

**HEALTH IMPACT  
ASSESSMENT OF THE  
CORE STRATEGY  
FURTHER ENGAGEMENT  
DRAFT  
FOR BRADFORD  
DISTRICT**

**Produced by the Public Health Department  
October 2013**

## Executive summary

This document is the Health Impact Assessment (HIA) of the Core Strategy Further Engagement Draft (CSFED), which is part of the development plan for Bradford. It should be read in conjunction with that document, which can be viewed at:

<http://www.bradford.gov.uk/NR/rdonlyres/C7242F01-FA23-4D17-8D6E-50DF85C144A2/0/CORESTRATEGYFURTHERENGAGEMENTDRAFT.pdf>

It has been produced by the Public Health Department within City of Bradford Metropolitan District Council, although the process was commenced prior to the transfer of the Public Health function from the NHS to Local Authority in April 2013. The document examines the likely health impacts for the population of the Bradford District that the implementation of the proposed Core Strategy would bring.

The HIA has been undertaken in two parts. Both parts are within the context of what we know about the health of our District, both now and what it is predicted to be in the future.

The first part of the HIA assesses the CSFED against the Public Health Outcomes Framework (PHOF), a key driver of public health, both at a national and local level. This looks in detail at each Core Strategic Objective and Strategic Core Policy, and more generally at the Thematic Policies and these are assessed for the health and wellbeing impact that it is likely to cause. We did not assess the Sub Area Policies due to time constraints.

The second part of the HIA takes the form of a gap analysis and gives a series of recommendations (section 6) that are central to ensuring the Core Strategy contributes towards creating an environment that positively impacts on physical and mental health. In essence, this examines whether factors that could have a positive impact on health and wellbeing are covered within the CSFED. Many of these recommendations have indeed been met by the Core Strategy, but some have not and these are detailed in section 7. Section 8 outlines a series of inclusions that may enhance the future health benefits for the population.

Overall, the impact of the Core Strategy should positively contribute towards the future health of the District. Future health is largely based on improving the wider determinants of health. These are the factors that we know, if improved, have an impact on the long term health of populations. In terms of the context of the Core Strategy, the following are particularly important:

- **Employment opportunities** within the District should be increased
- **Housing quality and provision** should be improved
- **Living and working conditions** should improve
- **Social and Community networks** should be enhanced
- **General socioeconomic, cultural and environmental conditions** should be improved

### Summary of suggested inclusions in the CSPD

Whilst much of the CSFED is positive in terms of impact on health and wellbeing, the HIA has identified the following areas as worthy of consideration for inclusion prior to the collation of the Core Strategy Publication Draft (CSPD):

- Concerns over **air quality** as a result of implementation of the CSPD should be addressed
- Likewise, concerns over **noise pollution** as a result of implementation should also be addressed
- Assess any proposed development on **Green Belt** rigorously, including an individual HIA
- The **implementation** of the CSPD should be **phased**, not undertaken all at the same time
- The principles of **Secured by Design** should be adhered to
- **Play areas** for young children should form part of new developments
- Public transport options for **isolated geographical communities** and **communities of need** should be promoted
- **Active travel options** should form part of new developments
- Commercial buildings should be **future-proofed** to ensure adaptability
- Infrastructure supporting the increase in academic and tourist footfall, such as **overnight accommodation** should be considered

In addition there are a range of issues that fall outside of the scope of the CSFED/CSPD but should be considered elsewhere in the planning process given the opportunities they present to improve the health and wellbeing of the District.

Finally it should be recognised that this HIA is an on-going process.

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## **1. Introduction and background**

This document is the Health Impact Assessment (HIA) of the Core Strategy Further Engagement Draft (CSFED). The CSFED should be read in conjunction with this document, and may be found via the link below:

<http://www.bradford.gov.uk/NR/rdonlyres/C7242F01-FA23-4D17-8D6E-50DF85C144A2/0/CORESTRATEGYFURTHERENGAGEMENTDRAFT.pdf>

### **1.1 About the Core Strategy Further Engagement Draft (CSFED)**

Each Local Authority must produce a Development Plan for their area which set down policies and proposals for the development and other use of land in their area. The Core Strategy, a key Development Plan Document (DPD), sets down these policies and proposals, but also sets out the vision, objectives and strategic policies to guide the pattern and levels of development within the District over a 15-20 year period. The CSFED was the latest version of the Core Strategy that was published in October 2011.

In March 2012 the Government reviewed National Planning policy by issuing the National Planning Policy Framework. This states the Core Strategy has a role in promoting healthy communities. It also no longer uses the term Local Development Framework but instead refers to the Local Plan. The Core Strategy Publication Draft (CSPD) will replace the CSFED and will be the next stage in the preparation of the Core Strategy. This will be the final stage before the Core Strategy is submitted for Independent Examination by an Inspector. The CSPD will be part of the Local Plan for the District.

The HIA of the CSFED will be used in the preparation and production of the CSPD to ensure it has a positive impact on physical and mental health and well being.

