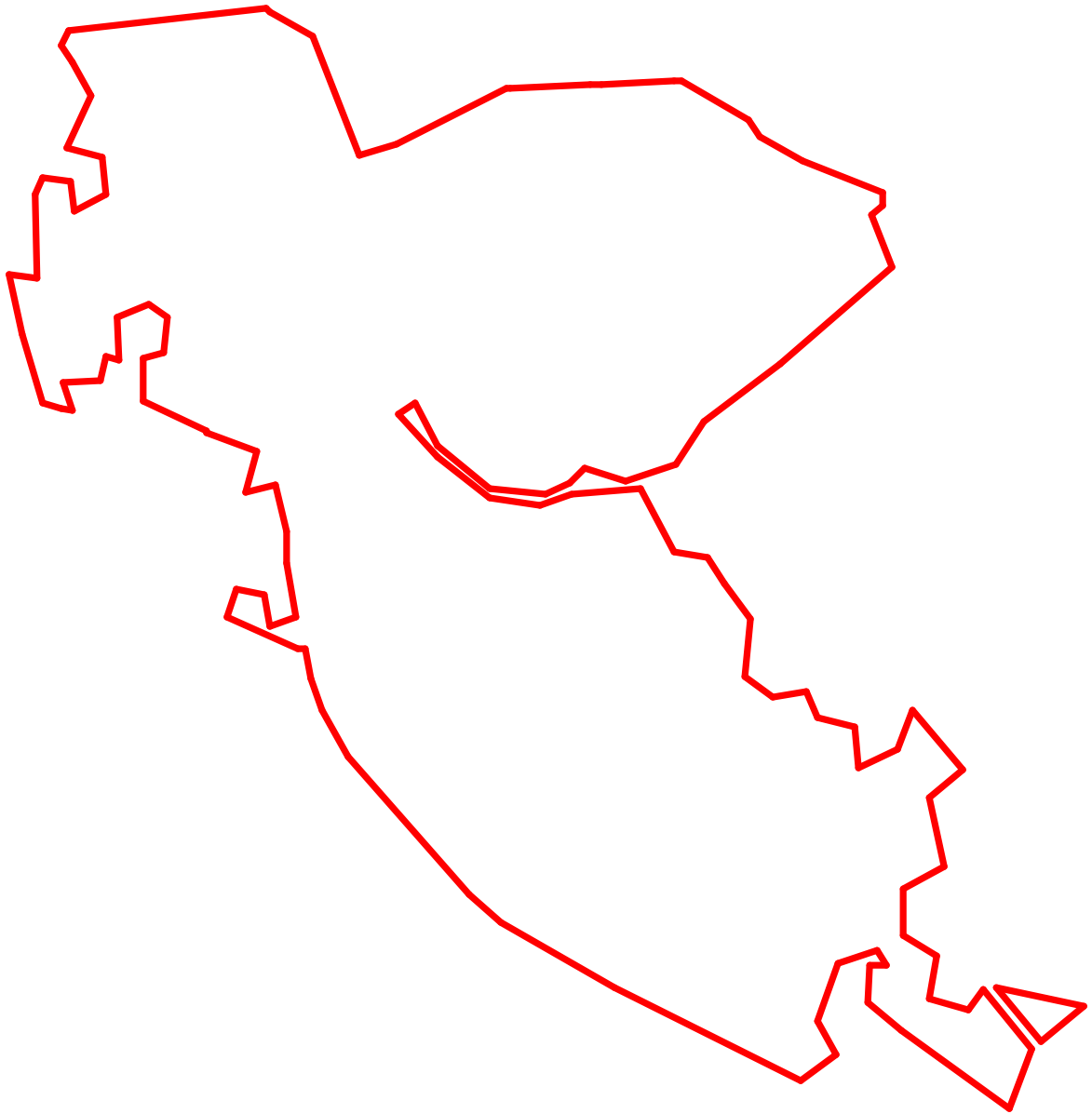
Source: Department of Geography and Environment, University of Southampton and Department of Geography, University of Portsmouth.



