Health and Wellbeing Policy Evidence Report

March 2013

Fenland
CAMBRIDGESHIRE
Fenland District Council

INVESTORS IN PEOPLE

CUSTOMER SERVICE EXCELLENCE
UK
The Government Standard

‘The Health and Wellbeing Policy’ Evidence Report

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1.0 Introduction and Policy Context

Introduction

1.1 Fenland District Council is producing the Fenland Core Strategy, which sets out the framework for how development will be considered across the District to 2031.

1.2 This Evidence Report (which is one of a collection) provides background information and justification for policy CS2, which deals with the health and wellbeing of Fenland residents.

1.3 At the outset of this Evidence Report, it is worth remembering that the modern planning system we know today arose from a nineteenth century health agenda of attempting to combat the unhealthy living conditions (unsanitary, over-crowded and inhumane conditions) of the growing industrial cities. The two disciplines have drifted apart somewhat since those days. Fenland District Council is determined to link them back together again.

National Policy

1.4 The National Planning Policy Framework (NPPF) was published in March 2012.

1.5 Health is referred to in a number of ways within the NPPF, reflecting both its importance to government as well the cross-cutting nature of this issue. Some notable extracts from the NPPF are:

Para 7: (Achieving sustainable development) *"There are three dimensions to sustainable development: economic, social and environmental. These dimensions give rise to the need for the planning system to perform a number of roles:*

[including}

- ***a social role*** *– supporting strong, vibrant and healthy communities, by providing the supply of housing required to meet the needs of present and future generations; and by creating a high quality built environment, with accessible local services that reflect the community's needs and support its health, social and cultural well-being"*

Para 17 (Core planning principles) "*Within the overarching roles that the planning system ought to play, a set of core land-use planning principles should underpin both plan-making and decision-taking. These 12 principles are that planning should*:

[amongst other criteria]

- *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."*

Para 29 (Promoting sustainable transport): *"Transport policies have an important role to play in facilitating sustainable development but also in contributing to wider sustainability and health objectives."*

Para 69 (Promoting Healthy Communities):– *"The planning system can play an important role in facilitating social interaction and creating healthy, inclusive communities.*"

Para 73 (Promoting Healthy Communities): "*Access to high quality open spaces and opportunities for sport and recreation can make an important contribution to the health and well-being of communities.*"

Para 120: (Conserving and enhancing the natural environment): "*To prevent unacceptable risks from pollution and land instability, planning policies and decisions should ensure that new development is appropriate for its location. The effects (including cumulative effects) of pollution on health, the natural environment or general amenity, and the potential sensitivity of the area or proposed development to adverse effects from pollution, should be taken into account."*

Para 123: (Conserving and enhancing the natural environment): *"Planning policies and decisions should aim to:*

[amongst other criteria]

- *avoid noise from giving rise to significant adverse impacts on health and quality of life as a result of new development;*
- *mitigate and reduce to a minimum other adverse impacts on health and quality of life arising from noise from new development, including through the use of conditions;"*

Para 156: (Local Plans): *"Local planning authorities should set out the strategic priorities for the area in the Local Plan. This should include strategic policies to deliver*:

[amongst other matters]

- *the provision of health, security, community and cultural infrastructure and other local facilities; "*

Para 171: (Health and well-being): "*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."*

1.6 The above NPPF guidance has been taken into account in preparing the Core Strategy as a whole, and policy CS2 in particular.

1.7 There is also a wide range of literature available which promotes the linkage of planning and health, such as:

- "Reuniting health with planning", TCPA, 2012 http://www.tcpa.org.uk/data/files/TCPA_FINAL_Reuniting-health-planning.pdf
- "Steps to Healthy Planning", SPAHG, 2011 http://www.spahg.org.uk/wp-content/uploads/2011/06/SPAHG-Steps-to-Healthy-Planning-Proposals-for-Action.pdf
- "Land use planning and health and well-being" Hugh Barton, 2009 http://www.bis.gov.uk/assets/foresight/docs/land-use/jlup/14_land_use_planning_and_health_and_well-being.pdf

2. Fenland Context

2.1 The Fenland Sustainable Community Strategy (SCS) 2009-2012[1] sets out how the public, private, community and voluntary services will work together to make Fenland an even better place to live and work. It recognises that there some big challenges to overcome, but emphasises that the Fenland Strategic Partnership, who produce and monitor progress of the SCS, are dedicated to tackling them together. The strategy is structured around the following themes:

- Health and Social Well-being
- Safer and Stronger Communities
- Economic and Sustainable Communities
- Building a Sustainable Environment
- Children and Young People

2.2 Health and Social Well-being is, thus, one the themes of the SCS. The SCS is prepared by a cross-section of the community and the document reflects their priorities. Clearly health and social wellbeing is important to the local community.

