Background Paper on Public Health and Planning

Prepared by Colchester Borough Council Public Health Improvement Coordinator

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Introduction

1.1 It is accepted that health and wellbeing are influenced by a wide variety of factors, including social, environmental and economic. There are substantial variations in health between the most and least deprived communities and this is evident within the borough of Colchester.

As the influences on health and wellbeing are broad, therefore so are the ways to tackle poor health and health inequalities. Local authorities are uniquely placed to tackle health inequalities, as many of the social and economic determinants of health, and the services or activities which can make a difference, fall within their remit (see figure 1). The planning system plays a key role in many of these determinants of health.

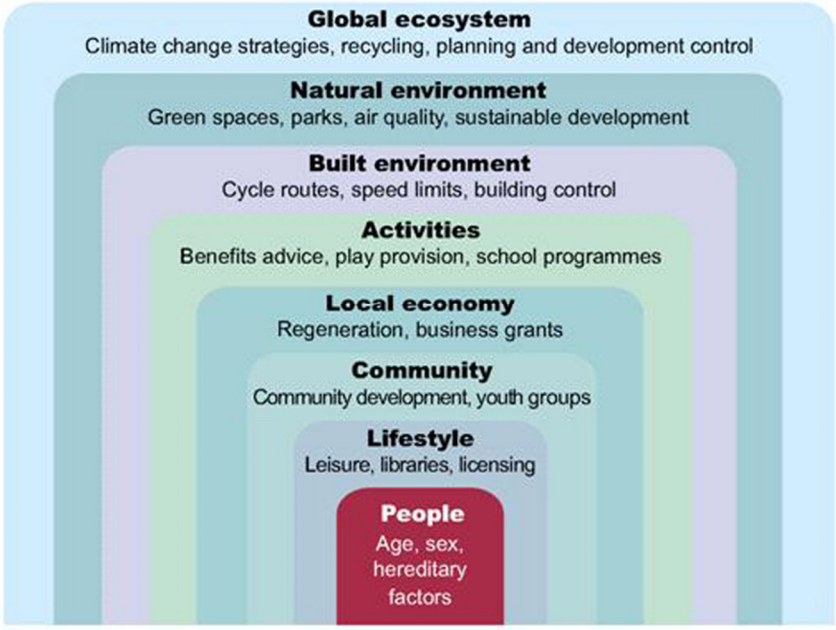


Fig 1 – Campbell 2010[1]

2 Policy DM1: Health & Wellbeing

2.1 All developments should be designed to help promote healthy lifestyles, support identified local health priorities and avoid causing adverse impacts on Public Health. Measures to support meeting these objectives include (but are not exclusive to);

- Ensuring good access to health facilities, services and open spaces
- Providing a healthy living environment where healthy lifestyles (including the mental wellbeing that quality open spaces within the urban environment, as well as physical activity in itself, can provide) can be promoted
- Ensuring green space and attractive opportunities for active travel activities including walking & cycling
- Providing appropriate mitigation to avoid harmful emissions

[1] https://www.nice.org.uk/advice/lgb4/chapter/introduction

2.2 Health Impact assessments (HIA) will be required for all residential development in excess of 100 units and non-residential development in excess of 2500 square metres.

In addition, for other developments below the threshold limit, where the current available evidence suggest a negative impact will occur on health and wellbeing of that local population, including a deficiency of open space, consultation with the Public Health team will be required. Following this, the recommendation on the need for an HIA may be made. Early engagement with either the local CBC Public Health Improvement Coordinator or a member of the ECC Public Health team is therefore advised.

The purpose of the HIA will be to identify the potential health consequences of a proposal on the general population and specific identified groups in the population who may be impacted through the development, maximise the positive health benefits and minimise potential adverse effects on health and inequalities. Any HIA just be prepared in accordance with the advice and best practice for such assessments.

2.3 All developments with the potential to cause a deterioration in air quality will be required to provide appropriate mitigation and, where relevant, schemes will be required to provide an air quality assessment. Measures to mitigate any adverse impacts of the development will be provided and/or secured by planning conditions, section 106 contributions or CIL. Developments which will have an unacceptable significant impact of health and wellbeing which cannot be mitigated will not be permitted.