Study area **Mancroft (Ward 2020)**, compared with **England (Country 2021)**

REPORT PART 2

Presentation map





Study area **Mancroft (Ward 2020)**, compared with **England (Country 2021)**

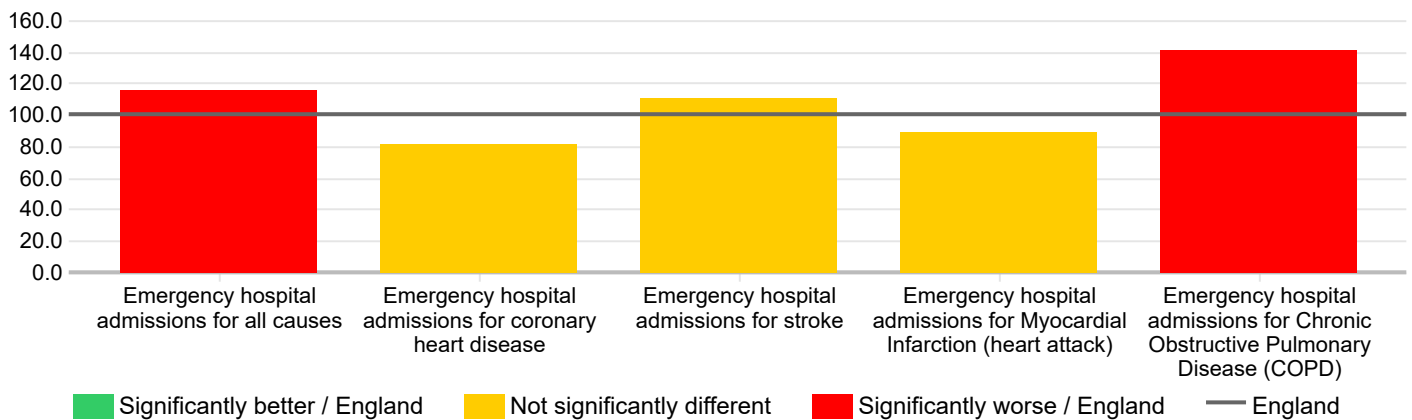
**REPORT PART 2 - EMERGENCY HOSPITAL ADMISSIONS**

**Emergency Hospital Admissions, 2015 to 2016, to 2019 to 2020, Standardised Admission Ratios (SARs)**

| Indicators   | Mancroft | Norwich (LTLA 2021) | Norfolk (UTLA 2021) | England |
|--|----------|---------------------|---------------------|---------|
| Emergency hospital admissions for all causes (SAR)                                   | 115.1    | 94.0                | 89.8                | 100.0   |
| Emergency hospital admissions for coronary heart disease (SAR)                       | 80.7     | 91.0                | 94.0                | 100.0   |
| Emergency hospital admissions for stroke (SAR)                                       | 110.5    | 124.7               | 109.0               | 100.0   |
| Emergency hospital admissions for Myocardial Infarction (heart attack) (SAR)         | 89.2     | 116.7               | 107.8               | 100.0   |
| Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) (SAR) | 140.9    | 102.2               | 78.2                | 100.0   |