[1] Shaping Fenland's Future Together - The Fenland Sustainable Community Strategy For 2009-12", Fenland Strategic Partnership, 2009: http://www.fenland.gov.uk/article/1785/Fenland-Strategic-Partnership .

2.3 The Joint Strategic Needs Assessment for Cambridgeshire (JSNA) details that there are high levels of obesity, low levels of exercise and healthy eating, high teenage pregnancy, and high levels of smoking in Fenland compared to Cambridgeshire, East of England and national averages. For example:

- Fenland has the highest proportion of obese adults in Cambridgeshire at 29%, which is significantly higher than the national average of 22%.
- Of the 123 wards in Cambridgeshire, Fenland has the top 18 wards with the highest estimated prevalence of obese adults.
- 14% of Fenland children are obese compared to a national figure of 10%.
- Only 21.7% of residents in Fenland consume five or more portions of fruit and vegetables in a day compared to the 23.7% national average.
- Fenland has the highest level of zero participation in moderate intensity activity across the county.
- Approximately 27% of adults who live in Fenland smoke, which is the highest estimated figure in the County (Cambridgeshire average is 22%). Smoking is implicated in four in every seven deaths in the over 65s in Fenland.

2.4 A fuller picture can be found in the 'health profiles' report for Fenland, last published in 2012 (see appendix 1). This, in a broad sense, demonstrates that Fenland' residents are far from 'healthy' when compared with other locations.

3. Core Strategy Policy

3.1 In the Consultation Draft version of the Core Strategy (published for consultation in July 2011) and in the Further Consultation Draft (published for consultation in July 2012) there was not a separate policy on the health and wellbeing of Fenland residents.

3.2 Following further examination of the NPPF and in light of the Council's desire to tackle health issues, it became apparent that health and wellbeing should be given more prominence in the plan, indeed be one of the over-riding threads running throughout the plan.

3.3 A new policy was therefore prepared, and placed at the start of the Plan, which emphasised the need in principle for development to take account of health issues as well as set a list of key principles to follow, all of which are supported by more detailed policies in the plan. It clearly demonstrates that tackling health issues cuts across a wide range of planning issues…and likewise planning can help tackle health issues.

3.4 Preceding the policy, a detailed explanation of the importance of the policy, and its context, can be found.

4. Alternative Reasonable Options

4.1 Option 1: No separate policy on Facilitating Health and Wellbeing. This was the option that the Council pursued in earlier versions of the Core Strategy (as explained in paragraph 3.1 above). However, with the publication of the NPPF in 2012 and the new responsibilities for local councils to tackle health issues, this approach has since been rejected. It is clear that the NPPF and wider government policy expects Plans to address the need to promote healthy communities. The Council has responded by including a specific policy on Facilitating Health and Wellbeing of Fenland residents.

5. Conclusion

5.1 This Evidence Report demonstrates that Fenland District Council's Core Strategy policy for Facilitating Health and Wellbeing of Fenland Residents is an entirely reasonable and appropriate response to the requirement of the NPPF, and is supported by a genuine and comprehensive evidence base. Alternative options have been considered, but rejected.

5.2 Overall, the Council considers its Facilitating Health and Wellbeing policy to be sound.

Appendix: Source: 2012 Health profile, found at: http://www.apho.org.uk/resource/view.aspx?RID=50215&SEARCH=fenland&SPEAR=.

Health summary for Fenland

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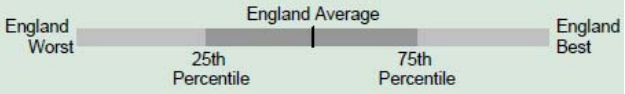
The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average



