Planning for Health in South Worcestershire

Supplementary Planning Document

Malvern Hills District Council
Worcester City Council
Wychavon District Council

Prepared in conjunction with Worcestershire County Council

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Malvern Hills District Council
www.malvernhills.gov.uk

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Executive Summary

Health and wellbeing context

South Worcestershire faces a number of health well-being challenges associated with ageing population and avoidable behaviours such as physical inactivity or poor diet. The places and spaces where we live and work can have a real impact on health and wellbeing. Additionally, an individual's actions to improve their lifestyle or health status are likely to be influenced by the environmental and socio-economic context. This is why we need to plan for healthy developments and better living environments.

National policy

The National Planning Policy Framework (NPPF) published in 2012, sets out the Government's planning policies, including a specific requirement to promote healthy communities (Section 8 of the NPPF), and to draw on evidence of health and wellbeing need. The NPPF is supported by National Planning Practice Guidance (NPPG) which further outlines the importance of health and wellbeing in planning.

Scope and purpose

This Planning for Health SPD covers the local planning authorities of Malvern Hills District Council, Worcester City Council and Wychavon District Council (known collectively as the South Worcestershire Councils (SWC)). It has been prepared in partnership with the Strategic Planning team and the Directorate of Public Health at Worcestershire County Council and representatives from Planning Policy and Development Management teams within the SWC.

The Planning for Health in South Worcestershire Supplementary Planning Document provides guidance to local authority planning officers, applicants, relevant organisations and the wider community on delivering healthier developments.

Health and Wellbeing guidance

The SPD primarily focuses on the principal links between planning and health. It provides guidance and interpretation of the SWDP from a public health perspective. These are structured in a number of **guidance boxes** which should be followed by in the design and management of new developments in South Worcestershire. The SPD addresses following nine health and wellbeing principles:

- Sustainable development

- Urban form - design and the public realm

- Housing and employment

- Age-friendly environments for the elderly and those living with dementia

- Community facilities

- Green infrastructure and play spaces/recreation

- Air quality, noise, light and water management

- Active travel

- Encouraging healthier food choices

Guidance boxes and explanatory text can be found in the **Chapter 2 of the SPD.**

Health Impact Assessments (HIA)

Health Impact Assessment (HIA) is a tool to predict the health implications on a population of a planning proposal. An HIA is recognised by the national planning guidance. The NPPF is supported by additional health and wellbeing guidance set out in the NPPG which promotes the use of Health Impact Assessments (HIA).

The SPD recommends that applicants for the types of development specified in **Table 1 and 2 in section 3 of the SPD** undertake an HIA or an HIA screening respectively.

An HIA Screening is recommended to identify whether the health and wellbeing impact of the proposal warrants the need for an HIA. If the impact has been identified, the HIA should be completed and submitted to the LPA.

Applicants with a proposal for which a Health Impact Assessment is deemed appropriate should find that working through the process of an HIA, particularly pre-application, will help shape proposals to meet the SWDP's health-related policies and additional SPD guidance. An HIA will test whether a planning proposal follows health-related planning and design principles as specified in guidance boxes of this SPD.

The SPD provides an **HIA Screening** and an **HIA template** to simplify the process and direct applicants at the planning-related health and wellbeing consideration that can relate to the planning proposals. The HIA templates indicate which parts of the SPD's guidance boxes will be of most relevance to the above considerations. The HIA Screening and HIA template are available in **Appendix 1.**

The HIA could be submitted to the Local Planning Authority as a stand-alone assessment or as a part of part an existing supporting document such as an Environmental Impact Assessment or Design and Access Statement. The exact format is not prescribed, providing that it considers the issues specified in the guidance boxes across this SPD and summarised on the HIA Template. Further guidance on the HIA process can be found in **Chapter 3 Health Impact Assessments.**

Monitoring

This SPD will be monitored to see if it is contributing towards a healthier environment for people who live and work in south Worcestershire. The effectiveness of HIAs will be analysed in terms of the number of assessments carried out for each of the development categories in Tables 1 and 2 of this SPD. Additionally, the performance indicators of the Public Health Outcomes Framework will provide the measurable evidence for assessing progress against the health and wellbeing priorities across south Worcestershire. Further detail on the monitoring of the SPD can be found in **Chapter 4.**

1 Chapter 1 - An introduction to the links between planning and health

Background

1.1   Across the country people are now living longer, which is good news, but some people are unfortunately living longer with a disability/non-communicable disease[1]. Many of the causes are linked to avoidable behaviours, such as smoking, alcohol abuse, physical inactivity and poor diet (e.g. regularly eating food portions that are high in salt, fat and sugar coupled with a lower intake of fruit and vegetables).

1.2   Good health is linked to wealth, with lower life expectancy and health outcomes experienced by people living in the poorest communities[2]. Research has shown that people in England living in the poorest communities will die on average seven years before people living in the richest neighbourhoods. They also spend more of their lives living with a disability.

1.3   Health is in part determined by genetics, age and lifestyle, but also fundamentally by the environments in which people live and work. We therefore need to plan for healthy developments and better living environments which enable people to make healthier lifestyle choices, including improvements that people can undertake irrespective of their financial situation.

1.4   Worcestershire County Council as an upper tier local authority inherited the functions of improving public health and reducing inequalities in health in April 2013 under the Health and Social Care Act (2012). The Act required the creation of Health and Wellbeing boards, made up of key commissioners from local NHS and government organisations, to plan how best to meet the needs of the local population, to tackle local health inequalities, and to strategically plan local health and social care services. Local public health services are now commissioned by local authorities rather than the NHS Primary Care Trusts (PCTs). Strategic Health Authorities (SHAs) were dissolved and replaced with new local Clinical Commissioning Groups (CCGs) and an NHS Commissioning Board.

1.5   The Strategic Planning team at Worcestershire County Council (WCC) initially worked in partnership with the Directorate of Public Health (WCC) and with Worcester City Council to produce a "Planning for Health in Worcestershire" technical research paper (March 2015). The dissemination of the technical research paper and the associated input from workshops led the South Worcestershire Councils i.e. Malvern Hills District, Wychavon District and Worcester City Councils to develop this Planning for Health in South Worcestershire Supplementary Planning Document (SPD).

1.6   This Planning for Health SPD covers the local planning authorities of Malvern Hills District Council, Worcester City Council and Wychavon District Council (known collectively as the South Worcestershire Councils (SWC)). It has been prepared in partnership with the Strategic Planning team and the Directorate of Public Health at Worcestershire County Council and representatives from Planning Policy and Development Management teams within the SWC. This SPD will complement the South Worcestershire Development Plan and the related South Worcestershire Infrastructure Delivery Plan evidence base.

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1   A non-communicable disease is a medical condition or disease that is non-infectious or non-transmissible
2   The King's Fund (2015) Inequalities in life expectancy. Changes over time and implications for policy

Why is the role of health and wellbeing in planning important?

1.7 A person's health status can impact on many aspects of their everyday life. Health and wellbeing is not just down to a person's personal conditions as wider society and the environment are also material factors. In March 2012, the National Planning Policy Framework (NPPF) was published. This sets out the Government's planning policies, including a specific requirement to promote healthy communities (Section 8 of the NPPF), and to draw on evidence of health and wellbeing need. The NPPF is supported by National Planning Practice Guidance (NPPG) which further outlines the importance of health and wellbeing in planning.

1.8 Good health includes physical, mental and social wellbeing. It is not just the absence of illness but also general wellbeing and the prevention of illness. It goes beyond the care of a person who has become ill; support for good health, including health care services provision, requires the application of best practice in a range of areas, including planning. Positive measures include:

- Planning for built and natural environments that provide suitable living conditions, encourage good physical and mental health and wellbeing, and prevent people becoming ill;

- Ensuring access to facilities that promote, provide and encourage healthier lifestyle choices or that deal with ill health, and a means of getting to those facilities; and

- Providing health-promoting environments to support recuperation when people do fall ill;

Planning for health is about how we plan for and build health-promoting environments that improve the health of those who live in, work in, or visit south Worcestershire.

Purpose and status

1.9 It is increasingly recognised that the places and spaces where we live and work can have a real impact on health and wellbeing and that an individual's actions to improve their lifestyle or health status are likely to be influenced by the environmental and socio-economic context within which they take place. Poor health does not just arise by chance and is not just down to genetics[3]. Good planning means considering economic, social and environmental matters with the aim of creating attractive, safe and accessible places to live in, work in, and visit. There is therefore a strong policy basis for planning and health professionals to work together to help deliver healthy communities[4].

1.10 The purpose of this SPD is to provide guidance to local authority planning officers, applicants, relevant organisations and the wider community on delivering healthier developments. Understanding the roles of the built and natural environments and their effect on health and wellbeing can help to improve people's quality of life and provide a sustainable approach to the design and management of our environments. The SPD also aims to provide communities and other interested parties with information that supports and encourages positive action and participation to improve their health and wellbeing.

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3   Marmot (2010) The Marmot Review. Fair Society, Healthy Lives
4   Royal Town Planning Institute (June 2009) GPN 5: "Delivering Healthy Communities"

1.11   The NPPF states that *"Supplementary Planning Documents should be used where they can help applicants make successful applications or aid infrastructure delivery, and should not be used to add unnecessarily to the financial burdens on development"* (paragraph 153). This SPD is not policy itself, but supports the SWDP by providing further guidance and interpretation of the policies relevant to health, including the public health perspective. The SPD guidance can be found in the '**Guidance Boxes'** at the end of each topic section. The guidance boxes contain both SWDP policy and additional guidance. This Planning for Health SPD supports the SWDP and should be read in conjunction with it.

Aims and objectives

1.12   The aims and objectives of this Health SPD are as follows:

Aims

- to inform pre-application advice (and subsequent planning applications) of any potential health-related issues, and to be a material consideration, where relevant, to be taken into account in determining planning applications;

- to provide information and guidance that can be used to support a Health Impact Assessment;

- to promote opportunities for healthier lifestyles, encourage healthier choices and help reduce the demand on the NHS, health professionals, councils and individuals across south Worcestershire;

- to inform the preparation of future plans, strategies, development briefs, and policy decisions;

- to provide an evidence base resource, responding to local needs by providing supporting information and guidance; and

- to inform communities and provide guidance to aid with the preparation of Neighbourhood Plans.

Objectives

- To stimulate and bring about development proposals whose design is supportive of this SPD;

- To help deliver built and natural environments that provide suitable living conditions, encourage good physical and mental health and wellbeing and help prevent people becoming ill;

- To increase the number of Health Impact Assessments in order to maximise the positive health impacts of their proposals and provide mitigation against any potential negative impacts.

1.13   The SPD primarily focuses on the principal links between planning and health. The SPD builds on these strategic links by providing guidance to further expand upon relevant policies in the SWDP, particularly the interpretation of such policies from a public health perspective. This will help to support the submission of robust planning applications and Health Impact Assessments (HIA). HIA is a tool to predict the health implications on a population of a planning proposal. HIA is discussed further in chapter 3.

1.14   Parties that will have most interest in this SPD include all stakeholders involved in seeking to improve health outcomes through planning in south Worcestershire, including:

- Planning applicants and their agents;

- District and County Council planning teams;

- Elected members;

- Neighbourhood Planning teams;

- Town and Parish Councils;

- Clinical Commissioning Groups;

- NHS England Worcestershire Area Team; and

- Worcestershire Local Enterprise Partnership.

What the SPD is not

1.15   This SPD does not introduce new policy but rather supports the interpretation and application of existing policies and objectives of the SWDP by providing further guidance. It aims to help applicants submit more informed planning applications that take health considerations into account where relevant and/or necessary. Whilst the SPD does not have the same status as the SWDP (the SPD does not form part of the statutory development plan), it may be a material consideration in the determination of planning applications.

1.16   Applicants with a proposal for which a Health Impact Assessment is deemed appropriate should find that working through the process of an HIA, particularly pre-application, will help shape proposals to meet the SWDP's health-related policies and additional SPD guidance. An application can be made without a supporting HIA, but applicants may be requested to submit one if the local planning authority feels it necessary. Without an HIA, such an application could fail to satisfy health-related policies and that would count against the proposal in considering the planning balance. Guidance on the size and type of development for which HIA and/or HIA screening will be sought is provided in Tables 1 and 2 in section 3.8.

Planning and public health context

The National Planning Policy Framework (NPPF)

1.17 Historically, planning was intrinsically linked to public health, from the need to tackle overcrowding and sanitation issues during the industrial revolution, to the planning system we have in place today which addresses health issues through national and local planning policies. The NPPF came into force in 2012 and reinforced the requirement to take public health into account in both plan-making and decision-taking and to draw on evidence of health and wellbeing need. This SPD seeks to take forward the NPPF's aspirations by promoting healthy communities and advocates a number of measures, including planning for safe and accessible environments, the delivery of social, recreational and cultural facilities and high quality open spaces for sport and recreation.

National Planning Practice Guidance (NPPG)

1.18 The NPPF is supported by additional health and wellbeing guidance set out in the NPPG which promotes the use of Health Impact Assessments (HIA) on *"any planning applications (including at the pre-application stage) that are likely to have a significant impact on the health and wellbeing of the local population or particular groups within it"*[5].