Source: Hospital Episode Statistics (HES) NHS Digital

**Emergency Hospital admissions, 2015 to 2016, to 2019 to 2020, Standardised Admission Ratios (SARs), Mancroft**



Source: Hospital Episode Statistics (HES) NHS Digital



Study area **Mancroft (Ward 2020)**, compared with **England (Country 2021)**

**REPORT PART 2 - HOSPITAL ADMISSIONS - HARM AND INJURY**

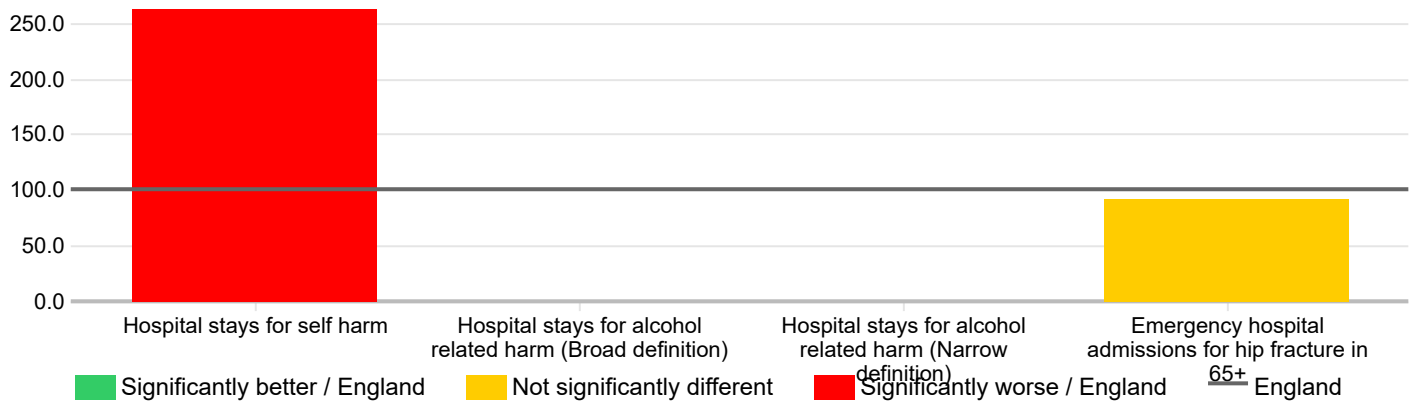
Hospital admissions - harm and injury

| Indicators  | Mancroft | Norwich (LTLA 2021) | Norfolk (UTLA 2021) | England |
|---|----------|---------------------|---------------------|---------|
| Hospital stays for self harm (SAR)                                | 262.5    | 123.9               | 97.1                | 100.0   |
| Hospital stays for alcohol related harm (Broad definition) (SAR)  | N/A      | N/A                 | N/A                 | 100.0   |
| Hospital stays for alcohol related harm (Narrow definition) (SAR) | N/A      | N/A                 | N/A                 | 100.0   |
| Emergency hospital admissions for hip fracture in 65+ (SAR)       | 91.5     | 96.5                | 98.8                | 100.0   |

Source: Hospital Episode Statistics (HES) NHS Digital

Hospital admissions - harm and injury,

Mancroft



Source: Hospital Episode Statistics (HES) NHS Digital

Study area **Mancroft (Ward 2020)**, compared with **England (Country 2021)****REPORT PART 2 - CANCER INCIDENCE****Cancer Incidence, 2012 to 2016, numbers**

Due to disclosure rules this data is not available at MSOA or CCG level, please see metadata for details.

| Indicators        | Mancroft | Norwich<br>(LTLA 2021) | Norfolk<br>(UTLA 2021) | England   |
|-------------------|----------|------------------------|------------------------|-----------|
| All cancer        | 211      | 3,307                  | 30,566                 | 1,546,574 |
| Breast cancer     | 31       | 466                    | 4,380                  | 231,643   |
| Colorectal cancer | 18       | 375                    | 3,557                  | 176,113   |
| Lung cancer       | 41       | 476                    | 3,514                  | 194,515   |
| Prostate cancer   | 29       | 420                    | 4,858                  | 215,422   |

Source: English cancer registration data from the National Cancer Registration and Analysis Services' Cancer Analysis System (AV2018 CASREF01), National Statistical Postcode Lookup (May 2020)

**Cancer Incidence, 2012 to 2016, standardised incidence ratio (SIR)**

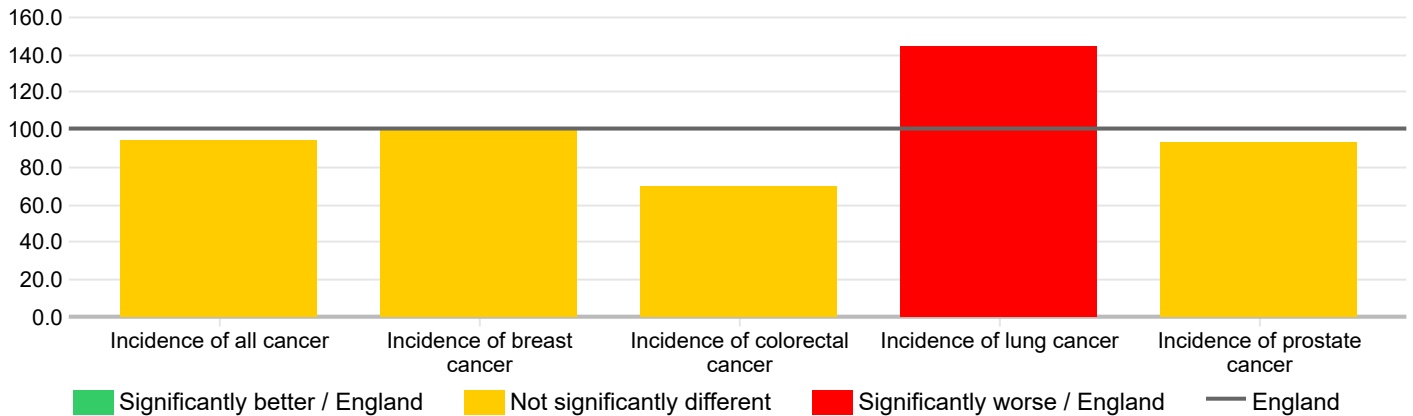
Due to disclosure rules this data is not available at MSOA or CCG level, please see metadata for details.

