

Land at Cockreed Lane, New Romney

Health Impact Assessment

Final Report

36697

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1 CONTEXT TO THE ASSESSMENT

1.1 INTRODUCTION

- 1.1.1 This Health Impact Assessment (HIA) has been prepared by DHA Planning on behalf of Catesby Strategic Land Ltd (hereafter 'the applicant'), in relation to the proposed development at Land at Cockreed Lane, New Romney ('the Site').
- 1.1.2 The site lies within the administrative boundary of Folkestone & Hythe District Council ('FHDC'), where there is a requirement for a Health Impact Assessment to be carried out for all applications for developments of 100 or more residential units.
- 1.1.3 The HIA is structured as follows:
- Section 2: Site Context
 - Section 3: Proposed Development
 - Section 4: Relevant Planning Policy and Guidance
 - Section 5: Methodology
 - Section 6: Health Baseline
 - Section 7: Health Appraisal
 - Section 8: Conclusions and Mitigation

1.2 SITE CONTEXT

- 1.2.1 The application site is located within the administrative boundary of Folkestone and Hythe District Council, situated to the north of Cockreed Lane and to the west of St Marys Road.
- 1.2.2 The site measures approximately 4.71ha of arable land. The northern boundary is marked by a watercourse.
- 1.2.3 Immediately to the west are two paddocks and the garden of an existing residential dwelling beyond which is St Marys Road.
- 1.2.4 To the south of Cockreed Road are existing residential properties.
- 1.2.5 To the west, the site adjoins the edge of properties located on Pippins Close.
- 1.2.6 North of the existing Site is a Public Right of Way (PRoW) which is in an east-westerly direction.

FIGURE 1.1: SITE LOCATION PLAN



1.3 PROPOSED DEVELOPMENT

1.3.1 The description of development is as follows:

"Outline planning application (with all matters reserved other than access) for up to 110 no. dwellings, including public open space, landscaping and associated works."

1.3.2 The proposed development comprises the erection of up to 110 dwellings, with full details of the scheme set out in the submitted Planning Statement.

1.3.3 In summary, primary vehicular access to the site will be achieved via a new priority junction from Cockreed Lane.

1.3.4 Other access and movement proposals are matters reserved for future consideration.

1.3.5 A footbridge is proposed over the Wallingham Sewer (drain) to connect to the Public Right of Way (PRoW) HM212. This provides a recreational route following the Wallingham Drain Network from St Mary's Road in a meandering route to Hope Lane to the southwest. The path also connects to HM211 northwards in St Mary in the Marsh Parish.

- 1.3.6 Whilst the design and layout of the development is a matter reserved for future consideration, accompanying the application is a singular parameter plan detailing access and movement, land uses, landscape and density.

2 RELEVANT PLANNING POLICY AND GUIDANCE

2.1 THE DEVELOPMENT PLAN

- 2.1.1 The Development Plan in place for Folkestone and Hythe consists of the Core Strategy Review (March 2022) and the People and Places Local Plan (September 2022) along with the St Mary in the Marsh Neighbourhood Plan (2019) and the Kent Minerals and Waste Local Plan (2025).
- 2.1.2 The following policies are considered of relevance:

Core Strategy Review

- **Policy CSD1 Balanced Neighbourhoods:** sets out that new housing should include a broad range of tenures incorporating market housing and affordable housing.
- **Policy CSD8 New Romney Strategy:** sets out that New Romney should develop as a residential, business, servicemen retail and tourist centre for the Romney Marsh and that there needs to be a sufficient level of new development to maintain an adequate labour supply.

People & Places Local Plan

- **Policy C1 Creating a Sense of Place:** states that the Council expects new major development to foster a sense of place through methods such as landscaping, public art, water features, lighting and / or through the use of historic references.
- **Policy T1 Street Hierarchy and Site Layout:** sets out that attention must be paid to street design for all major developments. This includes encouraging a pedestrian first street hierarchy, permeability through and beyond the site for all users, safety and active frontages throughout the development for natural surveillance and to create characterful places.
- **Policy NE1 Enhancing and Managing Access:** to enhance the natural environment, the Council will improve access to key open spaces identified in the Green Infrastructure Strategy from all areas; and to manage access to Special Areas of Conservation and Special Protection Areas through the implementation of the Dungeness Sustainable Access and Recreation Management Strategy (SARMS) and identify or enhance land elsewhere to divert recreation activities away from those designations by the provision of enhanced facilities, such as at urban parks.
- **Policy HW2 Improving the Health and Wellbeing of the Local Population and Reducing Health Inequalities:** requires a Health Impact Assessment for residential development for 100 units or more and non-residential development in excess of 1,000sqm to measure the wider impact of the development on healthy living and the demands that may be placed on health services and facilities arising from the development. Where

significant impacts are identified, measures to address the health requirements of the development should be provided and/or secured by planning obligations or planning conditions as appropriate.

- **Policy HW3 Development That Supports Healthy, Fulfilling And Active Lifestyles:** sets out that development should increase, create and safeguard opportunities for healthy, fulfilling and active lifestyles and to reduce the environmental impact of importing food, development proposals should:
 1. Incorporate productive landscapes in the design and layout of buildings and landscaping of all major developments;
 2. Not result in the net loss of existing allotments; and
 3. Not result in the loss of the best and most versatile agricultural land (Grades 1, 2 and 3a) unless there is a compelling and overriding planning reason to do so and mitigation is provided through the provision of productive landscapes on-site or in the locality.
- **Policy HW4 Promoting Active Travel:** refers to how sites should or will attain sufficient integration by walking and cycling including where appropriate through: -
 - the provision of new cycle and walking routes that connect to existing networks including the wider public right of way network to strengthen connections between settlements and the wider countryside
 - to protect and improve existing cycle and walking routes
 - to provide safe direct routes within permeable layouts that facilitate and encourage short trips; and
 - provide or contribute to new cycle and walking routes

2.2 MATERIAL CONSIDERATIONS

The National Planning Policy Framework (NPPF) (2026)

- 2.2.1 The NPPF sets out the Government's planning policies for England.
- 2.2.2 The document seeks to standardise and streamline national planning policy through numbered policies and clearer distinctions between plan-making and decision-making provisions.
- 2.2.3 The Framework's new national decision-making policies took effect on 17 August 2026. However, as the statutory planning regime has not yet changed, these policies remain material considerations in the planning balance, albeit ones the Government expects to carry 'critical' weight.