2.4 Developments that negatively impact on the identified health priorities or projected health issues of Colchester Borough Council and known vulnerable groups in the population will not be permitted. Specific health priorities in Colchester currently include reducing obesity, increasing physical activity, reducing health inequalities and supporting vulnerable people. In addition, CBC has a current focus on improving the lives of children and young people especially in areas of known deprivation within the borough.

2.5 Colchester Borough Council is working together with North East Essex Clinical Commissioning Group (NEE CCG) and other health system partners to improve the health and wellbeing of our population, reduce demand on local health services and further the Council's strategic objectives to create a vibrant, thriving and welcoming place. This includes supporting the prevention agenda to enable individuals, families and communities to be more resilient.

2.6 Planning can play a key role in this and support the reduction of future health demand by improving the wider environment.

2.7 The following pages sets out some of the national Public Health Policy that highlight the links between planning and Public Health as well good practice guidance and evidence for the local health priorities

3 The National Context – Planning & Public Health Policy

3.1 National planning policy is contained within the National Planning Policy Framework (NPPF), with further guidance provided in the Planning Practice Guidance (PPG). One of the core planning aims of the NPPF is for planning authorities to: take account of and support local strategies to improve health, social and cultural wellbeing for all, and deliver sufficient community and cultural facilities and services to meet local needs.

3.2 The framework also recognises that there is an inter-relationship between transport and health objectives, the importance of open spaces for the health and wellbeing of communities, the role planning can play in seeking to limit the impacts of pollution on human health and that the Local Plan should be based on adequate, up-to-date and relevant evidence about the characteristics and prospects of the area.

3.3 In addition, the framework highlights that local planning authorities should work with public health leads and health organisations to understand and take account of the health status and needs of the local population (such as for sports, recreation and places of worship), including expected future changes, and any information about relevant barriers to improving health and well-being.

3.4 Fairer Society, Healthy Lives (more commonly known as the Marmot Review) proposed the most effective evidence-based strategies for reducing health inequalities in England from 2010.
One of the six policy objectives necessary to reduce health inequalities was to;

"Create and develop healthy and sustainable places and communities"

This made clear policy recommendations directly linking planning and public health which was to prioritise policies and interventions that reduce both health inequalities and mitigate climate change, for example by; improving things such as active travel across the social gradient, removing barriers to community participation and action, and fully integrating the planning, transport, housing, environmental and health systems to address the social determinants of health in each locality.

3.5 The Town and Country Planning Association (TCPA) produced 'Planning Healthier Places' in 2013 which highlighted the link between economic growth & good health, and the need to tackle local health inequalities within the local planning process.
The report specifically highlights the potential for the Local Plan to be used as a conduit for partners to engage in local interventions, bring forward health-promoting large scale development, plan healthcare infrastructure or target specific health issues such as obesity and a lack of physical activity. This was supplemented by 'Public Health in Planning: good practice guide' in 2015.

3.6 Additionally, a practical resource 'Planning healthy-weight environments' (2014) sets out 6 planning healthy weight environment elements which include:

1. Movement & Access – e.g. walking prioritised over motor vehicles & walking & cycling infrastructure provided
2. Open spaces, play and recreation – e.g. easy to get to natural green open spaces of different sizes & recreational spaces for all, with passive surveillance
3. Healthy Food – e.g. maintain & enhance opportunities for community food growing & avoid over-concentration of unhealthy food uses such as hot food takeaways in proximity to schools or other facilities aimed at children and young people.
4. Neighbourhood spaces and social infrastructure – e.g. Services & facilities co-located within buildings where feasible & public spaces that are attractive and easy to get to, that are designed for multi uses
5. Buildings – e.g. Adequate internal spaces for bike storage, dining and kitchen facilities & minimised car parking spaces
6. Local Economy – e.g. Centres and places of employment that are easy to get to by public transport, and on walking & cycling networks. Facilities for people who are walking & cycling such as secure bike storage, street benches, toilets

3.7 These key documents highlight the relationship between planning and public health and demonstrate the key role that planning plays in reducing health inequalities, improving health outcomes and also supporting the development of place-based health. Without this shift to prevention and sustainability, the current unsustainable health and social care system is likely to mean the NHS will face a funding gap of £25 billion by 2020.[2]