1.19 The NPPG provides information in relation to creating a healthy community:

"A healthy community is a good place to grow up and grow old in. It is one which supports healthy behaviours and supports reductions in health inequalities. It should enhance the physical and mental health of the community and, where appropriate, encourage:

- *Active healthy lifestyles that are made easy through the pattern of development, good urban design, good access to local services and facilities; green open space and safe places for active play and food growing, and is accessible by walking and cycling and public transport.*

- *The creation of healthy living environments for people of all ages which supports social interaction. It meets the needs of children and young people to grow and develop, as well as being adaptable to the needs of an increasingly elderly population and those with dementia and other sensory or mobility impairments"*[6]

1.20 This SPD seeks to provide guidance on these elements from a south Worcestershire perspective to encourage a healthier environment and healthier communities in the area.

South Worcestershire Development Plan

1.21 The SWDP, as the statutory Local Plan, is a key planning document that sets out the vision, objectives and overall strategy for future development across the administrative areas of Malvern Hills, Worcester City and Wychavon.

1.22 The principle of incorporating health and wellbeing into planning in south Worcestershire is embedded throughout the SWDP and is one of the five key Objectives of the SWDP. The main overarching objective of the SWDP is the achievement of sustainable

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development. The health and wellbeing of the local population can be significantly influenced by successfully achieving sustainable development. The key policies and sections within the SWDP that relate to health and wellbeing, and to which this SPD are linked, are outlined in **Appendix 1.**

Health and Wellbeing Strategy (2016-21)

1.23   In April 2013 public health once again became a local government function, which provided an opportunity for local authorities to address the links between planning and health.

1.24   Worcestershire's second Joint Health and Wellbeing Strategy is a statement of the Health and Wellbeing Board's vision and priorities for 2016-21, based on the findings of a Joint Strategic Needs Assessment and public consultation. Preparation of the Strategy is a statutory duty for Worcestershire County Council and the Clinical Commissioning Groups. The Strategy is a basis for the public to hold local organisations to account for achieving the stated outcomes.

1.25   The Strategy sets the context for other health and wellbeing plans and for commissioning of NHS, public health, social care and related children's services. It is important that all partners work together to help align policies, services, resources and activities with the Strategy. This will enable joined-up action to tackle issues that will benefit from multi-agency working.

1.26   The Strategy has the following key priorities:

1.   Mental health and wellbeing throughout life

2.   Being active at every age

3.   Reducing harm from alcohol at all ages

This SPD aims to contribute to these priorities, which clearly link to the SPD's objectives, including planning for built and natural environments which encourage good physical and mental health and wellbeing in south Worcestershire.

Health and Wellbeing indicators

1.27   Delivery within south Worcestershire of the Joint Health and Wellbeing Strategy's three health and wellbeing priorities is assessed against indicators derived from the "Public Health Outcomes Framework[7]". The indicators detailed in **Appendix 4** have will provide measurable evidence for assessing progress against these priorities across Worcestershire. Implementing the guidance in this SPD and the application of HIA should help to deliver against these indicators.

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7   Public Health Outcomes Framework is a Public Health England measure which sets out the indicators that help understand how well public health is being improved and protected.

Planning for Health in Worcestershire Technical Research Paper

1.28   The Planning for Health in Worcestershire Technical Research Paper (March 2015) identifies the health issues facing Worcestershire and uses case studies to suggest how they might be addressed. As it is not the intention to repeat the Technical Research paper, this Planning for Health SPD should be read alongside it.

Health-related issues in south Worcestershire

1.29   For information relating to the key health-related issues in south Worcestershire, based on evidence provided by Public Health England and the Joint Strategic Needs Assessment for Worcestershire, please see **Appendix 3.**

2 Chapter 2 - Planning for healthy developments and healthy lifestyles

2.1 This chapter provides an overview of some of the health-related issues to consider when planning for new, inclusive developments, to encourage healthy lifestyles and being active at every age. The chapter is divided into sections, which address the following nine health and wellbeing principles:

1. Sustainable development

2. Urban form - design and the public realm

3. Housing and employment

4. Age-friendly environments for the elderly and those living with dementia

5. Community facilities

6. Green infrastructure and play spaces/recreation

7. Air quality, noise, light and water management

8. Active travel

9. Encouraging healthier food choices

2.2 Each section begins by outlining the SWDP policies and objectives that have informed the approach to that particular health and wellbeing principle[8]. Each section also includes a **Guidance Box** that sets out the planning-related solutions that could help to address some of these challenges. The guidance boxes, along with the templates in **Appendix 1**, can help to identify the issues that should be considered when submitting a Health Impact Assessment/Screening Report. The guidance boxes indicate which parts of the HIA template (provided in **Appendix 1** of this SPD) will be of most relevance to the above principles.

Sustainable Development

Relevant SWDP Policies and Objectives
Policies: SWDP 1 **Objectives:** All

2.3 Sustainable development can be defined as ensuring better lives for ourselves and future generations[9]. The UK Government sets out five principles through which this could be achieved: living within the planet's environmental limits; ensuring a strong, healthy and just society; achieving a sustainable economy; promoting good governance; and using sound science responsibly[10]. South Worcestershire's approach to sustainable development is outlined in SWDP 1, which covers the mutually dependent economic, social and environmental elements.

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8   The full policy text can be found in the adopted SWDP at http://www.swdevelopmentplan.org
9   Resolution 42/187 of the United Nations General Assembly, cited in the NPPF
10   The UK Sustainable Development Strategy Securing the Future, cited in the NPPF

2.4 The planning process can contribute to the health and wellbeing of local residents by ensuring that all three elements are delivered through robust planning applications. The protection and enhancement of the natural environment can provide attractive and healthy places for the local population and future generations to enjoy. Carefully managed growth can support the local economy and positively impact on the living standards of people in the local area, whilst careful design and planning can encourage physical and mental health and wellbeing and social cohesion amongst local communities. As such, sustainable development is a cross-cutting theme running through all of the guidance in this SPD, and should be a consideration in all development proposals.

Policy Guidance Box 1: Sustainable Development

Health & Wellbeing Principles: Sustainable Development	
HIA template reference	**Where relevant, proposals <u>must comply with policy by:</u>**
1.1	Ensuring development improves social, economic and environmental conditions across south Worcestershire (SWDP 1).

Urban Form - Design and the Public Realm

Relevant SWDP Policies and Objectives
Policies: SWDP 1, 4, 21 **Objectives:** A3, A4, E2

2.5 The design of the built environment can have a significant impact on physical and mental health and how people perceive their environments. The location, density and mix of land uses can have wide-reaching implications on how individuals live their lives; it can affect users' experience of and access to community facilities such as public services, employment opportunities, and parks and green spaces, and even access to healthy food choices. How areas and buildings connect to one another through street layout, footpaths, cycle ways and open spaces can impact on mental health and wellbeing and the amount of physical activity people undertake. As an example, well connected, attractive, safe, and legible streets, footpaths and cycle networks can encourage more people to use them, promote physical activity and mental health benefits and consequently reduce the frequency of car usage.

2.6 The quality of the public realm is vitally important for both mental and physical health. Our environments should promote and encourage physical exercise and psychological wellbeing, and improve cognitive functioning. This can include the overall quality of public spaces, from street layouts and connectivity, green infrastructure/landscaping, and traffic calming measures, to a person's interaction with the surrounding cultural and historic environment. The urban form plays a critical role in influencing physical activity and mental health, particularly through providing opportunities for walking, cycling and movement via non-motorised vehicles.

2.7 Accessibility is another crucial factor in creating healthy, sustainable communities. Accessibility means removing barriers that prevent people from accessing opportunities. These barriers may be physical, economic, or social. Creating a safe and direct route to a local playground, for example, may encourage families to walk or cycle to the park, and 'step free' flat routes and pathways can open up facilities for those residents that require wheelchair access or have impairments that restrict movement[11].

2.8 An important way of connecting the aims of the planning and health sectors is in making places more inclusive. The term 'inclusive environments' - used interchangeably with 'inclusive design' - refers to design features that aim to remove the barriers that can create undue effort and separation in the natural and built environment[12]. It enables everyone to participate equally, confidently and independently in everyday activities, which are important contributors to overall health and wellbeing and encourages social cohesion and the strengthening of social capital (i.e. the networks and relationships among people in an area). Through design, inclusive environments encourage planners and decision-makers to consider all of the potential users of public spaces and their particular needs, with the aim of building healthier places and environments that support independence at all stages of life. This is particularly important when addressing the needs of the elderly and vulnerable people. The built environment also needs to be designed so that it provides the opportunities for people to undertake effective non-medical GP referral options known as 'social prescribing'. This provides social support to patients and can operate alongside existing treatments to improve health and well-being[13]. Further information on how to plan for an ageing population can be found below. Further information relating to inclusive design and some of the other evidence behind planning for healthy inclusive environments can be found in **Appendix 2.**

Policy Guidance Box 2: Urban form - Design and the Public Realm

Health & Wellbeing Principles: Urban Form - Design and the Public Realm	
HIA template reference	W**here relevant, proposals must comply with policy by:**
2.1	Being of a high design quality. Proposals will need to integrate effectively with their surroundings, reinforce local distinctiveness and enhance cultural and heritage assets and their settings where appropriate (SWDP 21).
2.2	Designing layouts that maximise opportunities for pedestrian and cycle linkages to the surrounding area and local services (SWDP 21).
2.3	Providing well designed, appropriately detailed and maintained public realm areas and open spaces (SWDP 21).
2.4	Demonstrating how the layout of development will minimise demand for travel by offering sustainable travel choices (SWDP 4).

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11   Part M of the Building Regulations 2010 (2015 edition with 2016 amendments) provides further information relating to the requirements for wheelchair users, which deals with accessible and adaptable dwellings, amongst other elements.
12   Design Council Cabe (2006): Inclusive Environments
13   The Work Foundation (2017) Social prescribing; A pathway to work?

HIA template reference	Proposals <u>should also:</u>
2.5	Provide easily navigable routes which cater for the needs of all age groups, in particular the elderly, through the provision of benches, shading and simple, clear signage.
2.6	Provide innovative public realm design solutions which prioritise people over motor traffic, allowing for convenient, safe and attractive routes, in particular for walking and cycling.
2.7	Provide opportunities for community cohesion through the creation of permeable environments that will encourage people to get outdoors for recreation, social interaction, and moving around by non-vehicular means through active travel measures.

Housing and Employment

Relevant SWDP Policies and Objectives
Policies: SWDP 4, 14, 15, 20, 21, 26, 27, 39 **Objectives:** A1, B2, B4, B5, C2, D1, D2, E1, E2

2.9   Good design is inclusive design. Design should always be judged by whether or not it achieves an inclusive environment, and everyone can benefit from an environment designed in line with inclusive principles. Places and homes need to be designed so that they can adapt to changing uses and demands. The home and surrounding community infrastructure can directly support health and wellbeing, providing a setting where people feel a sense of security, independence and choice.

2.10   Housing provision needs to meet this challenge. The wider benefits of developing good quality adaptable housing that is suitable for all generations could include, for example, a reduction in health and social care costs[14]. Additionally, the built environment, through the design of housing and supportive community spaces, should reflect the desire to age-in-place through providing opportunities for social participation and community engagement[15]

2.11   At least 1.8 million households in England have an identified need for accessible housing, and 580,000 of these are of working age. It is reported that people with unmet need for accessible housing are estimated to be "four times more likely to be unemployed or not seeking work due to sickness/disability than disabled people whose needs are met"[16]. New developments need to be future proofed. Whilst this is not suggesting that all new homes need to incorporate design features for vulnerable people, they should be a feature in larger development where a need will arise at some point.

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14   Design Council Cabe (2006) The Principles of Inclusive Design
15   Heriott Watt University
        http://www.hw.ac.uk/schools/energy-geoscience-infrastructure-society/research/cesbd/health-wellbeing-in-built-environment.htm
16   Centre for Analysis of Social Exclusion at London School of Economics and Political Science (2016) Quality of life and opportunity
        for disabled people with accessible housing needs

2.12   People need access to warm and safe accommodation; the King's Fund[17] reported that safe and warm homes are one of the foundations of personal wellbeing from childhood through to old age. Evidence exists which demonstrates a strong relationship between living in a cold home and respiratory and cardiovascular disease, with children living in cold homes more than twice as likely to suffer from respiratory conditions than those living in a warm home. Living in a cold home impacts the mental wellbeing of individuals of all ages. Cold housing negatively impacts dexterity, increasing the chance of injury, particularly for the elderly and infirm and, if children are in the house, there is an impact on educational attainment and emotional wellbeing[18]. Being able to affordably heat a home reduces the risk of damp and mould growth. Damp and mould can lead to damage to the building as well as damage to human health. New build homes (and refurbishment projects) have to be insulated to the standards required in the latest published Building Regulations. Any improvements to existing and new housing stock on these minimum standards are welcomed from a planning perspective and in some instance the additional cost of doing so can be recouped in higher sales values.

2.13   Housing developments should seek to incorporate (or be located to provide access to) healthy, sustainable, liveable and attractive environments. This can range from the provision of safe, well-connected and accessible streets, parks, open spaces and play areas to the actual design features of housing itself, such as step-free access for those with disabilities, provision of gardens where possible, adaptable spaces and security measures and cycle storage/parking to encourage active travel. Innovative street design should be encouraged, to slow down road traffic and encourage the shared use of space by people and vehicles. Access to local facilities either on foot or in combination with public transport, and opportunities for allotment spaces are other factors that can help contribute to successful sustainable communities.