- 2.2.4 The new NPPF states that local plan policies which are “materially inconsistent” with its national decision-making policies, rather than merely “in any way inconsistent”, should be afforded “very limited weight”.
- 2.2.5 Section 16: Promoting Healthy Communities of the NPPF outlines national guidance on how planning policies and authorities should aim to achieve healthy, inclusive and safe places.
- 2.2.6 Plan Making Policy HC1 Planning for healthy communities is worded as follows:
- (1) To promote the creation of healthy and inclusive places, and the provision, retention and enhancement of appropriate community facilities and public service infrastructure, development plans should, at the most appropriate level:
 - (a) Be informed by an understanding of any existing deficits in the availability of community facilities and public service infrastructure, and additional requirements expected over the plan period, arising from proposed development and wider changes in the local population and public service provision. In doing so, they should take into account both quantitative and qualitative aspects of provision, identified local health needs and opportunities to reduce inequalities through the availability of facilities;
 - (b) Set out the facilities and contributions expected from development, including as part of allocations for major development involving the provision of housing;
 - (c) Allocate land specifically for community facilities and public service infrastructure where it is appropriate to do so, and assess whether any land is suitable for designation as Local Green Space in accordance with policy HC2;
 - (d) Set local standards for the provision of different types of recreational land and facilities, including for play, sport, informal recreation and allotments. In doing so plans should draw upon relevant national standards and best practice, tailoring these as necessary to local circumstances and evidence⁴⁸. Policies for play and informal recreation should aim to secure a connected network of high quality, inclusive and accessible opportunities as part of the wider network of green space provision, secured through both on-site provision in conjunction with land allocated for development and through other contributions and investment; and
 - (e) Identify wider opportunities to promote good health, prevent ill-health, reduce health inequalities and support social interaction through their spatial strategy and land allocations, including through policies for strengthening town centres, locating development where it will support walking, wheeling and cycling and promoting mixed-use developments.
 - (2) In planning for community facilities and public service infrastructure, authorities should engage proactively with local communities and relevant service providers, taking into account relevant strategies to improve

health, address inequalities and foster social and cultural well-being for all sections of the community. Authorities should attach considerable importance to providing for sufficient education facilities (including early years, school and post-16 provision), all types of health care provision and other essential community facilities and public service infrastructure over the plan period, in a way that aligns with the needs of the local population and any wider requirements for improvements in public service infrastructure identified by the government or public agencies (recognising that some public service infrastructure serves a larger than local population).

2.2.7 Development Management Policy HC3 (Community facilities and public service infrastructure serving new development) of the NPPF 2026 sets out that:

- (1) Proposals for housing, employment or other development which would give rise to significant numbers of additional people living in, working in or visiting an area should:
 - (a) Be informed by an understanding of the need for any associated improvements to community facilities and public service infrastructure, whether on or off-site; and
 - (b) Provide for new or improved community facilities and public service infrastructure which are necessary for the development to be acceptable in planning terms, whether by direct provision or a contribution to off-site improvements (which may be through Community Infrastructure Levy payments, where applicable).
- (2) Where the development plan does not set locally-specific standards for recreational land and facilities, all development proposals should use relevant national standards and best practice to identify improvements in the quantity and quality of provision which should be provided or contributed towards, as appropriate to the development and taking into account existing levels of provision in the area.
- (3) Planning conditions and obligations should be used to secure the timely delivery of community facilities and public service infrastructure required to serve new development, so that these facilities are available for use when the development (or an agreed proportion of the development) is first occupied or comes into use.

2.2.8 Development Management Policy HC4 of the NPPF 2026 sets out that Proposals for new and improved community facilities, public service infrastructure and development providing public health benefits. This sets out that

- (1) Substantial weight should be given to the benefits where:
 - (a) New or improved public service infrastructure or community facilities would be provided; and
 - (b) Development proposals would make a demonstrable contribution towards promoting good health, preventing ill-health, reducing health inequalities or supporting social interaction in the local community (such as, but not limited to, the provision of new

recreation facilities, meeting places and opportunities to grow or purchase healthier food).

- (2) Local planning authorities, developers and public service providers should collaborate in a positive and proactive manner to identify and resolve key planning issues before applications for community facilities and public services infrastructure are submitted. Where appropriate local communities should be engaged in the design of proposals, including children and families where new or improved facilities for play are involved so that developments are inclusive and reflect user needs.

2.3 OTHER RELEVANT GUIDANCE

Creating Tomorrow Together: Corporate Plan 2021–30

- 2.3.1 The Council's *Creating Tomorrow Together: Corporate Plan 2021–30* identifies health and wellbeing as an overarching priority, with ambitions to improve residents' physical and mental wellbeing, enhance the quality of the local environment, and support the delivery of sustainable and affordable housing.

The Healthier Housing Strategy 2018–23

- 2.3.2 The *Healthier Housing Strategy 2018–23* complements these objectives by seeking to improve access to suitable housing, increase the supply of affordable homes, ensure homes are safe, well-maintained and healthy, enable residents to live independently for longer, and make the best use of the existing housing stock.

Active Kent & Medway

- 2.3.3 Active Kent and Medway (formerly known as Kent Sport) is the local active partnership for Kent and Medway. The principal funders are Kent County Council and Sports England. They also work with and are supported financially by Medway Council and the 12 district and borough councils across the county.
- 2.3.4 Their vision is for More People to be More Active More Often and provide resources on shaping the setting for active life.

3 METHODOLOGY

3.1 METHODOLOGY SCOPE

3.1.1 There are three different types of HIA:

1. Desktop HIAs – where existing knowledge and evidence is assessed to determine the health and wellbeing implications of a proposed development.
2. Rapid HIAs – includes the collection of evidence from key stakeholders, through stakeholder workshops or consultations; as well as a literature review of both qualitative and quantitative evidence.
3. Comprehensive HIAs – involves in-depth and time-intensive research. This includes the collection of primary data, broad community consultation and panels, significant stakeholder engagement, and comprehensive literature reviews.

3.1.2 Although the proposed development constitutes major development, the application is being submitted in Outline. Accordingly, the scope of the HIA must reflect the detail currently available of the proposed scheme. At this stage, a desktop review has been undertaken, as a rapid or comprehensive HIA is not considered proportionate given that many of the elements of the scheme are to be decided through future Reserved Matters applications. Where further detail is required, subsequent Reserved Matters applications will look to provide more in-depth assessments of the potential implications of the development on health and wellbeing.

3.2 ASSESSMENT FRAMEWORK

3.2.1 A Health Impact Assessment (HIA) identifies the health and wellbeing impacts of a proposed development, recommending measures to maximise positive impacts and minimise negative impacts, thus reducing health inequalities.

3.2.2 The current proposal is submitted in Outline with key matters reserved so the level of detail required for a full assessment is not available. Without confirmation of these design and layout elements, applying the framework at this stage would be premature, as many aspects may further evolve at Reserved Matters stage.

3.2.3 Rather, the London Healthy Urban Development (HUDU) Planning Checklist (4th edition, October 2019), requires a less comprehensive review. It is an assessment tool that provides a structured methodology to ensure health and wellbeing is embedded within the planning process. Its requirements prompt developers to consider health and wellbeing outcomes. It has also been accepted by FHDC for other developments and is widely applied across Local Planning Authorities in England.