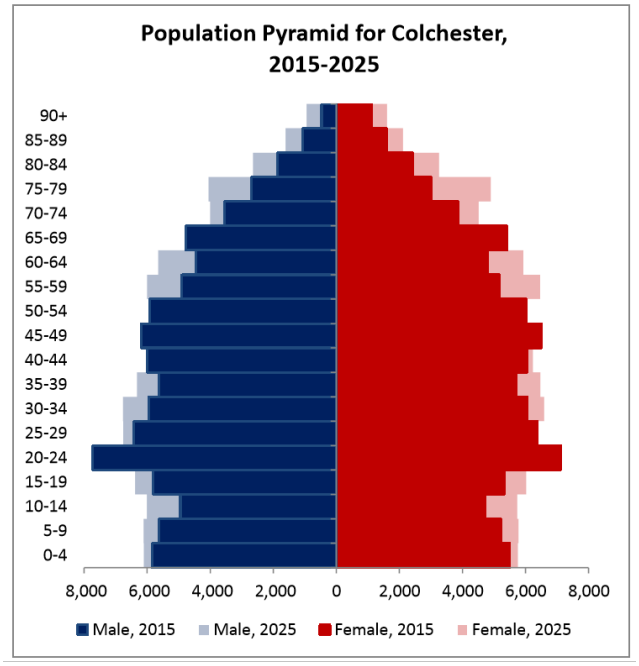
[2] Nuffield Trust, Health Foundation and the King's Fund (2015), The Spending Review: What does it mean for Health and Social Care?

3.8 The following local health information provides the evidence for Colchester's current Public Health priorities. Evidence has been drawn from the local portrait for Colchester, prepared by Essex Insights at Essex County Council, the Public Health Outcomes Framework, the local health profile and the Indices of Multiple Deprivation.

Please note that since this data has been published, some ward boundaries within Colchester have changed slightly, however this should not affect the ethos of the report that highlights the links between deprivation and effect on health inequalities and health outcomes.

4. Local Health Context

4.1 Colchester is the largest district in Essex in terms of total population numbers. It has a relatively low proportion of over 65s although a **23% increase is expected between 2015 and 2025 equating to 7,460 more people**. The over 65s population will then amount to 20% of the total Colchester population. This ageing population will put greater demand on health, social care services and housing needs.[3]
There are a number of areas of affluence in Colchester but also areas of deprivation. Of the 105 Lower Super Output Areas (LSOAs) in Colchester, nine of them are in the most affluent 10% of England and four of them are amongst the most deprived 10% in England.
Life expectancy is **7.7 years lower for men** and 6.0 years lower for women in the most deprived areas of Colchester than in the least deprived areas.[3]



The working population is essential for economic growth, requiring adequate housing, access to jobs and businesses, but the Colchester proportion is **forecast to decrease by three percentage points by 2025. From 59% to 56%.**

4.2 Colchester Borough Council is developing a local Health & Wellbeing Plan. Public Health priorities for Colchester have been identified as
- **Reducing Obesity**
- **Increasing Physical Activity**
- **Reducing Health Inequalities**
- **Supporting vulnerable people**

[3] http://www.essexinsight.org.uk/Resource.aspx?ResourceID=379

4.3 In addition, CBC is focused on delivering a number of specific initiatives in collaboration with partners on improving the lives of children and young people especially in areas of known deprivation within the borough.

4.4 **Reducing Obesity**

Levels of adults who are overweight or obese are 65.4% with 29.1% of 10-11 year old children also being overweight or obese, both slightly worse than national figures.[4]

In 13 of Colchester's wards levels of excess weight for year 6 children are above 30% with the highest levels found in Berechurch Ward at 36.3%.

Evidence suggests that healthy food, particularly fresh produce, is less available in deprived areas and low income groups are more likely consume less healthy food.

The Local Plan should consider how to plan effectively for shops and community facilities. This could address issues including access to facilities, the range and mix of shops and facilities to meet needs and promote good health.

4.5 **Increasing Physical Activity**

In Colchester, 59.4% of adults are meeting the Chief Medical Officer's (CMO) guidelines for physical activity (150+ minutes per week) and 25.1% of adult residents are doing less than 30 minutes per week[56]. Whilst this is similar to the national average, residents could still do more to improve their levels of physical activity in order to benefit their health, to achieve a lower risk of cardiovascular disease, stroke and coronary heart disease and this means creating more opportunities for people to do so.[3]

However, in the resident's survey 2015, 34% said that in the last week they did 30 minutes of moderate physical activity on five days or more, which was below the county average of 39%.