2.14   In terms of employment, it has been reported that industrial areas and employment sites with access to natural greenspace can result in more productive employees with greater job satisfaction[19]. Work productivity is also reported to be better where people are in pleasant, well-ventilated environments[20]. A healthy workplace has healthier employees that are absent less often and are more motivated to stay in work, recover from sickness quicker and are at lower risk of long-term illness. Organisations stand to make substantial cost savings by promoting health in the workplace and reducing sickness absence[21].We therefore need to plan for healthier environments for work and recreation time. Additionally, well-functioning businesses and a prosperous economy can indirectly reduce health inequalities by providing new employment opportunities and enhancing the quality of life for the residents and employees.

2.15   Well-designed schools and academic establishments can also support the health and wellbeing of students and teachers/tutors, contributing to increased performance and reduced absenteeism. A 2015 Spanish study found that green spaces within and around city schools improve the mental development of young children due to reduced exposure to traffic pollution and the beneficial psychological effect of having views of nature. The study found that green surroundings increased students' memory and attention span[22].

17   BUCK and GREGORY (2013) Improving the public's health: A resource for local authorities, The King's Fund: London
18   Friends of the Earth & the Marmot Review Team (2011) The Health Impacts of Cold Homes and Fuel Poverty
19   Forestry Commission (2010) The case for trees in development and the urban environment
20   Buck and Gregory (2013) Improving the public's health: A resource for local authorities, The King's Fund: London
21   Fit for Work http://fitforwork.org/employer/benefits-of-a-healthy-workforce/
22   P. Dadvand, at al (2015) Green spaces and cognitive development in primary schoolchildren

Policy Guidance Box 3: Housing and Employment

Health & Wellbeing Principles: Housing and Employment	
HIA template reference	**Where relevant, proposals <u>must comply with policy by:</u>**
3.1	Designing layouts that maximise opportunities for pedestrian and cycle linkages to the surrounding area and local services (SWDP 21).
3.2	Providing housing suitable for the needs of older people on all allocated and windfall sites of five units or more as part of the housing mix (SWDP 14, 15 and 20).[23]
3.3	Incorporating flexible designs, addressing access to open space and enabling adaption for future needs and uses of internal spaces or extensions (SWDP 21).
3.4	Demonstrating how the layout of development will minimise demand for travel (SWDP 4).
3.5	Providing new development with superfast broadband or alternative solutions (SWDP 26).
3.6	Providing the generation of energy from renewable or low carbon sources equivalent to at least 10% of predicted energy requirements (all new developments over 100 square metres gross or one or more dwellings). Large scale developments should consider the potential for a decentralised energy and heating network (SWDP 27).
3.7	Making provision for Green Space and outdoor community uses together with arrangements for long term management and maintenance (development proposals exceeding 5 dwellings) (SWDP 39).
HIA template reference	**Proposals <u>should also:</u>**
3.8	Follow the technical planning standards in the nationally described space standard when designing the internal space of developments.
3.9	Any improvements to energy efficiency in existing and new housing stock on the minimum Building Regulations standards are encouraged.
3.10	Consider outside space for drying washing to reduce the amount of moisture in the property.
3.11	Be designed to be adaptable and inclusive, catering for the changing needs of individuals, such as ageing and disabled/vulnerable people.

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23   Subject to the changes in the Written Ministerial Statement of 28th November 2014
      (https://www.publications.parliament.uk/pa/cm201415/cmhansrd/cm141128/wmstext/141128m0001.htm#14112842000008)

3.12	Provide continuous active travel routes between housing and local and more distant employment and transport hubs (rail stations and bus stops)
3.13	Encourage physical activity and healthy eating to support positive mental health and wellbeing in employment/academic developments. This will contribute towards work productivity and a reduction of absenteeism through illness amongst employees/students. Other measures can include provision of well-ventilated and lit areas that maximise natural sunlight, provision of on-site gym/sport/recreation facilities and open space, and changing rooms/lockers and cycle storage areas.
3.14	Be informed by Neighbourhood Plans (where existing), as they can play a key role in finding solutions to specific, localised health-related issues where these are identified.

Age-friendly environments and dementia

Relevant SWDP Policies and Objectives
Policies: SWDP 14, 15, 20, 21 Objectives: B2, B4, D1, D2, E1

2.16   Older people require supportive and enabling living environments to compensate for the physical and social changes associated with ageing. These changing needs may include reduced mobility, physical disability, and chronic diseases, as well as psycho-emotional concerns such as stress and isolation[24].

2.17   For the elderly, being physically active is a key factor to independent living, and helps to maintain social interaction and support. Regular physical activity is also linked to improvements in immune function and resistance to illness[2]. Unfortunately, levels of physical activity drastically decline with age[25]. Furthermore, a 2013 Age UK report states that 7% of people aged 65 plus in the UK always or often feel lonely and between 11% and 17% are socially isolated.[26]

2.18   The built environment can reduce these risks by enabling social interaction and connecting people with places and other people. The provision of accessible open spaces and walkable neighbourhoods can also encourage and facilitate increased physical activity amongst the elderly. It is crucial that these spaces and routes are safe and well-maintained. Public footpaths should also be well-lit and evenly surfaced. Where there are changes in ground levels, the transition should be gradual. Where steps are unavoidable, the provision of railings is necessary. Accessible public transport links, such as bus stops within walking distance from people's homes, are also crucial in maintaining the independence of the elderly. The Inclusive Mobility guidance published by the Department for Transport could be used to help establish appropriate measures for public transport infrastructure to meet the needs of all population groups[27].

24   Saurabh Ram Bihar Lal Shrivastava et al (2013) Health-care of Elderly: Determinants, Needs and Services, International Journal of Preventive Medicine 2013 Oct; 4(10): 1224–1225.
25   British Heart Foundation (2015)
26   Age UK (2014) Evidence Review: Loneliness in Later Life
27   Department for Transport (2015) Inclusive mobility

2.19   The majority of people would prefer to remain in their own homes as they grow older, and where possible make changes and adaptations to their properties should their needs change[28]. New homes will therefore be encouraged to meet the design standards of Lifetime Homes[29] which intend to meet changing needs over the course of people's lives. The application of such standards to new build properties can help to realise some older people's aspirations to stay in their homes for longer.

Dementia

2.20   Dementia is the term for a group of diseases affecting the brain. Dementia affects cognitive, sensory, social, emotional and physical functions. As a result people may experience problems in gathering their thoughts and in concentrating, as well as in the way they experience and interact with the external environment. Limitations, constraints and the feeling of isolation experienced by people living with dementia could be minimised by dementia-sensitive design and improvements to the places that we live in.

2.21   Whilst dementia can affect people as young as 30, the prevalence rate increases significantly with age. South Worcestershire has a higher proportion of older people than the national average, inevitably meaning that the sheer numbers of dementia cases will be higher. It is reported that 90% of people over retirement age and two-thirds of people with dementia in the UK do not live in specialised care institutions[30].

2.22   People living with dementia frequently stay at home because they do not feel safe to leave their house because the outdoor environment feels unsafe and unfamiliar. The provision of safe, well-lit, segregated and walkable routes connecting local green spaces and essential amenities could improve the likelihood of those with dementia continuing their everyday lives as part of the community. For example, being able to easily reach the park could offer the opportunity to spend quiet and relaxing time among other people.

2.23   It is important that pathways contain seating areas in strategic places, such as at crossroads. People living with dementia might take a little bit longer to remember their destination or how to get there. Circular routes provide opportunities to return to the same point if lost or confused. The design of street furniture should be kept simple and familiar to avoid it being mistaken for some other object. The positioning of street furniture, such as placing benches under street trees to allow shading during hot weather, is also important.

2.24   Paving and tarmac should be plain and non-reflective and should contrast with walls in colour and texture. Dementia affects people's perception of their surroundings and different surfaces. Dark areas might appear to them as a hole in the ground, whilst glaring/shining surfaces can look like water or slippery surfaces.

2.25   People living with dementia might feel confused when a lot of information is projected at them at the same time. They generally function better amongst objects in the environment that are simple and familiar. This is why sites should be well signed using a tonal contrast of colours with a clear and simple font.

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28   Communities and Local Government (2011) Lifetime Neighbourhoods
29   www.lifetimehomes.org.uk/
30   Later life in the UK. Age UK (2011) and Dementia 2012: a national challenge. Alzheimer's Society (2012)

Policy Guidance Box 4: Age-friendly environments for the elderly and those living with dementia

Health & Wellbeing Principles: Age-friendly environments for the elderly and those living with dementia	
HIA template reference	**Where relevant, proposals <u>must comply with policy by:</u>**
4.1	Providing housing suitable for the needs of older people on all allocated and windfall sites of five units or more as part of the housing mix (SWDP 14, SWDP 15 and SWDP 20).
4.2	Incorporating flexible designs, addressing access to open space and enabling adaption for future needs and uses of internal spaces or extensions (SWDP 21).**(31)**
HIA template reference	**Proposals <u>should also:</u>**
4.3	Follow the principles of age-friendly environments which cater for the needs of the elderly. This includes buildings that incorporate flexible and adaptable designs and address access to public open space.
4.4	Provide safe and walkable environments in parks, open spaces and community areas with shading, benches and other facilities. This provides opportunities for rest stops and opportunities for incidental social interactions.
4.5	Consider making pathways in parks circular where possible, to provide help for those suffering with dementia to return to the same point if lost or confused. These areas should also be clearly signposted with appropriate materials, and consideration should be given to the design of surfaces and street furniture.
4.6	Provide appropriately located pedestrian crossing facilities (e.g. next to a bus stop) to minimise travel distances for the elderly, as well as public transport links with bus stops which are within walking distance of homes.
4.7	Provide a range of home types which cater for the needs of the elderly to allow an element of choice to older people to stay within the community as long as possible and provide opportunities to downsize. This can include adaptable homes (e.g. smaller flats and bungalows with smaller gardens which are more manageable for those with potential mobility issues, or homes containing an integral flat or built-in "granny annex" to encourage extended families to stay together), supported living and care homes.

31   Subject to the changes in the Written Ministerial Statement of 28th November 2014
       (https://www.publications.parliament.uk/pa/cm201415/cmhansrd/cm141128/wmstext/141128m0001.htm#14112842000008)

Community Facilities

Relevant SWDP Policies and Objectives
Policies: SWDP 37, 39 **Objectives:** A3, A5, D2, E2

2.26   Community facilities play an increasingly important yet often undervalued role in providing for the wellbeing of the community and the facilitation of social contact. Ensuring that people do not feel the negative impacts of social exclusion is an important consideration in terms of both their physical and mental health and general well-being. Such facilities can encourage companionship, a sense of identity and belonging[32]. As an example, well-integrated and maintained public spaces, community facilities, and parks are known to increase levels of 'incidental activity' and social interaction by making it easier for residents to access facilities nearer to their homes.

Policy Guidance Box 5: Community Facilities

Health & Wellbeing Principles: Community Facilities	
HIA template reference	**Where relevant, proposals must comply with policy by:**
5.1	Providing new community facilities or enhancing existing facilities, particularly where the proposals have resulted from neighbourhood planning (SWDP 37).
5.2	Making provision for civic squares and/or spaces in the public realm at a standard of 0.03 ha per 1000 population where negotiated through SWDP 39. This will help to promote social interaction among communities (SWDP 39).
HIA template reference	**Proposals should also:**
5.3	Where applicable, seek confirmation from applicants (in consultation with the relevant health consultees) that new residential development is supported by sufficient healthcare provision and is proposed in a location where health facilities can be easily accessed. Where there is a shortfall in sufficient healthcare facilities, measures should be taken to rectify the shortfall as a result of development.

Green Infrastructure

Relevant SWDP Policies and Objectives
Policies: SWDP 5, 39 **Objectives:** C1, C4, C5, D2, E2

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32   Pinder R, et al (2009) 'Exploring perceptions of health and the environment: a qualitative study of Thames Chase Community Forest'. *Health & Place*, vol 15, no 1, pp 49–56.

2.27   Green spaces and green infrastructure (which covers biodiversity, landscape, the historic environment, and the water environment) can play a significant role in the design of new developments, as well as in the wider environment. It can contribute to improving health and wellbeing. Green spaces can help to encourage physical movement and exercise, discourage car use, and provide restorative qualities. A concerted effort is required to continue to improve and maintain our natural environments to provide habitat protection and creation, to reduce pollution, and to mitigate against increasing occurrences of extreme temperatures and the impact of flooding. Green spaces, including elements such as trees, also help in adapting to the extremes of climate change and reducing greenhouse gases, particularly carbon dioxide. They can also improve air quality and reduce noise impact (through absorption of noise and separation of sources of noise generation from homes). The health and wellbeing of local residents can be enhanced by the preservation and enhancement of a wide range of ecosystems.

2.28   The proximity and accessibility of green spaces to residential areas is positively associated with increased overall levels of physical activity[33]. Access and quality are key issues in the provision of green space. Greater proportions of green space in a district are associated with better levels of self-reported health[34].

2.29   Green and open spaces can improve public health and community wellbeing and help people of all ages to remain active by improving environmental quality, providing opportunities for recreation and exercise and delivering mental and physical health benefits. This is particularly important for older population groups. Having access to age-friendly local green and open spaces can help the elderly to remain active for longer and can reduce the potential for isolation through encouraging social interaction. A recent review of physical activity interventions and their effects on the brain also found that older people who engaged in walking as a physical activity were less likely to develop dementia[35].

2.30   Green infrastructure can be used to increase community resilience to a range of climate-related impacts, including air pollution, noise and the impacts of extreme heat and extreme rainfall events. Green infrastructure has a cooling effect and helps to modify temperatures and counter the 'urban heat island' effect. As an example, urban parks have been shown to be on average 1°C cooler than built-up areas, and larger parks have a greater cooling effect. Green infrastructure also has the potential to slow water flow over the ground and provide areas for water storage, thereby preventing or minimising potential flooding and positively impacting upon the quality of ground water, surface water and soils.