TABLE 1: LONDON HEALTHY URBAN DEVELOPMENT UNITS (HUDU) PLANNING CHECKLIST

THEME	PLANNING ISSUE	HEALTH AND WELLBEING ISSUE
a) Healthy housing	<ul style="list-style-type: none"> • Housing design • Accessible housing • Healthy living • Housing mix and affordability 	<ul style="list-style-type: none"> • Lack of living space – overcrowding • Unhealthy living environment – daylight, ventilation, noise • Excess deaths due to cold/overheating • Injuries in the home • Mental illness from social isolation and fear of crime
b) Active travel	<ul style="list-style-type: none"> • Promoting walking and cycling • Safety • Connectivity • Minimising car use 	<ul style="list-style-type: none"> • Physical inactivity, cardiovascular disease and obesity • Road and traffic injuries • Mental illness from social isolation • Noise and air pollution from traffic
c) Healthy environment	<ul style="list-style-type: none"> • Construction • Air quality • Noise • Contaminated land • Open space • Play space • Biodiversity • Local food growing • Flood risk • Overheating 	<ul style="list-style-type: none"> • Disturbances and stress caused by construction activity • Poor air quality – lung and heart disease • Disturbance from noisy activities and uses • Health risks from toxicity of contaminated land • Physical inactivity, cardiovascular disease and obesity • Mental health benefits from access to nature and green space and water • Opportunities for food growing – active lifestyles, healthy diet and tackling food poverty • Excess summer deaths due to overheating
d) Vibrant neighbourhood	<ul style="list-style-type: none"> • Healthcare services • Education • Access to social infrastructure • Local employment and healthy workplaces • Access to local food shops • Public buildings and spaces 	<ul style="list-style-type: none"> • Access to services and health inequalities • Mental illness and poor self-esteem associated with unemployment and poverty • Limited access to healthy food linked to obesity and related diseases • Poor environment leading to physical inactivity • Ill health exacerbated through isolation, lack of social contact and fear of crime

3.3 METHODOLOGICAL STEPS

3.3.1 The assessment has been carried out through the following steps:

1. Identify relevant policy (Section 4);
2. Make a baseline analysis of the site, identifying any relevant health-related factors;
3. Assess the site against the themes indicated in the London Healthy Urban Development Units (HUDU) Planning Checklist (see Table 1);
4. Summarise the findings, with any recommendations.

4 HEALTH BASELINE

- 4.1.1 This section establishes the health and demographic profile of the Folkestone & Hythe district using published data from the Office for National Statistics (ONS), principally the 2021 Census and ONS local statistics, together with data from the Office for Health Improvement and Disparities (OHID) and the Kent Public Health Observatory. It provides the population and public-health context against which the potential impacts of the proposal are assessed, as required by the HUDU methodology.
- 4.1.2 The key indicators are summarised below.

TABLE 2: FOLKESTONE & HYTHE DISTRICT – DEMOGRAPHIC AND HEALTH BASELINE (ONS / OHID)

INDICATOR (ONS / OHID)	FOLKESTONE & HYTHE POSITION
Total population	Approximately 109,800 residents at the 2021 Census, up 1.7% from around 108,000 in 2011 – a slower rate of growth than England as a whole (+6.6%). (ONS Census 2021).
Median age	47 years in 2021, up from 43 in 2011. Higher than the South East (41) and England (40), indicating an older-than-average population. (ONS Census 2021).
Older population	The share of residents aged 65 and over rose from around one in five (2011) to one in four (2021), reflecting an ageing population and demand for accessible and adaptable homes. (ONS Census 2021).
General health	45.6% of residents described their health as 'very good' in 2021 (up from 42.8% in 2011); a further 34.6% reported 'good' health (down from 36.3%). (ONS Census 2021).
Disability (equality act)	Around 20.5% of residents were identified as disabled under the Equality Act in 2021: 8.8% 'limited a lot' (down from 9.4% in 2011) and 11.8% 'limited a little' (up from 10.7%). (ONS Census 2021)
Life expectancy – male	77.8 years (2021–23), below the England average (~79.1) and representing the largest decade-long fall in male life expectancy in Kent, down from 79.5 years (2011–13). (OHID / Kent Public Health)
Life expectancy – female	82.6 years, slightly below the England average of 83.1 years. (OHID / DHSC)
Employment	51.1% of residents aged 16+ (excluding full-time students) were employed in 2021, down from 52.8% in 2011. The district employment rate (~71%) has been in decline. (ONS Census 2021)
Unemployment	2.8% at the 2021 Census (down from 4.0% in 2011); ONS Annual Population Survey recorded 4.5% (around 2,100 people) for the year ending December 2023. (ONS)

Economic inactivity	Around 22.0% of residents aged 16–64 (approximately 14,000 people) was economically inactive in the year ending December 2023. (ONS)
Deprivation (IMD 2019)	Four Lower Super Output Areas (LSOAs) in the District fall within the most deprived 10% nationally; relative deprivation deepened between the 2015 and 2019 indices. (MHCLG English Indices of Deprivation 2019)
Children in low-income families	15.6% of children live in absolute low-income families – similar to the England value and improving. (DHSC)
Smoking prevalence	18.9% – the highest of any district in Kent. (Kent Public Health Report, 2024)
Childhood excess weight (Year 6)	38.1% – among the highest in Kent. (Kent Public Health Report, 2024)
Fast-food outlet density	More than 100 outlets per 100,000 population – the highest density in Kent. (Kent Public Health Report, 2024)
Green space provision	26.1 sqm per person, below the Kent County average of 32.51 sqm per person. (Kent Public Health Report, 2024)

4.2 IMPLICATIONS FOR THIS ASSESSMENT

- 4.2.1 The baseline highlights several local health priorities that are directly relevant to the design and assessment of the proposal. The district has an older-than-average and ageing population, which underlines the importance of accessible, adaptable homes (Building Regulations M4(2)/M4(3)) and of a walkable, well-connected layout. Male life expectancy has fallen sharply, and pockets of significant deprivation persist, so the scheme's contribution to good-quality and affordable housing, active travel, access to open space and access to employment is particularly important in helping to reduce health inequalities.
- 4.2.2 High local rates of smoking, adult and childhood excess weight, and fast-food outlet density, combined with below-average green-space provision, reinforce the value of designing in opportunities for physical activity, access to nature, and healthy environments, while avoiding any over-concentration of hot-food takeaways.

Populations Affected

- 4.2.3 In line with the HUDU methodology and the public sector equality duty under the Equality Act 2010, the assessment considers which population groups may be disproportionately affected by the proposal. Most proposals do not affect all groups equally, and identifying more vulnerable groups helps ensure the design responds to their needs and helps reduce health inequalities.
- 4.2.4 Given the district profile the groups of particular relevance to this proposal include:
- (1) Older people – a growing proportion of the local population, with implications for accessible and adaptable housing and walkable neighbourhoods;

- (2) Children and young people – given high local rates of childhood obesity and the importance of play space and safe active-travel routes;
- (3) People with disabilities and long-term health conditions – around one in five residents, require inclusive and accessible design;
- (4) People on low incomes and those in the most deprived neighbourhoods – for whom affordable housing, access to employment and access to open space are especially important;
- (5) Economically inactive and unemployed residents – who may benefit from construction and end-use employment and training opportunities.

4.2.5 More granular analysis is also provided in the following section.

4.3 SMALL AREA GEOGRAPHIES DATA

- 4.3.1 The following Section will outline the key health and wellbeing implications and circumstances which the site, and surrounding area, is subject to. The study area will include Dymchurch, St Mary's Bay & Brookland, a Middle Layer Super Output Area (MSOA) E02005112; (official ONS reference 'Folkestone and Hythe 011') where this is not available, the data for Kent as a whole is used.
- 4.3.2 The MSOA comprises five Lower Layer Super Output Areas (LSOAs): Folkestone and Hythe 011A-011E (E01024486, E01024487, E01024488, E01024548 and E01024549). However, data is not publicly available for analysis at such a small area geography.
- 4.3.3 The study area is a predominantly rural and coastal and includes part of Romney Marsh, covering the coastal villages of Dymchurch and St Mary's Bay together with Brookland and surrounding dispersed settlements inland.
- 4.3.4 It is characterised by low-density, scattered development, comparatively limited local services and public transport, and longer travel distances to larger centres, GP practices, dental services, and hospitals (principally in Hythe, Folkestone and Ashford). These rural-access characteristics are themselves wider determinants of health and are material to this assessment.
- 4.3.5 The baseline is drawn primarily from the Department of Health and Social Care (DHSC) Public Health Profiles for localities – the OHID 'Local Health' tool – supplemented by ONS Census 2021 small-area statistics and the MHCLG English Indices of Deprivation 2019.
- 4.3.6 The data used in the baseline assessment is provided by the Department of Health and Social Care (DHSC): Public Health Profiles for Localities.