Colchester residents are most likely to cite lack of time (47%) as the main reason for not taking more exercise. Other reasons cited are lack of motivation and the cost.[3]

This highlights the need for planning to ensure that access to and opportunities for physical activity are within the infrastructure and that access to open spaces and green spaces is protected. There are the obvious health benefits from being able to use open spaces for exercise, and there is evidence that exercising outside has more positive benefits for mental health than exercising indoors. On average 1 in 4 people will suffer with a mental health issue at some point in their life and **the proportion of people with a mental health problem in the North East Essex CCG area is higher than the national figure**[3].

4.6 **Reducing Health Inequalities**

Health inequalities are defined as 'differences between people or groups due to social, geographical, biological, or other factors. These differences have a huge impact because they result in people who are worst off experiencing poorer health and shorter lives' (NICE LGB4 2012)[4]. The examples below, of which are not definitive, highlight some of the issues where planning could have an impact to reduce health inequalities and improve health outcomes.

- **Child Poverty**. **16.1% of children live in Poverty in Colchester**[6] (living in households where income is less than 60 per cent of median household income before housing costs). Evidence suggests that childhood poverty leads to premature mortality and poor health outcomes for adults. Reducing the numbers of children who experience poverty should improve these adult health outcomes and increase healthy life expectancy[7].

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[3] http://www.essexinsight.org.uk/Resource.aspx?ResourceID=379

[4] https://www.nice.org.uk/advice/lgb4/chapter/introduction

[6] Public Health Outcomes Framework - https://fingertips.phe.org.uk/

[7] Marmot Review - http://www.instituteofhealthequity.org/

Levels of child poverty of **19.4 – 49.9%** are found in 6 wards within Colchester. These are **Berechurch, Old Health, Newtown, Castle, St Andrew's and St Anne's**.[3]

- There were **3,442 households on the housing waiting list** in 2014/15, which was the second highest number in Essex.
  Homelessness is associated with severe poverty and is a social determinant of health. It is also associated with adverse health, including mental health, education and social outcomes, particularly for children. In 2014/15, **the rate of households which were homeless or in priority need in Colchester was the third highest in Essex and worse than the national average of 2.4 per 1,000.** Colchester had a rate of homeless households in temporary accommodation awaiting a settled home in March 2015 that was the fourth highest in the county although slightly below the Essex average.[3]
  It is a key role of the planning system to ensure there is a sufficient supply of housing. The planning system can also support this by supporting initiatives which aim to improve the quality of the existing housing stock

- The **employment rate** for 2015/16 is **77.9%,** a slight **decrease** on the **previous year of 79.1. Long term unemployment** within Colchester is **4.1%**, lower than the England average of 7.1%. However, **higher levels of long term unemployment** (between 9.7-35.9%) can be seen within 7 wards. These are **Old Heath, Newtown, Castle, St Andrew's, St Anne's, East Donyland & St John's**.[3]
  The planning system can support economic growth by ensuring there is an adequate supply of land to allow employment development to take place. It can provide indirect support by supporting the provision of relevant facilities such as education and childcare and promoting these to be located in the most accessible locations

- **Poor air quality** is a significant public health issue. In Colchester mortality attributable to particulate air pollution for 2015 was **5.5%, higher than the England average of 4.7%.**[5] The burden of particulate air pollution in the UK in 2008 was estimated to be equivalent to nearly 29,000 deaths at typical ages and an associated loss of population life of 340,000 life years lost.

- **Alcohol** causes greater health problems in lower socioeconomic groups, even if alcohol consumption is less than those on higher incomes.[8] Addressing alcohol related harm is key to improving public health and reducing health inequalities.
  During 2015/16 Colchester had a **12% increase in level of alcohol related hospital admissions**, the second highest increase in Essex. This has steadily increased over the last 6 years.[9]
  Number of premises licensed to sell alcohol per square kilometre in Colchester in 2015/16 was 1.8, higher than the national average of 1.3.[5]

4.7 **Supporting Vulnerable People**

As the ageing population increases this will have an impact on numbers of vulnerable people and conditions that the elderly population are more likely to suffer from including **dementia, hip fractures** and **excess winter deaths** as well as those with long term conditions, such as **diabetes**, and **Cardio Vascular Disease (CVD)**.