2.31   Green spaces can play a vital role in the health of the nation. The visual qualities and landscape improvements on new developments can benefit health and wellbeing through increased sense of belonging and pride in the local area. Indeed, most studies support the view that green spaces have beneficial health effects and research has shown that in a greener environment, people report fewer symptoms and have better perceived general health[36].

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33   Public Health England (2014) Local action on health inequalities: Improving access to green spaces
34   Boyce & Patel (2009) The health impacts of spatial planning decisions
35   Public Health England (2014) Local action on health inequalities: Improving access to green spaces
36   Faculty of Public Health (2010) Great Outdoors: How our natural health service uses green space to improve wellbeing

Play spaces/recreation

2.32   As well as encouraging physical activity and thereby reducing obesity, access to green space, sports and other recreational facilities promotes relaxation and reduction in stress, and can also bring about social interaction within communities.

2.33   Britain is now the most obese nation in Europe[37]. Obesity and being overweight increases the risk of developing a range of serious diseases including heart disease, diabetes and cancers, which lead to an increased demand on social care services[38].

2.34   Obesity and its co-morbidities, particularly diabetes, are continuing to increase in Worcestershire with little sign of slowing down[39]. Around 25.6% of the adult population are obese, which is higher than the national average (24.2%). About a quarter of children starting school in Worcestershire are either overweight or obese, and about a third are overweight or obese by the time they leave primary school at the end of year six [40]. More specifically, in Malvern Hills 29.9% of children are overweight or obese by the age of 10 or 11; in Worcester City this percentage is higher at 31.6%, and in Wychavon the proportion is 29.1%[41].

2.35   Access to high-quality and well-maintained green space promotes physical activity, positive mental wellbeing and healthy childhood development. Children with access to safe green spaces are more likely to be physically active and less likely to be overweight. Outdoor play encourages healthy brain development and promotion of wellbeing through adulthood. Natural play areas can allow for adventurous play helping them to develop useful skills through play. Children who play in green spaces also develop better motor skills than those who do not[42].

2.36   When considering mental health, MIND's Ecotherapy Report[43] found that a greener, more active lifestyle aids positive changes. It concluded that people experiencing mental distress frequently use physical activities such as walking, gardening and exercise to help lift their mood, reduce stress, provide purpose and meaning, and reduce their vulnerability to depression. There is firm evidence that links health and wellbeing benefits to increased physical activity, whether it is everyday activities such as walking or cycling to work, or increased active recreation[44]. The benefits are preventative as well as therapeutic for people with existing conditions, with the use of green spaces for exercise being particularly effective in reducing morbidity[45]. Because the effects are felt particularly strongly among children and lower socioeconomic groups[46], these benefits can help to reduce health inequalities.

2.37   The Accessible Natural Greenspace Standard (ANGSt) developed by Natural England sets a series of distance and size thresholds for households to access natural greenspace. ANGSt states that everyone, wherever they live, should have:

37   United Nations Food and Agricultural Organization (2013) The State of Food and Agriculture 2013 cited in NHS Choices [Online] available at: http://www.nhs.uk/Livewell/loseweight/Pages/statistics-and-causes-of-the-obesity-epidemic-in-the-UK.aspx [Accessed 22/06/2016]

38   Worcestershire County Council (2015) Planning for Health in Worcestershire Technical Research Paper

39   Worcestershire County council (2015) Joint Strategic Needs Assessmen

40   Ibid

41   Public Health Outcomes Framework, 2014/15

42   Ibid

43   MIND (2013) Feel better outside, feel better inside: Ecotherapy for mental wellbeing, resilience and recovery

44   Department of Health (2011) Start active, stay active

45   Maas, J., et al (2009) Morbidity is related to a green living environment, Journal of epidemiology and community health (63): pp.967-973

46   Ibid

- An accessible natural greenspace of at least 2ha in size, no more than 300m (5 minute walk) from home;

- At least one accessible 20ha site within 2km of home;

- One accessible 100ha site within 5km of home;

- One accessible 500ha site within 10km of home; and

- A minimum of one hectare of statutory local nature reserve per thousand population[47].

2.38   Since 1992, the National Playing Fields Association (NPFA – now known as 'Fields in Trust') has recognised the need for local places to play in, and the importance of walking. The NPFA recommended the introduction of a hierarchical approach to planning for play based on: Local Areas for Play (LAPs); Local Equipped Areas for Play (LEAP); and Neighbourhood Equipped Areas for Play (NEAP). The recommendations are for provision related to age, distance and diversity of opportunity. The NPFA also referred to the need for local facilities on the basis of accessibility. It recommends a 20-minute travelling time to specialist facilities such as an artificial turf pitch or athletics track is acceptable, and that a 10-15 minute journey to local sports facilities is reasonable (although it does not specify the mode of travel for the journey). In this context the NPFA recommends that playing fields (or sports and recreation grounds or other local outdoor facilities) should be within three-quarters of a mile (1.2km) of where people live.

2.39   More recently, Sport England and the Department for Culture, Media and Sport announced new indicators[48] of 20 minutes' travel by foot in urban areas and 20 minutes by motorised transport in rural areas (these distances and those above are echoed in policy SWDP 39).

2.40   In terms of children's play, the distances considered reasonable to travel from home to public open space are set out below (as per SWDP 39: Provision for Green Space and Outdoor Community Uses in New Development, based on NPFA recommendations).

Toddler Play Area LAP	**Within 200m (1/8 mile)**
Children's Play Area LEAP	**Within 400m (1/4 mile)**
Small Local Park	**Within 800m (1/2 mile)**
Local Park NEAP	**Within 1200m (3/4 mile)**

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47   Worcestershire County Council (2013) Green Infrastructure Framework 3: access and recreation
48   The indicators are part of the Comprehensive Performance Assessment (CPA), conducted by the Audit Commission, which assesses the performance of every local authority and the services that they provide for local people.

Policy Guidance Box 6: Green Infrastructure and play spaces/recreation

Health & Wellbeing Principles: Green infrastructure and play spaces/recreation	
HIA template reference	**Where relevant, proposals must comply with policy by:**
6.1	Contributing towards the provision, maintenance, improvement and connectivity of Green Infrastructure as per the requirements set out in SWDP 5.
6.2	Making provision for Green Space and outdoor community uses together with arrangements for long term management and maintenance (development proposals exceeding 5 dwellings[49]) (SWDP 39).
HIA template reference	**Proposals should also:**
6.3	Ensure accessibility when designing on-site green space in developments, to encourage active travel.
6.4	Place children's play areas and other outdoor community uses such as parks, allotments, community gardens and outdoor 'green' gyms in accessible locations that are a reasonable travel distance to the local population.
6.5	Design recreation areas such as parks and other public spaces to encourage incidental human interaction, for example by strategic placement of street furniture.

Air quality, Noise, Light and Water Quality

Relevant SWDP Policies and Objectives
Policies: SWDP 11, 28, 29, 30 and 31 **Objectives:** C2, C5

2.41   Air pollution has an impact on the health and wellbeing of the population. "*Each year in the UK, around 40,000 deaths are attributable to exposure to outdoor air pollution which plays a role in many of the major health challenges of our day*"[50]. Air pollution can be linked to cancer, asthma, stroke and heart disease, diabetes, obesity, and changes linked to dementia[51].

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49   Subject to the changes in the Written Ministerial Statement of 28th November 2014
       (https://www.publications.parliament.uk/pa/cm201415/cmhansrd/cm141128/wmstext/141128m0001.htm#14112842000008)
50   Royal College of Physicians (2016) Every breath we take: the lifelong impact of air pollution.
51   Ibid

2.42   Development proposals should avoid contributing to concentrations of nitrogen dioxide levels identified for Air Quality Management Areas (AQMA). The AQMAs are hot-spots where there is traffic congestion, often in narrow streets that have buildings close to the kerbside forming 'canyons', or roads with high traffic flows. There are four AQMAs in south Worcestershire (three in Worcester and one in Wychavon)[52].

2.43   New developments should be designed to minimise public exposure to air pollution, e.g. by locating habitable rooms away from busy roads, or directing pollutants through well-sited vents or chimney stacks. The positioning of streets and buildings within developments can contribute to air pollution reductions through effective pollution dispersion techniques.[53]

2.44   Almost all buildings emit air pollution due to their heating, cooling and electricity usage. This can be minimised by designing to maximise energy efficiency and by using low-polluting systems to meet the remaining energy demand. Innovatively designed buildings can significantly reduce the need for heating, cooling, and ventilation[54].

2.45   Emissions associated with construction sites include dust and particulates from site preparation, demolition and construction, and exhaust emissions from non-road mobile machinery and generators or other static plant. Mitigation measures should be undertaken to reduce the impact of these practices on air quality. A thorough assessment of these impacts and mitigation techniques should be undertaken. Planning conditions are one measure that can be used to control on-site construction activity.

2.46   There has been increasing recognition of the importance of green space in the absorption of air pollutants. It has been estimated that doubling the tree cover in the West Midlands alone would reduce mortality in the region as a result of poor air quality from pollutants by 140 people per year[55]. The increased provision of Green Infrastructure, including parks and green spaces, as well as smaller elements such as street trees and green road verges, could contribute to air quality improvements.

2.47   Whilst there is a role for active travel in addressing air quality issues, and this is addressed elsewhere in this SPD, it is recognised that there will still be a significant demand for vehicular journeys. The impact of this can be reduced by encouraging the use of electric vehicles. All developers should consider the inclusion of electric vehicle charging points within new developments where appropriate. For example, current Worcestershire County Council highways parking standards specify that in order to be counted as a parking space, residential garages must include an electric vehicle charging point. Additionally, charging points are becoming more prevalent in public car parks. Putting this infrastructure in place is one measure that can help encourage the wider use of electric vehicles.

2.48   Light and noise pollution can also impact on a person's health and wellbeing. Developments should be located to avoid conflicts between land uses. Where issues are identified the aim should be to mitigate against any adverse impacts that could cause light

52   Worcestershire Green Infrastructure Partnership (2014) Green Infrastructure Framework 4: Socio-economic Benefits of Green Infrastructure
53   Institute of Air Quality Management (2015) Land-Use Planning & Development Control: Planning For Air Quality
54   Clean Air for London (2013) Reducing air pollution from your building – a series of manuals for operators, designers & developers Manual B – Minimising air pollution from new developments
55   Worcestershire Green Infrastructure Partnership (2014) Green Infrastructure Framework 4: Socio-economic Benefits of Green Infrastructure

or noise pollution. Environmental Health officers may need to be consulted in some scenarios. Areas that are valued for their tranquillity should remain undisturbed as they provide recreational and amenity value.

2.49 In terms of flood risk, the physical and mental toll any flooding event can have on an individual or a community can be extensive. Those affected by flooding can suffer stress and mental illness, with the risk of chronic disease also being exacerbated for many years after the flooding has occurred.[56] It is therefore of paramount importance that flood risk is considered in detail at an early stage in the planning process to ensure that the risk to any development is as low as possible and that new development itself will not exacerbate the risk. Developments also need to consider water efficiency and usage in order to help reduce the strain on river water abstraction and water treatment pressures.

Policy Guidance Box 7: Air Quality, Noise, Light and Water Management

Health & Wellbeing Principles: Air Quality, Noise, Light and Water Management	
HIA template reference	**Where relevant, proposals <u>must comply with policy by:</u>**
7.1	Designing development proposals to avoid any significant adverse impacts from pollution, including cumulative ones, on human health and wellbeing, the water environment, the effective operation of neighbouring uses, biodiversity and any Air Quality Management Area (AQMA) (SWDP 31).
7.2	Submitting a Transport Assessment for employment development proposals within the Vale of Evesham Heavy Goods Vehicles Control Zone which would generate additional Heavy Goods Vehicle trips. This will need to show that adequate consideration has been given of any HGV traffic impacts resulting from a proposal (e.g. noise, vibration, pollutions and other adverse impacts) (SWDP 11).
7.3	Minimising the impacts of and from all forms of flood risk, including site drainage and runoff (SWDP 28, 29).
7.4	Demonstrating that for housing proposals there are or will be adequate water supply and water treatment facilities in place to serve the whole development and that daily non-recycled water use per person will not exceed 110 litres per day (SWDP 30).
HIA template reference	**Proposals <u>should also:</u>**
7.5	Undertake mitigation measures to reduce the impact of air quality and noise from construction activities.

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56   Alderman et al., 2012; Carroll et al., 2009; Tapsell & Tunstall, 2008 in Reducing adverse health impacts from flooding and flood risk, Pendlebury et al.(2015)

7.6	Consider the provision of green infrastructure including the planting of new and the protection of existing trees and other biodiversity features in order to improve air quality and/or provide noise buffer zones.
7.7	Consider mitigation measures for any light pollution that could be caused as a result of development.
7.8	Carefully and innovatively design buildings to minimise public exposure to air and noise pollution sources (such as situating gardens away from busy roads) and to maximise energy efficiency and the use of renewable and low-carbon energy.

Active Travel[57]

Relevant SWDP Policies and Objectives
Policies: SWDP 4 **Objectives:** B4, E2

2.50 Car travel has replaced many journeys once made by walking or cycling, and people now tend to travel over longer distances more frequently. Additionally, the car is used instead of active travel modes for many shorter journeys, as it is perceived to provide increased convenience by being quicker and requiring lower levels of exertion. This has been a key factor in the decline of physical activity levels over the past 40 years[58].