Population and Age Structure

- 4.3.7 The study area has a markedly older age profile than England. ONS Census-based estimates for the Dymchurch and St Mary's Bay area record a mean age of around 50 years and a median of around 55 years – well above the England median (40) and the Folkestone & Hythe district median (47).

- 4.3.8 The DHSC Local Health, public health data for small geographic areas shows that the ward has a larger older population than the national average of 34.3% rather than the national average of 18.6%. The resident population aged 0 to 15 is in the lowest quintile for England for 12.8% while the national average is 18.5%. The proportion of those aged 65 and over is lower than the national average, with the ward value being 9.0% while the national average is 18.6%; this is in the lowest quintile for England.
- 4.3.9 The MSOA is also in the lowest quintile for population density per square kilometre compared to the national average for England.
- 4.3.10 An older population increases the importance of accessible and adaptable housing, proximity to health services, and walkable, well-connected neighbourhoods, and is typically associated with higher prevalence of long-term conditions, limiting illness and risk of social isolation.

TABLE 3: HEALTH BASELINE INDICATORS FOR THE STUDY AREA (DHSC PUBLIC HEALTH PROFILES / OHID LOCAL HEALTH; KENT AND DISTRICT DATA USED WHERE MSOA-LEVEL FIGURES ARE NOT AVAILABLE)

INDICATOR	STUDY AREA (MSOA E02005112)	COMPARATOR
Population & age profile	Rural, coastal, older population; mean age ~50 and median ~55 (ONS Census, Dymchurch & St Mary's Bay area).	England median 40; F&H district 47
Life expectancy at birth – male	Folkestone & Hythe district: 77.8 years (2021–23).	England ~79.1 years
Life expectancy at birth – female	Folkestone & Hythe district: 82.6 years.	England ~83.1 years
Deprivation (IMD 2019)	The five LSOAs (011A–011E) span a range of deprivation; rural neighbourhoods here typically score worse on the 'Geographical Barriers to Services' domain.	F&H district: 4 LSOAs in the most deprived 10% nationally
General health ('good'/'very good')	Not routinely published at MSOA; district proxy 80.2% 'good'/'very good' (2021). The older age profile may indicate somewhat higher levels of limiting illness locally.	England ~82%
Disability / limiting long-term illness	District proxy ~20.5% disabled under the Equality Act (2021); likely higher locally given the age profile. Confirm via OHID Local Health.	England ~17.7%
Long-term conditions & emergency admissions	Indicators such as emergency hospital admissions and disease prevalence (e.g. hypertension, diabetes) are published. Kent used where MSOA data are suppressed.	Kent / England
Lifestyle risk factors	MSOA data limited; district/Kent used: smoking prevalence 18.9% (highest in Kent); Year 6 childhood excess weight 38.1%.	Kent / England
Access to services & green space	Rural area with longer distances to GP, dental, pharmacy and leisure services. District green-space provision 26.1 sqm per person.	Kent average 32.51 sqm per person

Levels of Deprivation

- 4.3.11 Further, the Local health, public health data for small geographic areas, calculates further indicators for Deprivation, Housing and Living Environment, as well as Employment. These are compared with the average across England. As shown in Table 4, in general, levels are higher than England's average for deprivation, housing and living environment, and employment for Dymchurch, St Mary's Bay & Brookland Ward; however, when looking at Kent as a whole, it sits below England's average in all but levels.
- 4.3.12 The Kent Public Health observatory sets out that the compared to the Kent average, Folkestone and Hythe District has higher rates of the following:
- (1) Alcoholic liver disease mortality;
 - (2) Deaths of despair;
 - (3) Disability living allowance aged 65 plus;
 - (4) Learning disability prevalence;
 - (5) Personal independence payments;
 - (6) Severe mental illness;
 - (7) Respiratory disease;
 - (8) Winter fuel payments;
 - (9) Disability and long term illness;
 - (10) Free school meals;
 - (11) Sickness absences from employment;
 - (12) Dementia prevalence;
 - (13) Fuel poverty;
 - (14) Hypertension prevalence;
 - (15) Unpaid carers;
 - (16) Frailty in older people;
 - (17) Stroke admissions;
 - (18) Obesity related hospital admissions;
 - (19) Older adults living alone;
 - (20) Obesity in adults;
 - (21) Strokes;

- (22) Diabetes;
- (23) Asthma;
- (24) Pupil absences; and
- (25) Falls admissions in people aged 65+.

- 4.3.13 There is lower than average overcrowded households, smoking and homelessness in the District compared to the Kent average.
- 4.3.14 Overall, indicators relating to socio-economic circumstance show that the population living in Dymchurch, St Mary's Bay & Brookland Ward have higher levels of deprivation compared to county and national averages. However, within Kent, the levels of deprivation are lower compared to national averages.

TABLE 4: SOCIO-ECONOMIC CIRCUMSTANCES COMPARISON BETWEEN THE MSOA, KENT AND ENGLAND (DEPARTMENT OF HEALTH AND SOCIAL CARE)

INDICATOR	DYMCHURCH, ST MARY'S BAY & BROOKLAND	KENT	ENGLAND
Deprivation, Housing and Living Environment			
Poverty: Index of Multiple Deprivation	30.5	19.5	21.7
Poverty: English Indices of Deprivation	15.0	11.4	12.9
Children in poverty: Income Deprivation Affecting Children Index (IDACI)(aged 0 to 15)	19.8	15.8	17.1
Older people in poverty: Income Deprivation Affecting Older People Index (IDAOPI)(aged 60 and over)	15.1	11.6	14.2
Fuel poverty (low income, low energy efficiency methodology)	13.1	11.0	11.4
Employment			
Unemployment: people claiming out of work benefit (aged 16 to 64)	3.3	3.4	4.1
Long-term unemployment: people claiming out of work benefit for over 12 months (aged 16 to 64)	1.01	0.41	0.51

Below national average	Above national average
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4.4 LIFE EXPECTANCY AND MORTALITY

- 4.4.1 The DHSC further compile mortality rate data, separated by causes of mortality. As shown in Table 5, Dymchurch, St Mary's Bay and Brookland have higher than average mortality rates for all causes and for under 75s. Dymchurch, St Mary's

Bay and Brookland is significantly above national average for under 75s for causes from mortality from causes considered preventable.

- 4.4.2 Kent performs better than the national average for causes of mortality except for coronary heart disease.