| Indicators                                   | Mancroft | Norwich<br>(LTLA 2021) | Norfolk<br>(UTLA 2021) | England |
|--|----------|------------------------|------------------------|---------|
| Incidence of all cancer (SIR per 100)        | 93.4     | 100.5                  | 99.0                   | 100.0   |
| Incidence of breast cancer (SIR per 100)     | 98.8     | 95.7                   | 100.6                  | 100.0   |
| Incidence of colorectal cancer (SIR per 100) | 68.8     | 100.1                  | 98.9                   | 100.0   |
| Incidence of lung cancer (SIR per 100)       | 143.9    | 116.7                  | 86.8                   | 100.0   |
| Incidence of prostate cancer (SIR per 100)   | 92.9     | 95.2                   | 107.9                  | 100.0   |

Source: English cancer registration data from the National Cancer Registration and Analysis Services' Cancer Analysis System (AV2018 CASREF01), National Statistical Postcode Lookup (May 2020)

**Cancer Incidence, 2012 to 2016, standardised incidence ratio (SIR)**

Due to disclosure rules this data is not available at MSOA or CCG level, please see metadata for details. - Mancroft



Source: English cancer registration data from the National Cancer Registration and Analysis Services' Cancer Analysis System (AV2018 CASREF01), National Statistical Postcode Lookup (May 2020)





Study area **Mancroft (Ward 2020)**, compared with **England (Country 2021)**

**REPORT PART 2 - LIFE EXPECTANCY**

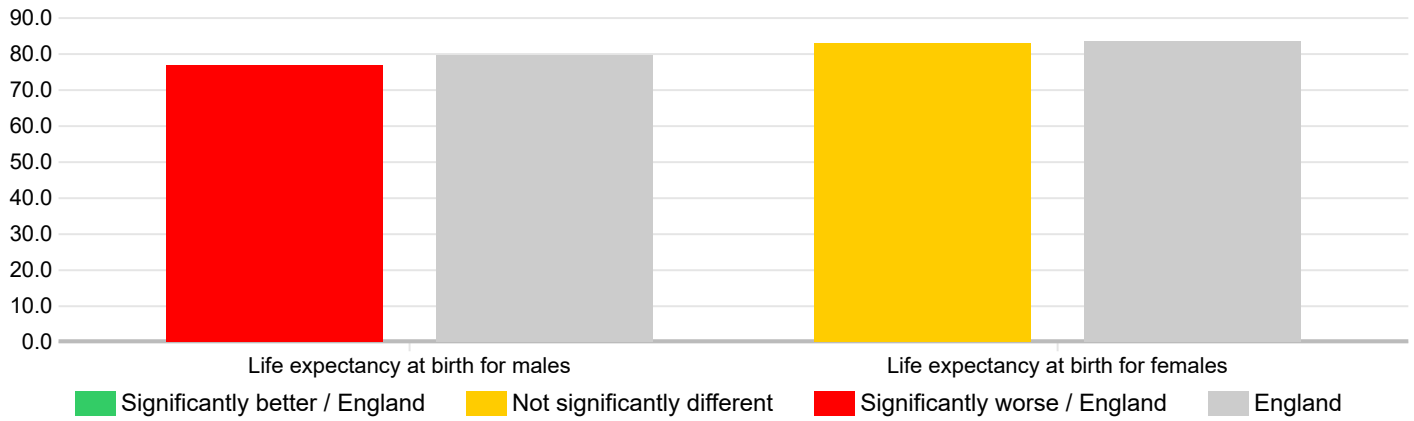
Life expectancy, 2015 to 2019, years

| Indicators                                   | Mancroft | Norwich (LTLA 2021) | Norfolk (UTLA 2021) | England |
|--|----------|---------------------|---------------------|---------|
| Life expectancy at birth for males (years)   | 76.7     | 78.4                | 80.1                | 79.7    |
| Life expectancy at birth for females (years) | 83.0     | 83.0                | 83.9                | 83.2    |