2.51 Effective spatial planning can reduce the need to travel by car to the workplace, schools, shopping or leisure facilities by ensuring that new dwellings are located in areas where such facilities are readily available, or where alternative transport modes are in place. New developments should be designed to encourage alternative transport modes, for example by providing bicycle storage points and/or changing facilities in work places. Similarly, travel routes should be designed so that genuine priority is given to pedestrians and cyclists[59].

Policy Guidance Box 8: Active Travel

Health & Wellbeing Principles: Active Travel	
HIA template reference	**Where relevant, proposals <u>must comply with policy by:</u>**
8.1	Demonstrating how the layout of development will minimise demand for travel by offering sustainable travel choices (SWDP 4).
8.2	Providing Travel Plans[60] that set out measures to reduce the demand for travel by private cars and stimulate cycling, walking and public transport use (SWDP 4).

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57   Travelling by foot or bicycle rather than car or public transport for the purpose of making everyday journeys.
58   Public Health England (2016) Working Together to Promote Active Travel. A briefing for local authorities
59   Institute of Air Quality Management (2015) Land-Use Planning & Development Control: Planning For Air Quality
60   For residential uses major is defined as 10 units or more. For all non-residential uses, major is defined as exceeding 1,000sq. m. (net) floorspace. The agreed targets within a Travel Plan will reflect the potential of the proposed use to offer realistic travel choices.

HIA template reference	Proposals <u>should also:</u>
8.3	Provide access links to existing public rights of way (PROW) and improvements to PROW and cycle networks where possible.
8.4	Enhance opportunities to use public transport and the provision of high quality, safe, attractive and inclusive infrastructure to support active modes of transport (e.g. walking and cycling).
8.5	Reflect the presumption in favour of sustainable development contained in the NPPF by promoting accessibility to everyday facilities, services and green spaces for all, making walking and cycling the more attractive option, especially for those without a car.

Encouraging healthier food choices

Relevant SWDP Policies and Objectives
Policies: SWDP 10, 39 **Objectives:** A3, E1, E2

2.52   Since the 1960s there have been substantial changes to the way food is supplied and purchased, with increasing car ownership and the tendency towards 'one-stop shopping' a noticeable feature. The result has led to changes in the built environment, with large supermarkets in 'out-of-town' locations, and a decline in the number of smaller general and specialist grocery shops in town centres and suburban areas. This contributes to creating an 'obesogenic' environment (the type of environment which encourages people to eat unhealthily and not do enough exercise). These changes to the way we shop for food have led to concerns about lack of access to affordable and healthy food, particularly in urban areas.

2.53   The Health Select Committee[61] stated that the scale and consequences of childhood obesity demanded bold and urgent action from Government. Treating obesity and its consequences is currently estimated to cost the NHS £5.1bn every year. It is one of the risk factors for type 2 diabetes, which accounts for spending of £8.8 billion a year, almost 9% of the NHS budget.

2.54   Takeaway food outlets in urban areas can provide a popular service for local residents, contribute to the economy and, in city and town centres, are a popular part of the night time economy. Whilst there is demand for these facilities, it is recognised that takeaway food outlets can potentially create more disturbance and have greater effects on residential amenity and environmental quality than some other uses. Of particular concern is the fact that hot food takeaways tend to sell food that is high in fat and salt, and low in beneficial nutrients. Unhealthy eating can increase a person's risk of being overweight or obese, as well as increasing the risk of chronic diseases, including Type 2 diabetes, hypertension, and certain cancers. A 2009 study in the United States has found evidence of elevated levels of obesity

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61   House of Commons Health Committee (November 2015) Childhood obesity—brave and bold action - First Report of Session 2015–16

in communities with high concentrations of fast food outlets[62]. Additionally, a Public Health England report on obesity and the environment proves that more deprived areas have a higher proportion of fast food outlets per head of population[63].

2.55 City and town centres offer a wide range of services to meet the needs of their residents and visitors and in many cases allow them to enjoy a high standard of living. However, the prevalence, availability and location of some of these services, such as hot food takeaways, can encourage unhealthy consumption. A more positive aspect of cities and towns is the opportunity to encourage healthy eating through the use of allotments and food growing areas for the resident population.

2.56 National planning policy recognises the significance of food growing in helping to create and maintain healthy communities. This is supported by the national Planning Practice Guidance, which seeks to ensure the consideration of opportunities for healthy lifestyles, including promoting access to healthier food, in the decision-making process for planning applications.

2.57 Over recent years individuals and communities have become more interested in growing fruit and vegetables as the health and environmental benefits are further recognised. This resurgence has meant that local authorities are increasingly unable to meet demand for allotment plots across the country[64]. There is also now national recognition that access to fresh and healthy food is something that should be encouraged within the planning process to improve health and wellbeing[65].

2.58 It is recognised that allotments can and do improve community wellbeing, providing a source of fresh food and opportunities for healthy outdoor exercise and social interaction, as well as being a positive resource for people with physical and mental health disabilities.[66]

2.59 Other schemes providing opportunities for food growing include community gardens (and farms) and other community-managed projects in urban areas. These range from tiny wildlife gardens and fruit and vegetable plots on housing estates to large city farms[67].

2.60 Vertical gardening and the use of green walls offer a means of local food production to householders who may not have access to allotments, and are suitable for many types of plants, from herbs to fruit. Green walls also offer aesthetic benefits, as well as contributing to the improvement of urban air quality[68]

2.61 Community orchards can help to revive an interest in fruit growing, provide a way of sharing knowledge and horticultural skills and encourage the local community to grow food for themselves. They also enable people of different age groups and backgrounds to connect.

2.62 The location of new allotments, orchards and other food growing areas is important to minimise their exposure to exhaust emissions. Any edible planting should grow in areas away from busy roads.

62   Zenk SN, Schulz AJ, Odoms-Young AM. How neighbourhood environments contribute to obesity. The American journal of nursing. 2009 Jul;109(7):61-4, cited in Public Health England (2014) Healthy people, healthy places briefing Obesity and the environment: regulating the growth of fast food outlets.
63   Public Health England (2014) Healthy people, healthy places briefing Obesity and the environment: regulating the growth of fast food outlets
64   Local Government Association (2009) Growing in the Community
65   Town and Country Planning Association (July 2015) Public Health in Planning - Good Practice Guide
66   Local Government Association (2009) Growing in the Community
67   Department of Communities and Local Government (2011) Space for food growing
68   https://www.rhs.org.uk/advice/profile?pid=547

2.63 Under recent legislation and through local and neighbourhood plans, local communities are able to identify green areas of particular importance to them - such as allotments – for special protection. By designating land as 'Local Green Space', communities will be able to rule out new development other than in very special circumstances.

Policy Guidance Box 9: Encouraging healthier food choices

Health & Wellbeing Principles: Encouraging Healthier Food Choices	
HIA template reference	**Where relevant, proposals <u>must comply with policy by:</u>**
9.1	Using part D of SWDP 10 to limit the loss of A1 units in primary shopping frontages (e.g. going to A5 use) and part E of SWDP 10 to limit the number of A5 units in secondary shopping frontages on the street. Additionally, part H can also further limit the number of non-frontage units being changed to A5 use in district and local centres, depending on the status of the A1 uses in the area (SWDP 10).
9.2	Making provision for Green Space and outdoor community uses together with arrangements for long term management and maintenance on developments exceeding five dwellings.[69] This provision could include the provision of allotments as per Table 10 of SWDP 39, as informed by local evidence (SWDP 39).
HIA template reference	**Proposals <u>should also:</u>**
9.3	Take into account the proliferation and cumulative impact of uses that could encourage unhealthy consumption (such as hot food takeaways), particularly in the vicinity of schools, community centres and identified areas of health deprivation and areas where obesity levels are higher than the Worcestershire average.
9.4	Demonstrate how any potential negative elements of the proposal (e.g. waste disposal, odours, litter, noise, crime and safety, etc.) could impact upon the surrounding environment and existing neighbours, and how they will be minimised or mitigated.
9.5	Liaise with the relevant City, Town or Parish Council, trust or charity to seek to secure an appropriate mechanism for the long-term management and maintenance of the allotments / community orchards / community gardens, where provided[70].

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69   Subject to the changes in the Written Ministerial Statement of 28th November 2014
      (https://www.publications.parliament.uk/pa/cm201415/cmhansrd/cm141128/wmstext/141128m0001.htm#14112842000008)
70   Under the Small Holdings and Allotments Act 1908 and Schedule 29 of the Local Government Act 1972, if there is a Town or Parish
      Council in a particular area, then the responsibility for providing and managing allotments within the boundaries of that town or
      parish lies with them. If there is no Town or Parish Council this duty falls to the District Council in that area. In South Worcestershire
      the only area not covered by either a Town or Parish Council falls within Worcester City's boundaries.

3 Chapter 3 - Health Impact Assessments

Rationale

3.1 Health Impact Assessment (HIA) ensures that the effects of development on both health and health inequalities are considered and addressed during the planning process.

3.2 HIAs are undertaken to predict the health implications on a population of implementing a plan, policy, programme or project, aiding the decision-making process. HIA should aim to enhance the positive aspects of a proposal through assessment, while avoiding or minimising any negative impacts, with particular emphasis on disadvantaged sections of communities that might be affected.

3.3 Not all proposals will necessitate HIA; the HIA screening process will determine whether a HIA is needed for the particular scheme, based on a number of criteria.

Why HIAs?

3.4 We have seen that spatial planning and development can shape a wide range of social, environmental and economic factors that have an impact on human health and wellbeing. Ensuring these issues are considered at the planning and design stage can improve both the physical and mental health of the population and contribute to reducing health inequalities.

3.5 An HIA is a tool to help deliver the SWDP's objectives and the guidance outlined in this SPD. An HIA will test whether a planning proposal follows health-related planning and design principles. HIA tends to draw on existing knowledge and information about a proposed location and the communities that are likely to be affected, and do not generally require specific new research on health impacts.

National and local context of HIAs

3.6 The National Planning Policy Framework, 2012 (NPPF) recognises the need to understand and "*take account of the health status and needs of the local population including expected future changes, and any information about relevant barriers to improving health and wellbeing."* The use of HIAs is one way of doing so.

3.7 National Planning Practice Guidance (PPG) recognises that, in relation to planning applications, HIAs may be used as a tool to identify where significant impacts on the health of local people are expected.

3.8 The Directorate of Public Health at Worcestershire County Council (WCC) is supporting Local Planning Authorities in embedding HIAs into planning policy and decision-making. The HIA process in south Worcestershire is supported by an HIA Steering Group consisting of health professionals, transport representatives and district and county planners.

HIA process

3.9 It is recommended that applicants undertake an HIA and HIA screening at an early stage, ideally before a planning application has been submitted. It will help address any relevant health impacts, whilst minimising the costs of changes to plans. Early dialogue with the local planning authority (such as through pre-application advice) will help establish the extent and content of HIA.

3.10   The HIA should be submitted to the planning authority for assessment. It could be a stand-alone assessment or form part an existing supporting document such as an Environmental Impact Assessment or Design and Access Statement. The exact format is not prescribed, providing that it considers the issues in the HIA Templates in **Appendix 1** (as expanded upon in the policy guidance boxes throughout the SPD).

3.11   Tables 1 and 2 below set out the criteria for when HIA/HIA screening will be sought.

Table 1 Criteria for undertaking HIA

<u>**An HIA should be undertaken for:**</u>
- Residential and mixed use sites of 25 dwellings or more (gross)

- Employment sites of 5 ha or more (Gross Internal Area)

- Retail developments of 500 square metres or more (Gross Internal Area)

- Other relevant proposals as requested by the local planning authority

Table 2 Criteria for undertaking HIA screening

<u>**HIA screening should be considered for proposals for or changes of use to:**</u>

- Restaurants & cafés

- Drinking establishments

- Hot food takeaways

- Betting shops and pay-day loan shops

- Leisure, residential and non-residential institutions

- Other relevant proposals as requested by the local planning authority

The screening process will identify whether the proposal requires an HIA.

3.12   Not all planning proposals will require HIA. HIA screening will need to be undertaken for the development types specified in Table to determine whether an HIA should be completed.