TABLE 5: CAUSE OF MORTALITY COMPARISON BETWEEN THE SITE-SPECIFIC MSOA, KENT AND ENGLAND (DEPARTMENT OF HEALTH AND SOCIAL CARE)

CAUSES OF MORTALITY	AGES	DYMCHURCH, ST MARY'S BAY & BROOKLAND	KENT	ENGLAND
All causes	All ages	105.1	99.0	100
	Under 75	106.7	97.1	100
Cancer	All ages	113.1	99.8	100
	Under 75	94.0	99.6	100
Cardiovascular disease	All ages	98.6	95.0	100
	Under 75	108.1	84.1	100
Coronary heart disease	All ages	100.2	103.3	100
Stroke	All ages	112.8	99.7	100
Mortality from causes considered preventable	Under 75	134.5	97.4	100

Below national average	Above national average
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- 4.4.3 Life expectancy rates are also published, outlined in Table 4. Dymchurch, St Mary's Bay and Brookland has a lower average life expectancy than the national average. This is the case for both males and females, as well as when assessing the life expectancy at birth or at age 65. Further, females have a higher life expectancy than men, which correlates with national trends.

TABLE 6: LIFE EXPECTANCY PREDICTIONS FOR THE SITE-SPECIFIC MSOA, KENT AND ENGLAND (DEPARTMENT OF HEALTH AND SOCIAL CARE)

	GENDER	DYMCHURCH, MARY'S BAY BROOKLAND	ST & KENT	ENGLAND
At birth	Female	81.7	83.2	83.0
	Male	77.5	79.3	79.1

Above national average	Below national average
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4.5 EMERGENCY HOSPITAL USAGE

- 4.5.1 The DHSC further compile emergency hospital usage. As shown in Table 7, Dymchurch, St Mary's Bay and Brookland have higher than average mortality rates for all causes and for under 75s. Dymchurch, St Mary's Bay and Brookland is significantly above national average for under 75s for causes from mortality from causes considered preventable.

TABLE 7: EMERGENCY HOSPITAL ADMISSIONS FOR THE SITE-SPECIFIC MSOA, KENT AND ENGLAND (DEPARTMENT OF HEALTH AND SOCIAL CARE)

INDICATOR	DYMCHURCH, ST MARY'S BAY & BROOKLANDS	KENT	ENGLAND
Emergency Hospital Admissions Adults			
Emergency hospital admissions: all causes	112.8	95.5	100.00
Coronary heart disease: emergency hospital admissions	88.0	76.7	100.00
Stroke: emergency hospital admissions	93.4	89.7	100.00
Heart attack emergency hospital admission	105.5	86.2	100.00
Chronic obstructive pulmonary disease emergency hospital admission	108.2	86.5	100.00
Intentional self-harm emergency hospital admission	80.4	105.4	100.00
Hip fracture emergency hospital admissions (aged 65 and over)	111.7	101.1	100.00
Alcohol related admissions (all primary and secondary diagnoses)	97.9	80.4	100.00

4.6 MENTAL HEALTH

- 4.6.1 Table 8 shows the comparison between mental health indicators between Folkestone and Hythe and Kent and England. This is extracted from the Public Health Outcomes Framework – at a glance summary¹.

TABLE 8: COMMON MENTAL HEALTH CONDITIONS ASSESSED FOR FOLKESTONE & HYTHE, KENT AND ENGLAND
(DEPARTMENT OF HEALTH AND SOCIAL CARE)

INDICATOR	FOLKESTONE HYTHE	& KENT	ENGLAND
Common mental health conditions			
Self reported wellbeing: people with a low happiness score	8.6	8.6	8.9
Self reported wellbeing: people with a high anxiety score	22.3	24.0	23.3

4.7 LOCAL AREA GEOGRAPHY SUMMARY

- 4.7.1 The following health and wellbeing implications are of particular relevance to the site:

- Ageing population and long-term conditions – a strong case for accessible and adaptable homes (Building Regulations M4(2)/M4(3)) and homes that support independent living and care in the community;
- Access to healthcare and services – the rural location and limited local provision make it important to assess, and where justified contribute towards, GP, dental, pharmacy and community-service capacity, and to support good digital connectivity;
- Active travel and connectivity – dispersed rural settlement and high car dependence mean safe walking and cycling links, and good connections to bus services and to village services and the coast, are particularly valuable in promoting physical activity;
- Social cohesion and isolation – older, rural communities are at greater risk of isolation, so well-overlooked public spaces, shared amenity and lifetime-neighbourhood design help support wellbeing;
- Deprivation and health inequalities – rural barriers to services and localised deprivation reinforce the value of affordable housing and access to local employment and training in reducing inequalities;

¹ <https://fingertips.phe.org.uk/static-reports/public-health-outcomes-framework/at-a-glance/E07000112.html?area-name=Folkestone%20&%20Hythe>

- Climate resilience and flood risk – the low-lying coastal Romney Marsh setting heightens the importance of sustainable drainage, flood-resilient design, shading and green infrastructure for health and comfort;
- Healthy environments – high district rates of smoking, adult and childhood excess weight and fast-food outlet density, alongside below-average green-space provision, reinforce designing-in opportunities for physical activity, access to nature and healthy food, and avoiding any new over-concentration of hot-food takeaways

4.8 BASELINE HEALTH CONCLUSIONS

- 4.8.1 Overall, the health indicators relating to levels of deprivation indicate that the population of the Ward have higher levels of deprivation when assessed against national averages. However, Folkestone and Hythe has higher levels of deprivation than the national averages. When further socio-economic considerations are assessed, again, Folkestone and Hythe's averages have worse implications to health than national averages.
- 4.8.2 Further, mortality rates are generally higher in Folkestone and Hythe than the national average; this is further indicated by the average life expectancy being lower for both men and women than the national averages.
- 4.8.3 Therefore, it is our conclusion that the population of Folkestone and Hythe have greater sensitivity to changes to their environment, including socio-economic and environmental changes.

5 HEALTH APPRAISAL

5.1.1 The following section will demonstrate how the proposed development will protect and promote health, using the four key themes identified in Table 10 in Section 5. These are:

- a) Healthy housing
- b) Active travel
- c) Healthy environment
- d) Vibrant neighbourhood

5.2 HEALTHY HOUSING

TABLE 9: HEALTHY HOUSING ASSESSMENT

1. Housing quality and design				
Assessment criteria	Relevant?	Details / evidence	Impact	Mitigation / enhancement
Does the proposal meet Building Regulation M4(2) accessible/adaptable standards?	Yes	Local Plan policy requires at least 20% of market housing to comply with M4(2). Dwellings to be designed to meet Part M; a proportion to M4(3) wheelchair-accessible standard. [Confirm % in DAS]	Positive	Standard/proportion to be secured by condition.
Does the proposal address the housing needs of older and disabled people?	Yes	A range of house types, sizes and tenures reflecting local demand, including homes suitable for older people and those with disabilities. Relevant given the older local population.	Positive	Housing mix and accessible standards secured by condition/S106.
Does the proposal include homes that can be adapted for independent living?	Yes	Adaptable dwellings designed to Part M standards support ageing in place and care in the community.	Positive	–
Does the proposal include a range of housing types, sizes and affordable housing?	Yes	A mix of 1–4 bed houses and apartments across a range of tenures, including [XX%] affordable housing responding to local needs.	Positive	Affordable housing and mix secured by S106.
Are the homes highly energy efficient?	Yes	Fabric-first design, high SAP ratings and low-carbon heating (e.g. air-source heat pumps) reduce fuel poverty and cold-related ill health. [Confirm in Energy Statement]	Positive	Sustainability standards secured by condition.
2. Access to healthcare services and other social infrastructure				
Assessment criteria	Relevant?	Details / evidence	Impact	Mitigation / enhancement
Does the proposal retain or re-provide existing social infrastructure?	No	No existing social infrastructure is present on site.	Neutral	–
Does the proposal assess the impact on healthcare services?	Yes	The additional population will place demand on GP, dental and NHS services, notably given the rural	Neutral	Financial contribution towards healthcare capacity via CIL/S106 where justified.