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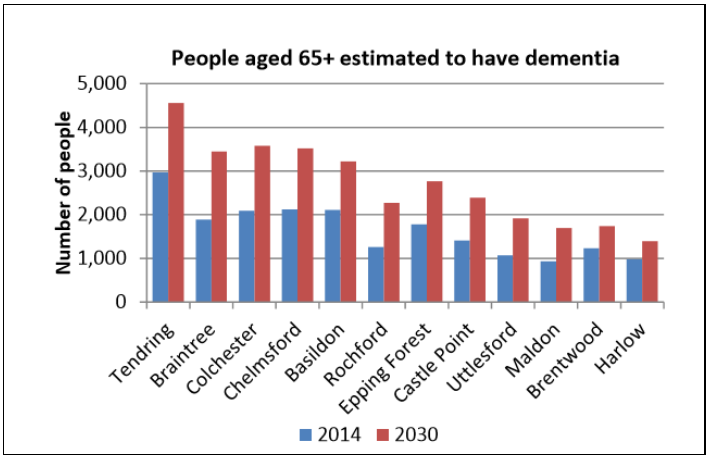
[3] http://www.essexinsight.org.uk/Resource.aspx?ResourceID=379
[5] Public Health Outcomes Framework - https://fingertips.phe.org.uk/
[8]Institute of Alcohol Studies (2014) Alcohol, health inequalities and the harm paradox
http://www.ias.org.uk/uploads/pdf/IAS%20reports/IAS%20report%20Alcohol%20and%20health%20inequalities%20FULL.pdf
[9] Essex County Council Public Health data

Increasing numbers of people with **dementia** will have an impact on health services including training of staff, support for unpaid carers, and the available housing stock as more places in supported and sheltered housing and care homes will be needed. Planning should also consider the need for specialist housing for an aging population



2,090 people aged over 65 are thought to have dementia and this number is expected to **rise by 71%** to 3,580 **by 2030**.

- There was a slight increase in the number of recorded cases of **diabetes** in 2014/15, compared with the previous period, and the rate has been **increasing over the last five years** (as has the national figure). Colchester has a rate of diabetes of **5.3% (8,043) of the GP registered population**.[5]

- Colchester had **2017 per 100,000 emergency admissions for falls** in over 65's in 2014/15. Falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes, e.g. being a major precipitant of people moving from their own home to long-term nursing or residential care.[5] Emergency admissions for falls in this age group are positively correlated with deprivation.

- **Ratio of Excess Winter Deaths** was **25.4** for 2014/15 which is similar to the England average. Most excess winter deaths are due to circulatory and respiratory diseases, and the majority occur amongst the elderly population. Research carried out by the Eurowinter Group[10] found that mortality during winter increases more in England and Wales compared to other European countries with colder climates, suggesting that many more deaths could be preventable in England and Wales.

  Social isolation – Colchester has a rate of 29.9% pensioners living alone. The highest levels of pensioners living along are in Newtown, Castle, St Andrew's, Shrub End and East Donyland. Newtown has 48.2% pensioners living along.[11] Living alone is one of the factors contributing to loneliness, which has an impact on personal wellbeing.[12]
  Communities are important for physical and mental health wellbeing. The links between people – social capital - can help people to be more resilient: from the support from those around you to connections that can help people find work.
  Evidence suggests that accessible shops and community facilities encourage walking which may promote social cohesion. Community facilities that provide linkages between people can contribute to this. It is also acknowledged that

[5] Public Health Outcomes Framework - https://fingertips.phe.org.uk/
[10] Eurowinter group (1997) Cold exposure and winter mortality from ischaemic heart disease, cerebrovascular disease, respiratory disease, and all causes in warm and cold regions in Europe. The Lancet 349, 1341-134
[11] Local Health - http://www.localhealth.org.uk/
[12] Age UK 2015

5. Summary

This report has highlighted many of the links between planning and public health and the key local public health priorities that should be considered within the local plan. By doing so will help to reduce the burden on services that otherwise would present with an increasing ageing population as well as supporting the prevention agenda regarding reducing obesity, health inequalities and long term conditions such as mental health issues & diabetes.