3.13   If the screening exercise identifies any potential health and wellbeing impacts on the local population, the HIA should be completed and submitted to the LPA. The LPA, in consultation with the Directorate of Public Health, will review the results of the screening exercise and will advise the applicant on the need for a full HIA. The LPA may also request a revised HIA screening assessment if the version submitted is insufficient to allow a decision to be reached. Where any additional proposals are requested to undertake an HIA screening by the local planning authorities (which could lead to a full HIA), this will either be as a result

of pre-application discussions or following the submission of a planning application that is considered to warrant a screening. While the request for an HIA screening (or advancement to an HIA) will not delay the validation process of any planning application it may hinder a decision being made in good time if the information is not forthcoming from the applicant.
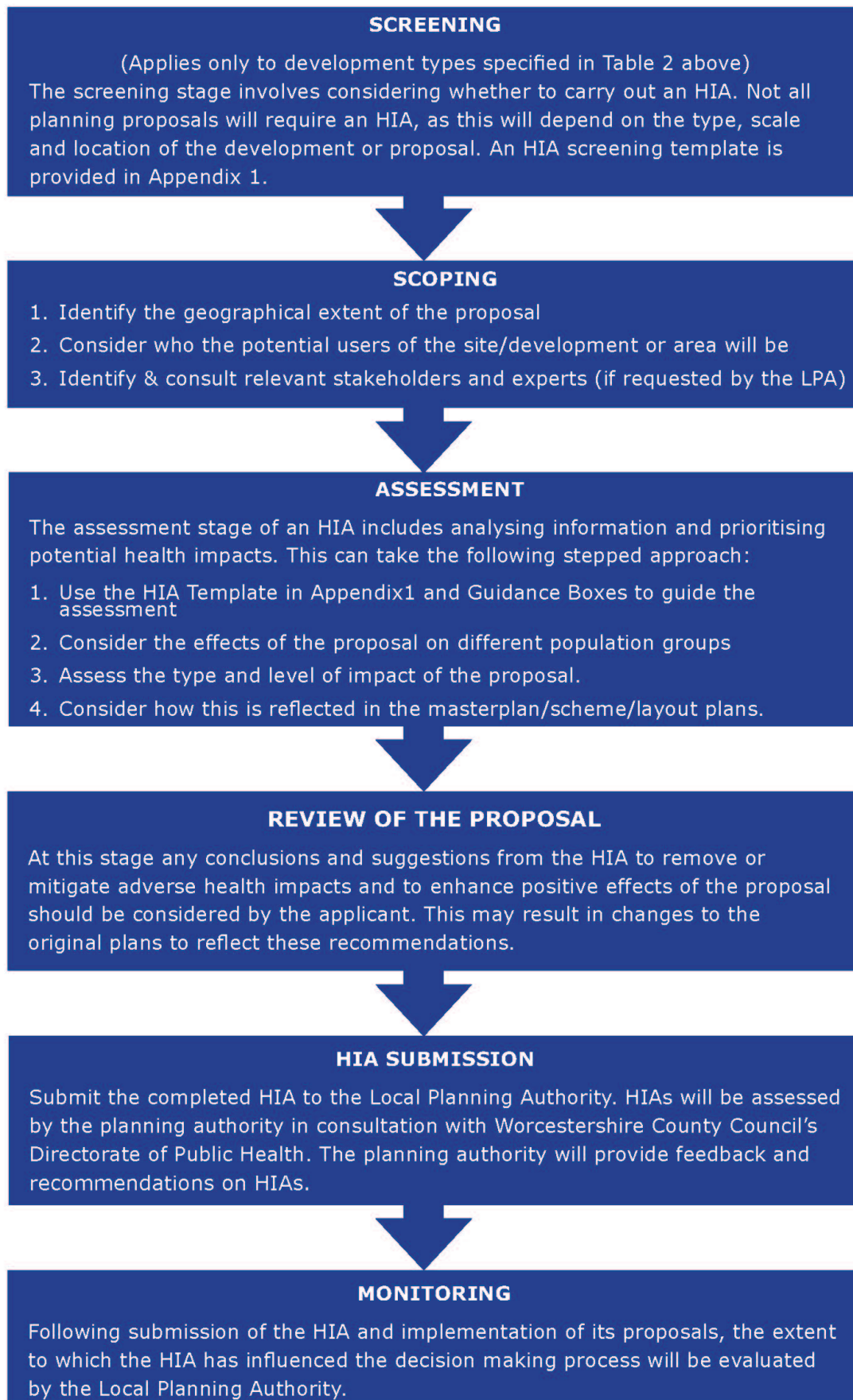
3.14   Planning applications for developments listed in Table 1 should be supported with an HIA. The HIA, where relevant, will assess whether the proposal meets SWDP policies relating to health and well-being and the additional guidance in this SPD. In completing an HIA, the applicant should follow the HIA Template in **Appendix 1.** For screening reports, the applicant should provide a brief assessment of their proposal, taking account of the issues in this SPD's guidance boxes, as set out in the Screening Template in **Appendix 1**. Should significant negative health impacts of the proposal be identified, the LPA may require the applicant to submit a full HIA.

3.15   The potential for significant impacts from a scheme, as identified thorough an HIA, will vary according to the size and scale of the proposal. In addition to an HIA, the LPA may therefore request a targeted stakeholder consultation to be undertaken for those schemes where significant health impacts are identified.

3.16   As with HIA screening, HIAs themselves will be assessed by the planning authority in consultation with the WCC Directorate of Public Health. The planning authority will provide feedback and recommendations on HIAs. Findings of the final HIA should be reflected in the proposals.

3.17   There are five stages to the HIA process, which are briefly described in the diagram below. More in-depth guidance may be sought from the LPA or the Directorate of Public Health at Worcestershire County Council at hwbadmin@worcestershire.gov.uk.

3.18   Applicants should refer to the HIA Template and HIA Screening Sheet in **Appendix 1** for information on the required content of their HIA/Screening report.

SCREENING

(Applies only to development types specified in Table 2 above)
The screening stage involves considering whether to carry out an HIA. Not all planning proposals will require an HIA, as this will depend on the type, scale and location of the development or proposal. An HIA screening template is provided in Appendix 1.

SCOPING

1. Identify the geographical extent of the proposal
2. Consider who the potential users of the site/development or area will be
3. Identify & consult relevant stakeholders and experts (if requested by the LPA)

ASSESSMENT

The assessment stage of an HIA includes analysing information and prioritising potential health impacts. This can take the following stepped approach:

1. Use the HIA Template in Appendix1 and Guidance Boxes to guide the assessment
2. Consider the effects of the proposal on different population groups
3. Assess the type and level of impact of the proposal.
4. Consider how this is reflected in the masterplan/scheme/layout plans.

REVIEW OF THE PROPOSAL

At this stage any conclusions and suggestions from the HIA to remove or mitigate adverse health impacts and to enhance positive effects of the proposal should be considered by the applicant. This may result in changes to the original plans to reflect these recommendations.

HIA SUBMISSION

Submit the completed HIA to the Local Planning Authority. HIAs will be assessed by the planning authority in consultation with Worcestershire County Council's Directorate of Public Health. The planning authority will provide feedback and recommendations on HIAs.

MONITORING

Following submission of the HIA and implementation of its proposals, the extent to which the HIA has influenced the decision making process will be evaluated by the Local Planning Authority.

4 Chapter 4 - Monitoring the SPD

4.1   Monitoring and review are important components of the planning system. This SPD will be monitored to see if it is contributing towards a healthier environment for people who live and work in south Worcestershire.

4.2   The South Worcestershire Councils will provide commentary on the progress being made on the health and wellbeing-related policies of the SWDP through the Authorities' Monitoring Report (AMR). This will be in line with the requirements of the SWDP policy monitoring framework. This will also include monitoring of progress made in the successful use of the additional guidance set out in this SPD.

Health Impact Assessments

4.3   The effectiveness of HIAs will be analysed in terms of the number of assessments carried out for each of the development categories in Tables 1 and 2 of this SPD. The indicators will be reviewed annually and will be reported in the AMR.

Public Health Outcomes Framework (PHOF)

4.4   The three priorities of the Health and Wellbeing Strategy will be assessed through the performance indicators of the Public Health Outcomes Framework (PHOF). The indicators will be reviewed annually and will be reported in the AMR.

4.5   The PHOF indicators as detailed in **Appendix 4** will provide the measurable evidence for assessing progress against the health and wellbeing priorities across south Worcestershire. **Appendix 4** provides an example template and commentary on how the indicators will be assessed and analysed.

Appendix 1: HIA Screening Sheet and HIA Template

Health Impact Assessment Screening Sheet

A short description of the proposal:

Impact Category	Positive	Negative	Neutral	Unknown	Recommendation HIA required?	
Sustainable development (Guidance Box 1)					Yes	No
(Brief description of potential impacts and how these will be mitigated or enhanced)						
Urban form - design and the public realm (Guidance Box 2)					Yes	No
(Brief description of potential impacts and how these will be mitigated or enhanced)						
Housing and employment (Guidance Box 3)					Yes	No
(Brief description of potential impacts and how these will be mitigated or enhanced)						
Age-friendly environments (Guidance Box 4)					Yes	No
(Brief description of potential impacts and how these will be mitigated or enhanced)						
Community facilities (Guidance Box 5)					Yes	No
(Brief description of potential impacts and how these will be mitigated or enhanced)						
Green infrastructure and play spaces/recreation (Guidance Box 6)					Yes	No
(Brief description of potential impacts and how these will be mitigated or enhanced)						
Air quality, noise, light and water management (Guidance Box 7)					Yes	No
(Brief description of potential impacts and how these will be mitigated or enhanced)						
Active travel (Guidance Box 8)					Yes	No
(Brief description of potential impacts and how these will be mitigated or enhanced)						
Encouraging healthier food choices (Guidance Box 9)					Yes	No
(Brief description of potential impacts and how these will be mitigated or enhanced)						
Date completed			Contact details			

The HIA assessment categories should be read in conjunction with the Guidance Boxes provided in Chapter 2 of the SPD, as indicated in the second column of this template.

Health Impact Assessment Template[71]

Planning application ref:

Description of the project:

Date completed:

Contact details:

Socio-economic make-up of the area[72]:

Consultation evidence (if relevant):

Questions to inform the assessment?	Guidance Box Reference	Assessment	Details/evidence/policy compliance (where relevant)	Potential health impact	Recommended mitigation or enhancement actions
Does the proposal improve social, economic and environmental conditions and reflect the NPPF's presumption in favour of sustainable development	1.1, 8.5	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Unknown	
Does the proposal contribute towards the provision, maintenance, improvement and connectivity of green Infrastructure?	6.1, 7.6	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Unknown	
Does the proposal integrate effectively with its surroundings, reinforce local distinctiveness and enhance cultural and heritage assets and their settings where appropriate?	2.1	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Unknown	
Does the proposal provide opportunities for community cohesion and human interaction through the creation of permeable environments, provision of green space and outdoor community uses which encourage incidental human interaction?	2.7, 3.7, 6.5	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Unknown	
Does the proposal provide well-designed, safe, accessible, attractive and well-maintained public realm areas and open/green spaces, children's play areas and other outdoor community uses that support active travel and prioritise people over motor traffic?	2.3, 2.6, 5.2, 6.2, 6.3, 6.4	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Unknown	

[71] The HIA Template is based on the NHS London Healthy Urban Development Unit Rapid Health Impact Assessment Tool
[72] Please use the Worcestershire Joint Strategic Needs Assessment website for socio-economic information about the population in your locality
http://www.worcestershire.gov.uk/homepage/109/joint_strategic_needs_assessment

Questions to inform the assessment?	Guidance Box Reference	Assessment	Details/evidence/policy compliance (where relevant)	Potential health impact	Recommended mitigation or enhancement actions
active travel and prioritise people over motor traffic?				☐ Unknown	
Does the site layout maximise opportunities for pedestrian and cycle linkages to the surrounding area and local services and provide links to existing public rights of way (PROW) and improvements to PROW and cycle networks where possible?	2.2, 3.1, 8.3	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Unknown	
Does the proposal demonstrate how the layout will minimise demand for travel by offering appropriate infrastructure which supports sustainable travel choices including public transport, walking and cycling?	2.4, 3.4, 3.12, 8.1, 8.2, 8.3, 8.4	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Unknown	
Does the proposal encourage physical activity and healthy eating, and (for employment/academic developments) support positive mental health and wellbeing?	3.13	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Unknown	
Does the proposal provide an environment which caters for the needs of all age groups, in particular the elderly and people with dementia? Is the proposal future-proofed by incorporating inclusive/adaptable design, addressing access to open space and enabling adaptation to an individual's changing needs, such as ageing or disability?	2.5, 3.3, 3.11, 4.2, 4.3	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Unknown	
Does the proposal provide safe and walkable environments in parks, open spaces and community areas with shading, benches and other facilities? Does it consider pathways in parks that are circular and parks that are clearly signposted and which use appropriate materials and designs for surfaces and street furniture?	4.4, 4.5	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Unknown	
Does the development provide appropriately located pedestrian crossing facilities to minimise travel distances for the elderly, as well as public transport links with bus stops which are within walking distance to homes?	4.6	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Unknown	

Questions to inform the assessment?	Guidance Box Reference	Assessment	Details/evidence/policy compliance (where relevant)	Potential health impact	Recommended mitigation or enhancement actions
Does the proposal provide housing suitable for the needs of older people on all allocated and windfall sites of five units or more as part of the housing mix?	3.2, 4.1, 4.7	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Unknown	
Does the proposal ensure that homes are warm, dry and energy efficient?	3.6, 3.9, 3.10	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Unknown	
Does the proposal follow the technical planning standards in the nationally described space standard when dealing with internal space?	3.8	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Unknown	
Does the proposal provide new development with superfast broadband or alternative solutions?	3.5	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Unknown	
Does the proposal avoid any significant adverse pollution impacts, including cumulative impacts, on human health and wellbeing, the water environment, the effective operation of neighbouring uses, biodiversity or any Air Quality Management Area?	7.1	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Unknown	
Does any employment development proposal which would generate additional Heavy Goods Vehicle trips within the Vale of Evesham Heavy Goods Vehicles Control Zone include a Transport Assessment considering any HGV traffic impacts?	7.2	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Unknown	
Does the proposal minimise the impacts of and from all forms of flood risk, including site drainage and runoff?	7.3	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Unknown	
Does the proposal ensure adequate water supply and water treatment facilities will be in place to serve the whole development?	7.4	☐ Yes ☐ No		☐ Positive ☐ Negative	

Questions to inform the assessment?	Guidance Box Reference	Assessment	Details/evidence/policy compliance (where relevant)	Potential health impact	Recommended mitigation or enhancement actions
		☐ N/A		☐ Neutral ☐ Unknown	
Does the proposal mitigate the air quality and noise impacts of construction activities?	7.5	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Unknown	
Does the development consider mitigation measures for any light pollution that could result from the development?	7.7	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Unknown	
Does building design within the proposal minimise public exposure to air and noise pollution sources and maximise energy efficiency and the use of low-polluting systems?	7.8	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Unknown	
Does the proposal contribute to healthy food and drink provision?	9.1, 9.2, 9.3, 9.5	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Unknown	
Does the proposal demonstrate how any potentially negative impacts on the surrounding environment and existing neighbours will be minimised or mitigated?	9.4	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Unknown	
Is the proposal informed by Neighbourhood Plans in relation to health issues and community facilities?	3.14, 5.1	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Unknown	
Is the proposal supported by sufficient and accessible healthcare provision?	5.3	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Unknown	

Summary of the HIA findings

Appendix 2: Case studies

Staiths South Bank, Gateshead

The Staiths South Bank housing development followed principles of affordability, connectivity, active travel and social cohesion. The design of street includes "green links" which are focused upon the creation of homezones, where pedestrian movement has priority over cars and other vehicles. Homes are clustered around communal courtyards. Further features are included within these spaces to encourage communal activities, such as barbecues and children's play equipment. A strong use of planting also adds to the family-friendly feel of the area.