		study area. Impact to be assessed and mitigated proportionately.		
Does the proposal include the provision or replacement of a healthcare facility?	No.	No.	Neutral	–
Does the proposal assess the capacity and accessibility of schools, social care and community facilities?	Yes	The site's accessibility to local services supports a sustainable pattern of development. Impacts on education and community facilities addressed through CIL/S106.	Neutral	Education/community contributions where justified.
Does the proposal explore shared community use and co-location of services?	Yes	Shared public open space.	Positive	–
Does the proposal contribute to meeting education needs?	Yes	Contributions towards primary, secondary and post-19 education needs to be secured proportionate to the scheme.	Neutral	Education contributions via CIL/S106.

3. Access to open space and nature

Assessment criteria	Relevant?	Details / evidence	Impact	Mitigation / enhancement
Does the proposal retain and enhance existing open and natural spaces?	Yes	A landscape-led layout retaining key features and providing substantial new planting and green infrastructure. Particularly valuable given below-average local green-space provision.	Positive	Full planting/landscape scheme secured by condition.
In areas of deficiency, does the proposal provide new or improved open space?	Yes	Provision of [0.73ha] publicly accessible green space and improved access to nature.	Positive	Open space provision secured by condition/S106.
Does the proposal provide a range of play spaces for children and young people?	Yes	On-site equipped and natural play space [supporting physical activity – relevant to high local childhood excess-weight rates.	Positive	Play provision secured by condition/S106.
Does the proposal provide links between open spaces and the public realm?	Yes	Pedestrian routes connect open spaces to the wider public realm and green network.	Positive	–
Are open and natural spaces welcoming, safe and accessible for all?	Yes	Inclusive, well-overlooked spaces designed for accessibility.	Positive	–
Is management and maintenance of new open space set out?	Yes	A management company/arrangement will maintain communal open space.	Positive	Management arrangements secured by S106/condition.

4. Air quality, noise and neighbourhood amenity

Assessment criteria	Relevant?	Details / evidence	Impact	Mitigation / enhancement
Does the proposal minimise construction impacts (dust, noise, vibration, odour)?	Yes	A Construction Environmental Management Plan (CEMP) will control dust, noise, vibration and working hours.	Neutral	CEMP secured by condition.
Does the proposal minimise air pollution from traffic and energy facilities?	Yes	Sustainable location, active-travel provision, EV charging and low-carbon heating reduce emissions.	Neutral	EV charging/low-emission measures by condition.
Does the proposal minimise noise pollution?	Yes	Layout, orientation and any required acoustic mitigation protect amenity for existing and future residents. The	Neutral	Acoustic mitigation secured by condition.

		submitted Noise Assessment concludes that through mitigation, compliant ambient noise standards can be met.		
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5. Accessibility and active travel

Assessment criteria	Relevant?	Details / evidence	Impact	Mitigation / enhancement
Does the proposal prioritise and encourage walking?	Yes	Permeable layout with pedestrian routes connecting to the surrounding network and local services, supporting Policy HW4.	Positive	–
Does the proposal prioritise and encourage cycling?	Yes	Secure cycle storage to each dwelling and cycle-friendly routes connecting to the wider network.	Positive	Cycle parking secured by condition.
Does the proposal connect to local and strategic cycle and walking networks?	Yes	New/upgraded links connect the site to nearby routes, services and public transport.	Positive	–
Does the proposal include traffic management and calming?	Yes	Internal street design and any off-site measures reduce vehicle speeds and road-injury risk (e.g. 20mph environment).	Positive	Highway measures secured by condition/S278.
Is the proposal well connected to public transport and services?	Yes	The submitted Transport Statement and Travel Plan conclude the site is sustainable and well connected in its location.	Neutral	Travel Plan secured by condition/S106.
Does the proposal seek to reduce car use?	Yes	Travel plan measures encourage sustainable modes.	Neutral	Travel Plan secured by condition/S106.
Does the proposal allow access for people with mobility problems or disability?	Yes	Inclusive design of buildings and public realms, including M4(2)/M4(3) dwellings.	Positive	Secured by condition / S106

6. Crime reduction and community safety

Assessment criteria	Relevant?	Details / evidence	Impact	Mitigation / enhancement
Does the proposal help design out crime?	Yes	Natural surveillance, active frontages, defensible space and appropriate lighting. Kent Police consulted / Secured by Design principles applied.	Positive	Lighting/boundary details by condition.
Does the proposal help people feel secure without creating gated communities?	Yes	Open, permeable layout with natural links across the site.	Neutral	–
Does the proposal include attractive, multi-use public spaces?	Yes	Yes	Neutral	–
Has engagement been carried out with the local community?	Yes	See Planning Statement and Statement of Community Involvement	Positive	–

7. Access to healthy food

Assessment criteria	Relevant?	Details / evidence	Impact	Mitigation / enhancement
Does the proposal facilitate the supply of local food?	Yes	Landscape strategy may include orchard/edible planting or community growing space where feasible.	Neutral	Landscape scheme by condition.
Is there a range of retail uses, including food stores?	Yes	Residential-only scheme; residents served by existing village and local shops.	Neutral	–
Does the proposal avoid over-concentration of hot-food takeaways?	Yes	No hot-food takeaways proposed – relevant given the district has the	Positive	–

		highest fast-food outlet density in Kent.		
8. Access to work and training				
Assessment criteria	Relevant?	Details / evidence	Impact	Mitigation / enhancement
Does the proposal provide access to local employment and training?	Yes	Temporary construction jobs and ongoing employment (e.g. landscape/open-space management). Relevant given local economic inactivity. Local employment/training initiatives to be encouraged.	Positive	Employment/skills commitments via S106 where justified.
Does the proposal provide childcare facilities?	No	Residential-only scheme; contributions to education/childcare via CIL/S106 where justified.	Neutral	–
Does the proposal include managed/affordable workspace?	No	Not proposed – residential scheme.	Neutral	–
Does the proposal include opportunities via local procurement?	No	Local procurement and labour to be encouraged during construction	Positive	–
9. Social cohesion and lifetime neighbourhoods				
Assessment criteria	Relevant?	Details / evidence	Impact	Mitigation / enhancement
Does the proposal connect with existing communities and encourage interaction?	Yes	Layout well related to existing communities, avoiding severance and providing spaces that encourage social interaction.	Positive	–
Does the proposal include a mix of uses and community facilities?	No	The scheme is residential but does include community open space and play areas, as well as affordable housing.	Neutral	–
Does the proposal provide opportunities for the voluntary/community sectors?	No	The scheme is residential	Neutral	–
Does the proposal address the components of Lifetime Neighbourhoods (access, services, environment, social networks, housing, empowerment)?	Yes	Accessible layout, proximity to services, landscape-led environment, cohesive design, adaptable homes exceeding space standards, and community engagement.	Positive	–
10. Minimising the use of resources				
Assessment criteria	Relevant?	Details / evidence	Impact	Mitigation / enhancement
Does the proposal make best use of existing land?	Yes	The scheme optimises the site consistent with local/national policy.	Positive	–
Does the proposal encourage recycling, including building materials?	Yes	Reduction, re-use and recycling of materials during construction and occupation.	Positive	Site waste/recycling measures by condition.
Does the proposal incorporate sustainable design and construction techniques?	Yes	Sustainable construction consistent with Building Regulations and policy.	Positive	Sustainable construction secured by condition.
11. Climate change				
Assessment criteria	Relevant?	Details / evidence	Impact	Mitigation / enhancement
Does the proposal incorporate renewable energy?	Yes	PV panels and low-carbon heating (e.g. air-source heat pumps) provide	Positive	Renewable provision can be secured by condition.