Source: Office for National Statistics (ONS)

**Life expectancy, compared to England. 2015 to 2019, years**

Mancroft



Source: Office for National Statistics (ONS)

Study area **Mancroft (Ward 2020)**, compared with **England (Country 2021)****REPORT PART 2 - MORTALITY AND CAUSES OF DEATH - PREMATURE MORTALITY****Causes of deaths - premature mortality, 2015 to 2019, numbers**

| Indicators   | Mancroft | Norwich (LTLA 2021) | Norfolk (UTLA 2021) | England |
|--|----------|---------------------|---------------------|---------|
| Deaths from all causes, under 75 years                         | 170      | 1,979               | 13,851              | 786,709 |
| Deaths from all cancer, under 75 years                         | 49       | 690                 | 5,792               | 312,706 |
| Deaths from circulatory disease, under 75 years                | 40       | 419                 | 2,962               | 169,705 |
| Deaths from causes considered preventable, under 75 years, SMR | 90       | 973                 | 5,912               | 342,988 |

Source: Public Health England, produced from Office for National Statistics (ONS) data, Public Health England Annual Mortality Extracts (based on Office for National Statistics source data)

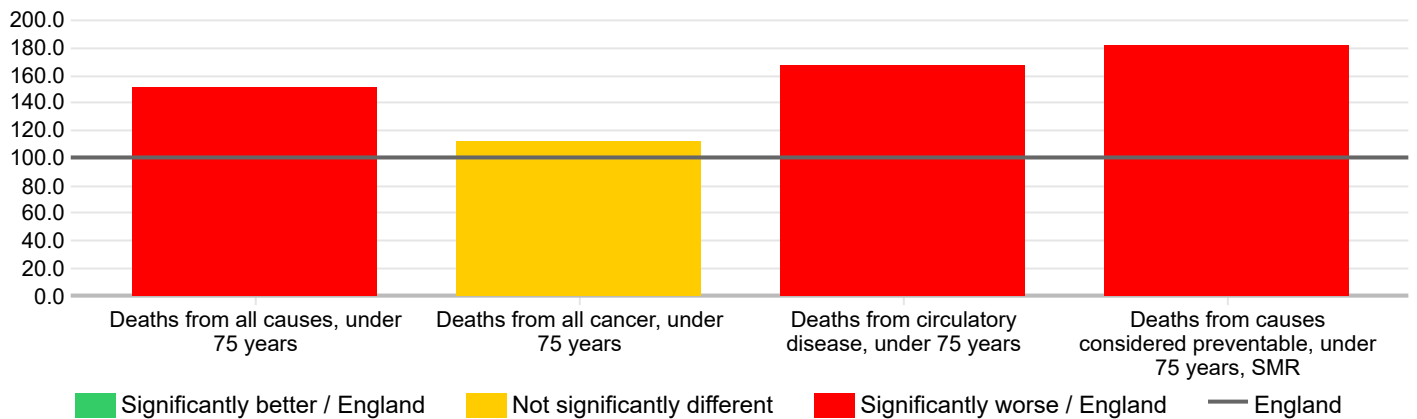
**Causes of deaths - premature mortality, 2015 to 2019, Standardised Mortality Ratios (SMR)**

| Indicators  | Mancroft | Norwich (LTLA 2021) | Norfolk (UTLA 2021) | England |
|---|----------|---------------------|---------------------|---------|
| Deaths from all causes, under 75 years (Standardised mortality ratio (SMR))                         | 150.6    | 120.6               | 92.3                | 100.0   |
| Deaths from all cancer, under 75 years (Standardised mortality ratio (SMR))                         | 111.1    | 108.6               | 94.9                | 100.0   |
| Deaths from circulatory disease, under 75 years (Standardised mortality ratio (SMR))                | 166.9    | 121.3               | 89.7                | 100.0   |
| Deaths from causes considered preventable, under 75 years, SMR (Standardised mortality ratio (SMR)) | 181.2    | 134.6               | 91.1                | 100.0   |

Source: Public Health England, produced from Office for National Statistics (ONS) data, Public Health England Annual Mortality Extracts (based on Office for National Statistics source data)

**Causes of deaths - premature mortality, 2015 to 2019, Standardised Mortality Ratios (SMR)**

Mancroft



Source: Public Health England, produced from Office for National Statistics (ONS) data, Public Health England Annual Mortality Extracts (based on Office for National Statistics source data)