Source: IDP Partnership Group (nd) Staiths South Bank A retrospective https://www.gateshead.gov.uk/DocumentLibrary/Leisure/Countryside Wildlife/countryside/Staiths-Retrospective.pdf

Lifetime Homes

Lifetime Homes is a standard that can be applied to most housing and mixed used developments to ensure that they provide accommodation that caters for the needs of people at every stage of their life.

The concept of Lifetime Homes was developed in the early 1990s by a group of housing experts, including Habinteg Housing Association and the Joseph Rowntree Foundation. The group was formed because of concerns about how inaccessible and inconvenient many homes were for large sections of the population. Lifetime Homes was developed to ensure that homes are accessible and inclusive.

Lifetime Homes are ordinary homes designed to incorporate 16 Design Criteria that can be universally applied to new homes at minimal cost. Each design feature adds to the comfort and convenience of the home and supports the changing needs of individuals and families at different stages of life.

Lifetime Homes are all about flexibility and adaptability; they are not 'special', but are thoughtfully designed to create and encourage better living environments for everyone. From raising small children to coping with illness or dealing with reduced mobility in later life, Lifetime Homes make the ups and downs of daily living easier to manage.

Source: http://www.lifetimehomes.org.uk/

Health, Wellbeing & Productivity in Offices: The next chapter for green building – World Green Building Council

It has long been considered the ultimate yet seemingly out of reach test of the business case for green building: if the human benefits of green building could be reliably quantified this would prove beyond all doubt the Return on Investment (ROI) for investing in building green.

After all, staff costs, including salaries and benefits, typically account for about 90% of business operating costs. Therefore what may appear a modest improvement in employee health or productivity can have a huge financial implication for employers.

The report puts forward the best and latest information on the building design features that are known to have positive impacts on the health, wellbeing and productivity of office building occupants and points to financial implications where possible.

The report provides research and evidence relating to elements such as air quality, lighting, noise, biophilla (affinity of human beings with the natural world), active design and exercise, interior layout and amenities and location.

Source: http://www.worldgbc.org/files/6314/1152/0821/WorldGBC__Health_ Wellbeing__productivity_Full_Report.pdf

Healthy homes, healthy lives – Local Government Association (2014)

Councils all over the country understand how the quality of housing affects the health and wellbeing of their residents. Poor housing costs the NHS at least £2.5 billion a year in treating people with illnesses directly linked to living in cold, damp and dangerous homes. Treating children and young people injured by accidents in the home costs A&E departments across the United Kingdom around £146 million a year. Among the over 65s, falls and fractures account for 4 million hospital bed days each year in England, costing £2billion. Over 25,000 people die each year in the UK as a result of living in cold temperatures much of this is due to living in poorly heated homes.

Public health made the formal transfer to local government in April 2013, and in the subsequent months great strides have been made to tackle the wider social and economic determinants of poor health. This resource commissioned by the LGA describes how public health in a number of councils has started to use the opportunities of a local government setting to improve health and wellbeing.

Source: http://www.local.gov.uk/documents/10180/5854661/L14+-+85+Housing+and +Health+case+studies_14.pdf/b4620ef6-87bc-4e12-964a-5cbd4433dd47

Healthy New Towns (NHS England)

NHS England is working with ten housing developments to shape the health of communities, and to rethink how health and care services can be delivered. This programme offers a golden opportunity to radically rethink how we live – and takes an ambitious look at improving health through the built environment.

In March 2016, following a rigorous selection process, NHS England announced the ten demonstrator sites they'll be working with.

In the NHS Five Year Forward View, a clear commitment was made to dramatically improve population health, and integrate health and care services, as new places are built and take shape. This commitment recognised the need to build over 200,000 more homes in England every year, and invited Expressions of Interest from developments across the country.

The Healthy New Towns programme will be working alongside the ten housing developments across the country to offer challenge, inspiration and support as they develop their ambitious plans for building healthy communities. Together, they'll be looking at how sites can redesign local health and care services, and how they can take a cutting edge approach to improving their community's health, wellbeing and independence.

Source: https://www.england.nhs.uk/ourwork/innovation/healthy-new-towns

Wandering in the Woods: Benefits of nature to people living with dementia

The Wandering in the Woods pilot project was designed and delivered collaboratively between three partner organisations: the Woodland Trust, Dementia Adventure CIC and Caring Homes across three locations in Essex, East Sussex and Wiltshire.

This pilot project has enabled three groups of care home residents living with dementia, (with support from staff, volunteers and family carers) to get out of the care home, to re-connect with nature and to enjoy the many benefits of woodlands.

The project has shown that there are potentially very significant physical, emotional and social benefits to people living with dementia visiting woods and being active in nature.

Source: www.dementiaadventure.co.uk.

Dementia Friendly Cities: York

In a 2012 project from the Joseph Rowntree Foundation, several recommendations were made to push the city of York to becoming dementia-friendly. The Foundation consulted experts to examine nearly every aspect of everyday life in the city and called upon people with dementia to determine how these daily activities could be made easier for people living with it. Among the suggestions: leisure centres should offer new sport sessions that allow easier participation from people with dementia, simplified bus timetables, "safe haven" shops, restaurants and banks, a streamlining/clear-out of the number of street signs, and designated "slow routes" for those walking through the city centre.

Source: https://www.alz.co.uk/adi/pdf/dementia-friendly-communities.pdf

Hogeweyk - Village for People with Dementia

Hogeweyk is a special gated village in the Netherlands town of Weesp. It is has been designed specifically as a pioneering care facility for elderly people with dementia. The village is designed so it makes the experience as real as possible to the residents. The carers wear normal daytime clothing, the residents live in their own homes and a selection of facilities, like a restaurant, a bar and a theatre are on offer. Compared to traditional nursing homes, the residents of Hogeweyk are more active and require less medication.

Source: http://twistedsifter.com/2015/02/amazing-village-in-netherlands-just-for -people-with-dementia/

Malvern Vale Community Centre

The Malvern Vale Community Centre is located within the heart of the new Malvern Vale Community, in the Malvern Link Parish and just 5 minutes' walk from Dyson Perrins CofE Academy.

Operating since 2013, the development cost £800,000 and was funded through Section 106 funding from Persimmon Homes, as part of the new housing development.

The facility is owned by Malvern Hills District Council, however to maximise its usage, the day to day management, operation, repairs and maintenance have been contracted to the Worcestershire YMCA.

Facilities available include small and large meeting/activity rooms, a kitchen, separate senior and junior football pitches, home and away changing rooms, and a car park.

It has proved to be a great asset to the local community, with many groups using it as a base. Some of the activities that use the centre are yoga, pilates and other exercise and fitness classes, the Beacon Camera Club, Squirrels nursery, a youth club and two football teams.

Source: https://www.malvernhills.gov.uk/malvern-vale-community-centre

Malvern Cube

Malvern Cube is a versatile affordable community space with a small independent café, Café at The Cube, at its heart, offering access to a varied and exciting programme of activities and events. The centre was saved for the whole community to serve the diverse population of Malvern and to be welcoming to all.

Malvern Cube offers opportunities for building connections and friendships with others. We aim to be inclusive and to balance the range of groups who use the centre and the activities that are available. These include arts and music events, social activities and a wide range of fitness and therapeutic groups and educational classes - appealing to all interests.

Source: http://www.malverncube.com/about-us/

Route to the Hills

Great Malvern: Route to the Hills is a new partnership project which promotes Malvern's rich historic and cultural offer to people of all ages. From 2015 to 2018 it will be telling some of Malvern's unique stories through the installation of a new walking route which connects the town with the hills. An activity programme will also be delivered alongside the installation, with events planned for schools, children and adults.

Source: http://www.routetothehills.co.uk/

"Let's Eat the Park" Scheme - St George's Park, Kidderminster

The Friends of St George's Park community group is behind the Let's Eat the Park project which aims to promote healthy and sustainable food growing in the Park and beyond the park gates on otherwise unproductive areas of land in Kidderminster. It included the development of a number of raised beds for growing edibles in St George's Park. It also established a small urban orchard. Both fruit trees and food grown in raised beds are a free food and sources of nutrition for the local community where food poverty is prevalent.

The benefits of this volunteer-run project include increased exercise levels and outdoor activity, improved diet, and reduced social isolation, leading to enhanced health and wellbeing of local residents.

Source: http://stgeorgespark.weebly.com/lets-eat-the-park-leap

Broughton Brook Linear Park – Active Design

Broughton Brook Linear Park is an example of a multifunctional open space. This linear park accommodates a range of facilities including sports pitches, a play area, and the potential for a wheeled sports area, whilst also performing a surface water drainage role with balancing ponds. The park is well connected by a series of leisure routes allowing active travel connections with the adjacent residential areas.

Community facilities will be co-located with a primary school site located next to the park, and a community centre building located between the school and the park. Brooklands Square neighbourhood centre (shops, secondary school and a reserve site for a health centre) when developed will be a short walk to the north, creating a cluster of community facilities within walking and cycling distance for new residents.

Source: Sport England (2015) Active Design Planning for health and wellbeing through sport and physical activity
https://www.sportengland.org/media/11630/active-design-case-studies-oct-2015.pdf

Diglis Bridge, Worcester

In 2010, Sustrans in partnership with Worcestershire County Council and Worcester City Council completed the development of Diglis Bridge over the River Severn in Worcester. The project created a series of new and improved walking and cycling routes which lead to a new non-vehicular crossing over the River Severn which links into national cycle networks. This created a high quality traffic-free riverside loop and improved access to the riverside.

The riverside loop has transformed the way local residents incorporate exercise into their daily routine by running and walking for fitness, health reasons or the enjoyment of surrounding landscapes and wildlife.

Many walking and cycling groups have either set up or moved to take advantage of the new routes. There are now five regular walks run under the national Walking for Health initiative and Worcester is in the first year of a five year Heart City programme run by the British Heart Foundation. It is estimated that that there are approximately 1,000 cyclist and 4,000 pedestrian journeys using the bridge each month.

The improvement to Worcester waterfront also attracted new visitors, providing benefits to local businesses including at least a 20% increase in sales for Diglis House Hotel.

Source: Sustrans (nd) Health Benefits Getting people active in Worcester

Sustrans (nd) Case study: getting Worcester walking and cycling

HIA - Former Marksbury Road College Site, Bristol

In February 2013, a Health Impact Assessment of the former Marksbury Road College Site was undertaken by GVA Grimley Ltd on behalf of the Homes and Communities Agency. The application was for a mixed use development, including education and employment floorspace, erection of up to 85 residential units and health care and retail uses. The main findings of the HIA included:

- The indicative masterplan scheme incorporates a mix of uses which will not generate any significant adverse impacts upon health and wellbeing of the existing and future population on site and within the surroundings;

- The development will promote opportunities for healthy living, by promoting walking and cycling, sport and recreation;

- The development will generate employment opportunities for the local community, as well as providing focal points for the community, and a design scheme that aims to ensure integration and interaction with the existing community;

- The proposals to site a new healthcare facility and pharmacy will make a substantial contribution toward enhancing local access and provision of healthcare;

- The design scheme sets ambitious targets in relation to sustainability and climate change mitigation, aiding in ensuring that the development makes a wider than local contribution towards health and wellbeing.

Source: http://www.apho.org.uk/resource/item.aspx?RID=136442

HIA - Cheltenham Road, Evesham

In 2016, Savills on behalf of Bloor Homes prepared a Health Impact Assessment for an outline planning application for the development of up to 460 dwellings and associated parking, infrastructure, open space and landscaping at land off Cheltenham Road, Evesham. The assessment identified the following:

- The proposed development is likely to have low-level negative impacts on the health of existing residents throughout the construction period which are to a large extent unavoidable. These impacts are envisaged to be short term, not extending beyond construction, and can be addressed by appropriate conditions.
- The visual impact of development on existing residential dwellings is generally viewed to be negative, although the use of a landscape buffer is considered to appropriately lessen such impacts.
- The impact of proposed development on active travel and connectivity is highly positive.
- The proposed development is assessed to have a broadly positive impact on access to public services including healthcare, education, and social infrastructure facilities.
- The proposal will have a high positive impact on access to open spaces, green spaces, sport and leisure facilities. The amount of open space provided has been designed to cater for the recreational needs of the existing and new community.
- The development will have a neutral impact on environmental hazards such as flooding, air quality, and noise, through the implementation of appropriate mitigation measures.
- The impacts of development on employment and economy, and equality and social cohesion, are both considered to be highly positive, where a range of employment opportunities can be easily accessed from the proposal site either by walking, cycling, or public transport.