		renewable energy and reduce emissions.		
Are buildings and spaces designed to respond to winter and summer temperatures?	Yes	Passive design, shading, ventilation and mitigate overheating and cold. Relevant to health resilience.	Positive	–
Does the proposal incorporate sustainable urban drainage (SuDS)?	Yes	Permeable surfaces and on-site storage manage surface water and reduce flood risk – important in the low-lying Romney Marsh setting. See FRA / Drainage Strategy	Positive	SuDS principle to be secured by condition.
Does the proposal maintain or enhance biodiversity?	Yes	A minimum 10% Biodiversity Net Gain through on-site and off-site measures, with native planting and habitat enhancement.	Positive	BNG secured by condition/S106.

Housing Mix

- 5.2.1 The proposed development will provide 110 dwellings, the Design and Access Statement states that the housing mix accords with the proposed housing mix accords with Folkestone & Hythe District Council's housing mix guidance and affordable housing policy.
- 5.2.2 The council's housing mix guidance is outlined within Policy CSD1 which pertains to the districts residential needs.
- 5.2.3 The range of dwellings should reflect the mix identified in the Strategic Housing Market Assessment (SHMA) which is shown below:

TABLE 10, STRATEGIC HOUSING MARKET ASSESSMENT (SHMA) MIX

TENURE	ONE BED (%)	2 – 3 BEDS (%)	FOUR BEDS (%)
Owner-occupied / private rent	5 – 20	65 – 70	15 – 30
Affordable tenures (as defined in the National Planning Policy Framework)	20 – 25	50 – 60	20-25

Housing Design and Layout

- 5.2.4 Access to adequate housing is essential for health outcomes and well-being. As set out in the Design and Access Statement accompanying this application, the dwellings will be designed to a high standard.
- 5.2.5 All dwellings will comply with the Nationally Described Space Standards ("NDSS") and be constructed to meet Part M4(2) of the Building Regulations, ensuring long-term accessibility and adaptability to accommodate the changing needs of occupants. Further, the illustrative plans include private amenity spaces for all the

dwellings. The separation distances between the dwellings and their siting shall be carefully considered to ensure sufficient natural light is provided, as well as sufficient privacy between the dwellings.

- 5.2.6 At this outline stage, the scheme establishes a robust framework to ensure that sustainability is embedded throughout the future detailed design and delivery of the development. As set out within the Design and Access Statement and the Planning Statement, the proposals demonstrate a clear commitment to reducing environmental impacts, enhancing quality of life for future residents and responding positively to local and national climate change objectives.
- 5.2.7 The detailed design of the development, to be brought forward at reserved matters stage, will build upon these principles to ensure that the scheme delivers a genuinely sustainable form of residential development in accordance with adopted development plan policy and national guidance. This will include measures to ensure effective insulation and opportunities for natural ventilation, therefore resulting in reduced running costs and increased indoor air quality. These measures will reduce the likelihood of fuel poverty or health issues relating to damp or poor air quality.

5.3 ACTIVE TRAVEL

- 5.3.1 The site is well located to promote an active lifestyle, through opportunities for public transport and walking and cycling infrastructure.

Walking and Cycling

- 5.3.2 As set out within the submitted Transport Assessment, the site is in a sustainable and accessible location, benefitting from access to a number of local facilities and services within a suitable walking distance. These can be found within Table 3.2 of Part A of the Transport Assessment.
- 5.3.3 The data is compelling evidence that the site is well located for walking and cycling infrastructure. The site is within 10-14 minutes from education infrastructure, 13-17 minutes for community facilities, 14-18 minutes from healthcare facilities, 12-16 from greenspace (note that the site would also have direct access to the countryside via the public right of way), 12-18 minutes from retail/ food and drink and just 16-17 minutes from sports and leisure facilities.
- 5.3.4 The site is within convenient walking distance from essential services for future residents, which provides a strong incentive to walk and remain active day to day, rather than rely upon private vehicles.

Public Transport Infrastructure

- 5.3.5 The nearest bus stops are the 'Cannon Street Shops' and are located at a brief distance from the access to the site, just 700m walking distance (which equates to approximately 8-10 minutes walking time). These stops serve the hourly 102 and 103 routes which run between Lydd and Folkestone, in addition to several less frequent services providing services to local education facilities including Folkestone Grammar School and Brockhill Park School.

- 5.3.6 A table which sets out the bus services from Cannon Street can be found in table 3.1 of Part A of the Transport Statement.

Access to Open Space and Nature

- 5.3.7 The site is located on the edge of New Romney, with a key aspect of the site being the incorporation of green open space to the north of the site, with informal recreation routes and permeability with the public right of way HM212 to the north. This is a key addition which facilitates movement from the urban area directly to the countryside, which provides clear benefits to wellbeing and mental health.
- 5.3.8 It is also noted from the submitted Transport Statement, that the site is only 1km from Fairfield's Park (12 minute walk) and St Martin's Field (16 minute walk).
- 5.3.9 Taking the above into account, the proposed development is positioned in an accessible setting that encourages the use of active and sustainable transport modes, while also offering ample recreational opportunities, contributing to the promotion of healthy living.

5.4 HEALTHY ENVIRONMENT

- 5.4.1 The illustrative masterplan indicates that green spaces including a formal open space, play area and a designated walking and cycling route, will contribute to a healthy environment.
- 5.4.2 Notwithstanding that this is an outline application, it is supported by a range of evidence which demonstrates that there will be no adverse impacts on the following:

TABLE 11: SUPPORTING REPORTS IMPLICATIONS ON HEALTHY ENVIRONMENTS

ASSESSMENT	CONCLUSIONS	HEALTH IMPLICATIONS
Air Quality Assessment	<p>The potential risks from the construction phase were predicted to be medium to low risk on dust soiling and human health, respectively. Therefore, mitigation measures have been recommended to reduce the risk of dust and particulate matter being generated, as well as to reduce emission from vehicles or plant.</p> <p>With the implementation of the appropriate measures, no significant impacts are anticipated during the construction phase. All other construction impacts, including construction phase traffic and plant, have also been demonstrated as not significant.</p>	<p>The proposed development would have no significant impact upon local air quality.</p> <p>Therefore, health related issues caused by poor air quality would not be exacerbated through the construction, or in the lifetime of the development.</p>