Study area **Mancroft (Ward 2020)**, compared with **England (Country 2021)**

**REPORT PART 2 - MORTALITY AND CAUSES OF DEATH**

**Causes of deaths - all ages, 2015 to 2019, numbers**

| Indicators                                   | Mancroft | Norwich (LTLA 2021) | Norfolk (UTLA 2021) | England   |
|--|----------|---------------------|---------------------|-----------|
| Deaths from all causes, all ages             | 405      | 5,648               | 49,854              | 2,487,211 |
| Deaths from all cancer, all ages             | 101      | 1,474               | 13,575              | 683,919   |
| Deaths from circulatory disease, all ages    | 111      | 1,486               | 12,875              | 622,286   |
| Deaths from coronary heart disease, all ages | 43       | 672                 | 5,399               | 267,144   |
| Deaths from stroke, all ages                 | 23       | 320                 | 3,221               | 149,721   |
| Deaths from respiratory diseases, all ages   | 60       | 798                 | 6,569               | 344,055   |

Source: Public Health England, produced from Office for National Statistics (ONS) data

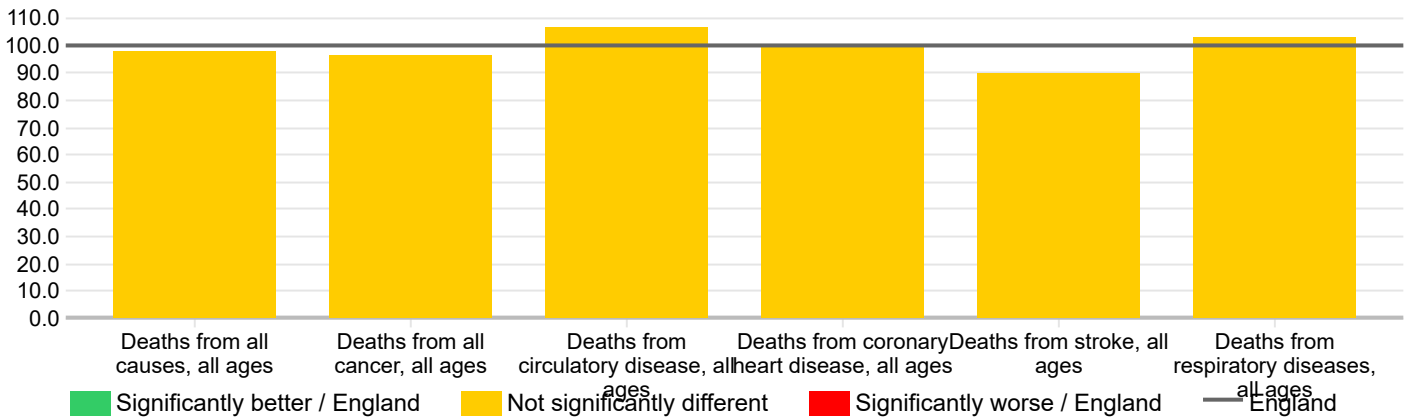
**Causes of deaths - all ages, 2015 to 2019, Standardised Mortality Ratios (SMR)**

| Indicators  | Mancroft | Norwich (LTLA 2021) | Norfolk (UTLA 2021) | England |
|---|----------|---------------------|---------------------|---------|
| Deaths from all causes, all ages (Standardised mortality ratio (SMR))             | 97.7     | 100.8               | 95.2                | 100.0   |
| Deaths from all cancer, all ages (Standardised mortality ratio (SMR))             | 96.2     | 100.7               | 95.4                | 100.0   |
| Deaths from circulatory disease, all ages (Standardised mortality ratio (SMR))    | 106.3    | 106.0               | 97.2                | 100.0   |
| Deaths from coronary heart disease, all ages (Standardised mortality ratio (SMR)) | 99.4     | 114.1               | 95.6                | 100.0   |
| Deaths from stroke, all ages (Standardised mortality ratio (SMR))                 | 89.3     | 93.6                | 100.1               | 100.0   |
| Deaths from respiratory diseases, all ages (Standardised mortality ratio (SMR))   | 102.4    | 102.4               | 88.8                | 100.0   |

Source: Public Health England, produced from Office for National Statistics (ONS) data

**Causes of deaths - all ages, 2015 to 2019, Standardised Mortality Ratios (SMR)**

Mancroft



Source: Public Health England, produced from Office for National Statistics (ONS) data