Source: https://plan.wychavon.gov.uk/plandisp.aspx?recno=50561

Liverpool's Natural Choices for Health and Wellbeing Programme

Liverpool's Natural Choices for Health and Wellbeing Programme delivered green infrastructure projects to the more deprived local areas. The city's Green Infrastructure Strategy had identified that, while Liverpool had a wealth of green space, its distribution was unequal, with the most affluent areas having 18 per cent more green infrastructure than deprived areas.

The £300,000 programme funded 38 projects with approximately 50% of them located in areas within the 1 per cent most deprived in the UK and a further 20% per cent were in areas within the 5 per cent most deprived in the UK. The projects were primary focused on gardening and food growing, with some focused on the wider creation and enhancements to the natural environment. Data collected by University of Essex researchers found that there was an 18 per cent increase in wellbeing among participants and over 80 per cent of projects reported increased physical activity as a key part of their project's achievements.

Source: Landscape Institute (2013)Public Health and Landscape Creating healthy places

Appendix 3: South Worcestershire health summaries

These summaries are a snapshot of health and wellbeing issues captured at the time of writing this SPD. Complete and up-to-date district profiles can be found on the Joint Strategic Needs Assessments and Profiles webpage http://www.worcestershire.gov.uk/downloads/download/572/joint_strategic_ thematic_needs_assessments_and_profiles and Public Health England's Health Profiles webpages www.healthprofiles.info.

South Worcestershire in context

The health of residents in south Worcestershire is generally good when compared with the regional and national averages. For example, all three districts are better than England on the percentage of physically active adults. The life expectancy in all three districts is also equal to or better than the national average.

These positive messages should not detract from the need to plan for health-promoting environments in order to maintain this level of performance in south Worcestershire.

Despite a high percentage of physically active adults, excess weight and its associated health risks, including diabetes, are common in south Worcestershire. Child obesity, in particular, constitutes a real health issue. However, obesity prevalence in south Worcestershire is lower than the England average, with an adult obesity rate[73] of 8.6% in 2014/15, compared to the England average of 9.0%.

There are also a number of health-related challenges as a result of current trends which need to be addressed through this SPD. It is a well-known fact that the population is ageing, which brings challenges in adapting our environments to enable people to live better and longer lives. In south Worcestershire, the age 75+ population is projected to increase by over 13,000, to around 43,000, in the next 10 years, with the biggest increase projected to be in the older age groups. This is especially apparent in the 90+ age range[74].

Mental health also has an impact on people's physical health: for young people, mental ill health is strongly associated with behaviours that pose a risk to their health, such as alcohol, drug use and smoking. In south Worcestershire 16,000 adults and 3,000 children are living with mental ill-health at any time[75]. A lower proportion of adults (3.7% or 2,361 people) are diagnosed with dementia than the national average (4.3%). Additionally around 25 people take their own life each year[76].

Each district faces localised health-related challenges. Wychavon district has worse outcomes than the national average for obesity in reception children, which is of particular concern. Malvern Hills district has high numbers of sufferers from malignant melanoma.

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73   GP recorded prevalence of obesity, % of the registered population aged 16+
74   ONS 2012 Mid-year estimate based population projections
75   Calculated using ONS 2012 mid-year population estimates for relevant age groups (16-74 adults; 5-16 children) and using Quality Outcomes Framework diagnosis prevalence for adults and estimated prevalence for children as a percentage of GP registered population
76   Office for National Statistics: annual average calculated from three year pooled data 2012-14

Links between planning and health inequalities in south Worcestershire

Planning has always sought to improve the population's health, as a healthy population results in a healthy workforce, which has direct economic and social benefits. This SPD focuses on encouraging good health and wellbeing (and ultimately the prevention of illness), concentrating on the planning-related components of what have been termed the 'social determinants of health'[77].

The 'social determinants of health' is an expression given to a number of elements that impact on an individual's health. These factors include where somebody is born, lives, and works, their age, and any systems/legislation put in place to deal with health-related issues, i.e. social, economic and environmental factors. It is this complex set of causal factors which combine to create the environment in which people live their lives. Policies or planning proposals which change any one of these factors will have an impact on health and the most significant impact will be evident when a whole system approach to change can be delivered. Figure 1.1 details the vast array of factors - social, economic and environmental - that influence the health of individuals or populations.

Figure 1.1 Settlement Health Map
(78)

Health inequalities, as documented in the Planning for Health Technical Research Paper (2015), is a term used to describe the differences in health status between individuals or groups, as measured by (for example) life expectancy, mortality or disease. Health inequalities are preventable differences in health status experienced by certain population groups. People in lower socio-economic groups and/or more deprived areas are more likely to experience chronic ill-health and to die earlier than those who are more advantaged[79].

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77   Barton and Grant (2006) A health map for the local human habitat, Journal of the Royal Society for the Promotion of Health
78   Ibid
79   Worcestershire County Council (2015) Planning for Health in Worcestershire Technical Research Paper

Planning can influence health through shaping the way that the built and natural environments function, thereby influencing the effects of these environments upon public health and health inequalities. Decisions relating to local transport infrastructure, housing provision, economic development and parks and green spaces can have long-term consequences for the physical and mental health of the local and wider population.

Through application of the guidance in this SPD, we hope to reduce the health inequalities that exist in south Worcestershire, resulting in a healthier population and a healthier environment for those who live in, work in, or visit the area. Improvements can be measured through monitoring of the Public Health Outcomes Framework (PHOF), Health and Well-being Strategy 2016-2021 indicators, and measurement of delivery through the implementation of local planning policies in the SWDP. Please see **Chapter 4** and **Appendix 4** for further information relating to monitoring of the SPD.

Malvern Hills

The population is forecast to increase by 4.5% overall across Malvern Hills between 2014 and 2024. The over-75 age group is forecast to increase significantly, whilst young adults show a substantial decrease.

The health and wellbeing of Malvern Hills residents is varied when compared to the England average. General deprivation levels in Malvern Hills are relatively low, but some pockets of health deprivation can be recognised. The difference in health and wellbeing between the least and most deprived areas is particularly apparent when looking at life expectancy. Whilst life expectancy for both men and women in Malvern Hills as a whole is similar to the England average, life expectancy of men in the most deprived areas is 3.1 years lower than in the least deprived areas. Additionally, some child poverty issues are recognised (approximately 15% of children (almost 1,700) live in low income families).

Malvern Hills has a recorded prevalence rate for diabetes of 6.7% (worse than the England rate of 6.4%) and is on an increasing trend. Other factors may be influencing the recorded prevalence, namely the ageing population and associated issues such as high blood pressure, heart attack or stroke. 15% of children in year six (104) are classified as obese; this is a decrease and is now better than the proportion in England as a whole[80].

Older people living in Malvern Hills report a higher health-related quality of life than the England and county averages[81]. The mental health and wellbeing of residents in Malvern Hills, measured by the overall profile of hospital admissions for self-harm[82], is similar to its statistical neighbours[83] and slightly better than the national performance. Notwithstanding that, significant differences exist at the ward level, with Pickersleigh, Link and Chase wards potentially experiencing higher levels of issues associated with mental-ill health linked to self-harm[84].

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80   These are synthetic estimates based on a specific lifestyle survey
81   Source: GP Patient Survey 2013/14 EQ-5D score
82   The measure of intentional self-harm can only provide some evidence as it is not possible to include a suitable indicator representing all aspects of mental health and well-being. Deliberate self-harm ranges from destructive behaviours with no suicidal intent, but which relieves tension or communicates distress, through to attempted suicide. Additionally, it is pertinent to acknowledge that reported self-harm is likely to significantly underestimate the true prevalence.
83   The definition of statistical neighbours is based on population and a range of socio-economic indicators. The Malvern Hills statistical neighbours include: North Dorset, Wychavon, Maldon, Babergh, Hambleton
84   Some caution needs to be taken in relation to mental health outcomes in rural areas. Concerns about lack of anonymity and risk of stigma linked to mental ill health appear more prevalent within rural communities. There is potential for data sources to be unreliable, especially if reliant on service usage/uptake, as there is evidence of reluctance to access services that are some distance from home even if the need is there. These factors should be considered across Malvern Hills as much of the district is rural.

Malvern Hills is performing well for lifestyle choices related to issues such as drinking and smoking. In 2012, the smoking prevalence was only 9.5%, significantly lower than the average for England.

Worcester City

The health of people in Worcester is varied compared with the England average. Deprivation is lower than average, but about 18% of children (over 3,400) live in poverty. Additionally, levels of statutory homelessness in Worcester are significantly higher than the England average. Life expectancy for both men and women is similar to the England average. Life expectancy is 10.8 years lower for men and 5.8 years lower for women in the most deprived areas of Worcester than in the least deprived areas.

Drug and substance misuse is far higher in Worcester than in any of the other Worcestershire districts, with the rate of hospital stays for alcohol related harm are significantly higher than England. Levels of adult smoking are similar to the England average.

Childhood obesity remains similar to the national average, with 17% of children (179) in year six classified as obese. This proportion has, however, increased over the last few years.

The mental health and wellbeing of residents in Worcester City when measured by levels of hospital admissions for self-harm is similar to the England average. Worcester City, however, has the second highest admission rate for females and the third highest admission for males for mental health diagnoses in Worcestershire.

Another health-related challenge faced by Worcester City is recorded diabetes, which is significantly worse than the national average.

Wychavon

Overall health in Wychavon is better than the England average, but it varies by issue and specific location.

Deprivation is lower than average, but about 12.3% of children (2,500) live in poverty. This is, however, better than the England average. Life expectancy for both males and females is higher than the England average. However, there are disparities in life expectancy between those living in the least and most deprived areas (7.5 years' difference for men and 6.5 years' difference for women).

Wychavon has a high proportion of recorded adult diabetes (7.0%) which is significantly higher than the England rate (6.4%). This may be due to a number of factors, but the high levels of obesity and excess weight in the area may be major contributors. The rate of obesity in children at reception age is similar to the England average, at 18.8% in year six (2017 pupils).

The district has positive outcomes relating to adult lifestyle. The rate of adult smoking is significantly better than the average for England. However, the health of new born children in Wychavon can be negatively affected by high levels of smoking whilst pregnant.

The mental health and wellbeing of residents in Wychavon is similar to the England level when measured by numbers of hospital admissions for self-harm[85]. Additionally, when looking at some aspects of self-reported wellbeing, older people living in Wychavon report a higher health-related quality of life[86] than the England and county averages.

85   Some caution needs to be taken to mental health outcomes in rural areas. Concerns about lack of anonymity and risk of stigma, linked to mental ill health, appear more prevalent within rural communities. There is potential for data sources to be unreliable especially if reliant on service usage/uptake as there is evidence of reluctance to access services that are some distance from home even if the need is there. These factors should be considered across Wychavon as much of the district is rural.
86   Source: GP Patient Survey 2013/14 EQ-5D score

Appendix 4: Worcestershire Health and Wellbeing Strategy performance indicators

Worcestershire performance indicators for the priorities of the Worcestershire Health and Wellbeing Strategy (2016-2021)

Priority 1. Being active at every age.

a) Utilisation of outdoor space for exercise/health reasons 2014/15 (PHOF[87] 1.16)

= 15.5% **Similar** to England but a decreasing trend and a very low percentage of the population.

b) Percentage of physically active adults 2014 (PHOF 2.13i)

=58.3% **Similar** to England average.

c) Percentage of children aged 4/5 classified overweight/obese 2014/15 (PHOF 2.06i)

=23.4% **Worse** than England.

d) Percentage of children aged 10/11 classified overweight/obese 2014 (PHOF 2.06ii)

= 32.4% **Better** than England.

e) U75 mortality rate from all cardiovascular diseases 2013-15 (PHOF 4.04i)

=67.4% **Better** than England and a decreasing trend.

Priority 2 – Good mental health and wellbeing throughout life

a) Low satisfaction with life 2014/15 (National wellbeing – PHOF 2.23i)

=3.3% **Better** than England but on a slight decreasing trend.

b) School readiness – % children achieving good development 2013/14 (PHOF 1.02i)

=69.3% **Similar** to England and an increasing trend having been worse than England.

c) Young people hospital admissions for self-harm aged 15-24 2010/11-2012/13 (PHOF)

=132.8 per 10,000 aged 15-24; **Similar** to England.

d) Proportion adults in contact with mental health services in paid employment (ASCOF[88])

=8.3% **Similar** to England but a very low proportion; employment is key to wellbeing.

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87   Public Health Outcomes Framework http://www.phoutcomes.info/
88   Adult Social Care Outcomes Framework http://content.digital.nhs.uk/article/3695/Adult-Social-Care-Outcomes-Framework-ASCOF

Priority 3 – Reducing harm from alcohol at every age

a) U75 Mortality rate from liver disease considered preventable 2013-15 (PHOF 4.06ii)

=14.8 per 100,000 persons **Similar** to England;

b) Alcohol specific hospital stays (Under 18) 2012/13-2014/15 (PHOF 5.01)

34 per 100,000 aged under 18; **Similar** to England on a decreasing trend (previously worse than England).

c) Alcohol related hospital admissions (narrow definition, all ages) 2014/15 (PHOF 2.18)

641 per 100,000 people all ages; **Similar** England average.

d) Alcohol related crime (Police data)

To be confirmed.

These indicators will be monitored to inform the integration of health and wellbeing into planning decisions in Worcestershire.

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