	<p>Operational impacts on human receptors have also been demonstrated as not significant.</p> <p>The impact of development trips would only result in a small extent of air pollution. However no further mitigation is considered to be required.</p> <p>The Air Quality Assessment has highlighted that ammonia and nitrogen do breach the 1% critic load criterion either side of the A259 as it passes through Dungeness, Romney Marsh and Rye Bay, SSSI (but not the SAC or SPA). However, the exceedance is only experienced at up to 16m from the edge of the road. Hence, there would be no impact upon the qualifying features of the SSSI itself, namely saltmarsh, sand dunes, vegetated shingle, saline lagoons, standing waters, lowland ditch systems, and basin fens, so there would be no adverse impact. The SSSI in this area is reported to be either in favourable condition or unfavourable, recovering</p>	
Noise and Vibration Assessment	<p>It has been found that through implementing appropriate mitigation measures, internal ambient noise guidelines can be met.</p> <p>For a small number of plots closest to Cockreed Lane, double glazing and an alternative ventilation strategy to an open window will be required to achieve internal and external noise guideline levels.</p>	<p>With mitigation implemented, noise within the proposed dwellings is expected to be below the lowest observed adverse effect level. There would not be any negative implications on the health of future inhabitants.</p>
Biodiversity Net Gain	<p>In accordance with the Environment Act 2021, the proposed development will provide at least a 10% Biodiversity Net Gain (BNG).</p>	<p>The scheme incorporates a range of BNG enhancements, that have been coordinated with the project ecologist, which will enhance connectivity and diversity within the key boundary corridors and vegetation. These will see significant enhancements to the key tree belt and hedgerow edge environments, which will in turn enhance the quality and condition of the public open spaces provided.</p>
Flood Risk Assessment	<p>The site is located within area designated by the EA as Flood Zone 2 and 3.</p> <p>The FRA has demonstrated that the proposed development incorporates proportionate resilience or mitigation measures and will remain operational and safe for the intended lifetime.</p>	<p>Given the mitigation measures proposed, and the surface water drainage strategy that will be implemented, the development will remain safe for its lifetime without increasing flood risk elsewhere. Therefore, the proposed development would not give rise to any adverse health outcomes associated with flood risk</p>

The development will not increase flood risk elsewhere and is fully compliant with the NPPE.

- 5.4.3 Table 11 has shown that the proposed development will, through mitigative measures proposed in the reports, support a healthy environment during construction and operation.

5.5 SAFETY AND NEIGHBOURHOODS

- 5.5.1 The proposal will look to retain areas of greenspace throughout the site. At this stage, approximately 30% of the site is identified for new public open space, distributed throughout the development to ensure high quality, accessibility and usability for both new and existing residents. Therefore, open space will allow for interactions between residents in the space.
- 5.5.2 Opportunities for natural surveillance have been incorporated into the design, with houses overlooking the play spaces, as well as car parking spaces to be located nearby dwellings.

6 CONCLUSIONS AND MITIGATION

- 6.1.1 This Rapid Health Impact Assessment has appraised the proposal against the eleven HUDU determinants of health, informed by the demographic and public-health profile of the Folkestone & Hythe district and of the immediate study area (MSOA E02005112) drawn from ONS, OHID/DHSC and Kent data. The assessment demonstrates that, subject to the mitigation and enhancement measures identified, the proposal will deliver a range of positive effects on the health and wellbeing of both existing and future residents.
- 6.1.2 A key benefit is the contribution to meeting the district's housing needs, including good-quality, energy-efficient, accessible and affordable homes. This is particularly important given the older local population, the recent fall in male life expectancy, and the persistence of deprivation and rural service-access barriers in parts of the area.
- 6.1.3 The Outline scheme supports active, healthy lifestyles through a walkable, permeable, landscape-led layout, new and enhanced open space, play provision and connections to active-travel networks – responding directly to local challenges of below-average green-space provision and high rates of excess weight. The proposals provide construction employment opportunities of value in an area with higher-than-average economic inactivity.
- 6.1.4 Potential adverse effects – principally during construction, and in relation to demand on healthcare, education and other infrastructure – are capable of being satisfactorily mitigated through planning conditions and obligations (including a Construction Environmental Management Plan, sustainable design and drainage requirements, and financial contributions where it is justified).
- 6.1.5 Overall, and subject to the identified mitigation, the HIA concludes that the proposal accords with Policies HW2, HW3 and HW4 of the Folkestone & Hythe Local Plan Review (2020) and Section 16 of the NPPF 2026 and represents a development that is beneficial for public health and wellbeing in the district.
- 6.1.6 The baseline assessment of the health and wellbeing of the population living in the area surrounding the site has indicated that there are higher levels of deprivation and mortality, lower life expectancy, and increased impacts of the wider determinants of health.
- 6.1.7 The assessment demonstrates that the proposed development will increase the supply of healthy housing, taking into account identified housing needs. By delivering much-needed homes alongside a high standard of design, the scheme will make a positive contribution to the health and wellbeing of both future and existing residents.
- 6.1.8 The opportunities for active travel are extensive. These routes not only connect the site to key services and local amenities but also provide access to open spaces and natural areas, encouraging walking, cycling and outdoor recreation. The illustrative layout integrates green and open spaces throughout the development, supporting more active lifestyles and contributing to improved physical health outcomes. The provision of accessible greenspace within the site also creates opportunities for informal social interaction, helping to strengthen community cohesion and enhance overall wellbeing.

- 6.1.9 While the population has been identified as potentially more sensitive to changes in terms of health and wellbeing, the proposed development incorporates appropriate mitigation measures to promote and support healthy lifestyles.
- 6.1.10 Further mitigation will be secured and refined at the Reserved Matters stage ensuring that health and wellbeing considerations remain integral to the scheme's detailed design.

7 DATA SOURCES

7.1 DATA SOURCES

7.1.1 The health and demographic baselines in this HIA draw on the following published sources:

- ONS, Census 2021 – How life has changed in Folkestone and Hythe (E07000112).
- ONS, Census 2021 – How the population changed in Folkestone and Hythe.
- ONS, Explore local statistics – Folkestone and Hythe (E07000112) and Dymchurch, St Mary's Bay & Brookland (E02005112), including labour market data (year ending December 2023).
- OHID / DHSC Local Authority Health Profile and Public Health Outcomes Framework (Fingertips).
- DHSC Public Health Profiles for localities – OHID 'Local Health' tool (MSOA E02005112, Dymchurch, St Mary's Bay & Brookland), <https://fingertips.phe.org.uk/profile/local-health>
- Office for Health Improvement and Disparities. Public Health Outcomes Framework: At a glance summary. Published 6 May 2026 for Folkestone and Hythe. <https://fingertips.phe.org.uk/static-reports/public-health-outcomes-framework/at-a-glance/E07000112.html?area-name=Folkestone%20&%20Hythe>.
- Kent Public Health Observatory / Kent County Council Public Health Report to the Health Reform and Public Health Cabinet Committee (2024).
- MHCLG, English Indices of Deprivation (2019).
- HUDU, Planning for Health: Rapid Health Impact Assessment Tool (4th edition, October 2019).
- Folkestone & Hythe District Council, Places and Policies Local Plan (2020) and Core Strategy Review (2022).
- Ministry of Housing, Communities & Local Government, National Planning Policy Framework (August 2026).