Domain	Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1 Deprivation	11925	13.1	19.8	83.0		0.0
	2 Proportion of children in poverty ‡	3730	21.9	21.9	50.9		6.4
	3 Statutory homelessness ‡	72	1.8	2.0	10.4		0.0
	4 GCSE achieved (5A*-C inc. Eng & Maths)	431	44.3	58.4	40.1		79.9
	5 Violent crime	1334	14.5	14.8	35.1		4.5
	6 Long term unemployment	386	6.9	5.7	18.8		0.9
Children's and young people's health	7 Smoking in pregnancy ‡	116	11.0	13.7	32.7		3.1
	8 Breast feeding initiation ‡	859	81.3	74.5	39.0		94.7
	9 Obese Children (Year 6) ‡	174	19.1	19.0	26.5		9.8
	10 Alcohol-specific hospital stays (under 18)	13	68.7	61.8	154.9		12.5
	11 Teenage pregnancy (under 18) ‡	63	38.3	38.1	64.9		11.1
Adults' health and lifestyle	12 Adults smoking ‡	n/a	27.4	20.7	33.5		8.9
	13 Increasing and higher risk drinking	n/a	22.2	22.3	25.1		15.7
	14 Healthy eating adults	n/a	25.2	28.7	19.3		47.8
	15 Physically active adults ‡	n/a	8.8	11.2	5.7		18.2
	16 Obese adults ‡	n/a	25.8	24.2	30.7		13.9
Disease and poor health	17 Incidence of malignant melanoma	12	12.0	13.6	26.8		2.7
	18 Hospital stays for self-harm ‡	184	221.3	212.0	509.8		49.6
	19 Hospital stays for alcohol related harm ‡	2586	2107	1895	3276		910
	20 Drug misuse	471	8.2	8.9	30.2		1.3
	21 People diagnosed with diabetes ‡	6164	7.0	5.5	8.1		3.3
	22 New cases of tuberculosis	4	4.4	15.3	124.4		0.0
	23 Acute sexually transmitted infections	364	396	775	2276		152
	24 Hip fracture in 65s and over ‡	124	462	452	655		324
Life expectancy and causes of death	25 Excess winter deaths ‡	56	17.4	18.7	35.0		4.4
	26 Life expectancy – male	n/a	77.5	78.6	73.6		85.1
	27 Life expectancy – female	n/a	82.4	82.6	79.1		89.8
	28 Infant deaths ‡	4	3.9	4.6	9.3		1.2
	29 Smoking related deaths	184	219	211	372		125
	30 Early deaths: heart disease and stroke ‡	84	69.3	67.3	123.2		35.5
	31 Early deaths: cancer ‡	125	107.2	110.1	159.1		77.9
	32 Road injuries and deaths ‡	60	65.4	44.3	128.8		14.1

‡ Substantially similar to indicator proposed in the Public Health Outcomes Framework published January 2012

Indicator Notes

1 % people in this area living in 20% most deprived areas in England, 2010 2 % children (under 16) in families receiving means-tested benefits & low income, 2009 3 Crude rate per 1,000 households, 2010/11 4 % at Key Stage 4, 2010/11 5 Recorded violence against the person crimes, crude rate per 1,000 population, 2010/11 6 Crude rate per 1,000 population aged16-64, 2011 7 % mothers smoking in pregnancy where status is known, 2010/11 8 % mothers initiating breast feeding where status is known, 2010/11 9 % school children in Year 6 (age 10-11), 2010/11 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population, 2007/08 to 2009/10 (pooled) 11 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2008-2010 12 % adults aged 18 and over, 2010/11 13 % aged 16+ in the resident population, 2008/2009 14 % adults, modelled estimate using Health Survey for England 2006-2008 15 % aged 16 and over, Oct 2009-Oct 2011 16 % adults, modelled estimate using Health Survey for England 2006-2008 17 Directly age standardised rate per 100,000 population, aged under 75, 2006-2008 18 Directly age sex standardised rate per 100,000 population, 2010/11 19 Directly age sex standardised rate per 100,000 population, 2010/11 20 Estimated users of opiate and/or crack cocaine aged 15-64, crude rate per 1,000 population, 2009/10 21 % people on GP registers with a recorded diagnosis of diabetes 2010/11 22 Crude rate per 100,000 population, 2008-2010 23 Crude rate per 100,000 population, 2010 (chlamydia screening coverage may influence rate) 24 Directly age and sex standardised rate for emergency admissions, per 100,000 population aged 65 and over, 2010/11 25 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 1.08.07-31.07.10 26 At birth, 2008-2010 27 At birth, 2008-2010 28 Rate per 1,000 live births, 2008-2010 29 Directly age standardised rate per 100,000 population aged 35 and over, 2008-2010 30 Directly age standardised rate per 100,000 population aged under 75, 2008-2010 31 Directly age standardised rate per 100,000 population aged under 75, 2008-2010 32 Rate per 100,000 population, 2008-2010