Other Development Plan Documents (DPDs) which form part of the Development Plan are:

- The Land Allocations DPD, which will identify sites for development to meet the vision and objectives of the Core Strategy
- The Bradford City Centre Area Action Plan and the Shipley and Canal Road Corridor Area Action Plan which will guide the transformation of these key areas of change

The Local Infrastructure Plan (LIP) is part of the Evidence Base gathered to inform the policy approach of the DPDs. It identifies the current provision of physical, social, community and green infrastructure in the District, along with the key agencies/partners, their investment programmes and infrastructure commitments, and any key issues for the Core Strategy.

### **1.2 About the Health Impact Assessment**

There are very few policies or actions which do not affect health in some way. A Health Impact Assessment (HIA) intends to help make decisions by predicting the health consequences of a proposal. It aims to enhance positive consequences for health and avoid/minimise adverse consequences for health through a list of recommendations. The process followed within this HIA is covered in more detail in Section 3.

Decision making at policy, programme or project level is about balancing competing needs. Decision makers have to try to achieve the best outcomes taking into consideration finance, project/programme sustainability, political and popularity factors as well as health and frequently

have to trade-off gain in one area against gain in another. The HIA helps them to appreciate the potential health gains and/or losses that different policies may incur.

In recent years there has been wider recognition of the role of planning in encouraging a healthy lifestyle. The Royal Town Planning Institute (RTPI) has recognised the clear link between planning and health *“Spatial planning provides the opportunity to align health and planning policies to deliver development solutions that will create the conditions for a healthy lifestyle”* The Royal Town Planning Institute (RTPI) (2009). A point reinforced further in a recent report by the Kings Fund – *“The Health impacts of spatial planning decisions”* (April 2009) *“... there is evidence to suggest that a quarter of all global disease and deaths are attributable to the environment”*.

This has also been reflected in national policies, such as transport and scheme appraisal, where government policy documents such as *“Delivering a Sustainable Transport System (DaSTS)”* and *“National Approach to Transport Appraisal (NATA)”* now include clear references to: *“Improve health through physical activity”* and *“Reduce air quality health costs”*.

The importance of the role of the built environment in the battle to improve health and wellbeing of local communities is accepted. However, this also needs to be reflected in planning policy and as a consequence this document forms the initial stages of embedding health and wellbeing into the future development plans for Bradford District.

### **1.3 About this document**

The purpose of this document is to take the CSFED and assess the likely impact on health and wellbeing that implementation of the CSFED may have on the people of Bradford District.

Section 2 provides a summary of the key public health documents which are considered the ‘drivers’ of public health practice.

Section 3 of this document explains in detail the Health Impact Assessment process. We have taken a two-pronged approach – firstly to screen and scope the proposals within the document (section 4 and 5 respectively) and secondly to assess gaps within the document to recognise any opportunities that may have been missed (sections 6 and 7). By so doing, the assessment proposes inclusions to the CSPD (section 8) that may enhance the future health benefits for the population.

## **2. Key Public Health drivers**

The UK Faculty of Public Health defines public health as “*the science and art of promoting and protecting health and well-being, preventing ill-health and prolonging life through the organised efforts of society*”.

The UK Public Health Association develops that definition further by suggesting Public Health:

- is an approach that focuses on the health and wellbeing of a society and the most effective means of protecting and improving it
- encompasses the science, art and politics of preventing illness and disease and promoting health and wellbeing. It addresses the root causes of illness and disease, including the inter-acting social, environmental, biological and psychological dimensions, as well as the provision of effective health services
- addresses inequalities, injustices and denials of human rights, which frequently explain large variations in health locally, nationally and globally
- works effectively through partnerships that cut across professional and organisational boundaries and seeks to eliminate avoidable distinctions
- relies upon evidence, judgement and skills and promotes the participation of the populations who are themselves the subject of policy and action

There are a number of key public health documents and publications that align the vision above with the reality of delivery. The following sections provide an overview of the most important of those, and are considered to be drivers of public health practice either at a national or local level.

### **2.1 The Marmot Review**

The Marmot Review (Fair Society, Healthy Lives) was commissioned by the Secretary of State for Health in November 2008. The Review was to include policies and interventions that address the social determinants of health and reduce health inequalities, including identifying the evidence most relevant to underpinning future policy and action and show how this evidence could be translated into practice.

The review showed that socio-economic inequalities, including the built environment, have a clear effect on the health outcomes of the population. It confirmed that there is a social gradient in health, and related to that showed that there is a social gradient in environmental disadvantage.

The Review was published in February 2010 and proposed 6 policy objectives and related interventions aimed at reducing the gap in life expectancy between people of lower and higher socio-economic backgrounds. The 6 key policy objectives are:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all



- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

Although spatial planning has an impact on many aspects of all the above, the fifth objective, which focuses on places and communities, is the one directly relevant to spatial planning. The Marmot Review identified a number of factors for which the evidence of the relationship with health was particularly strong. They are:

- **Pollution**

There is clear evidence of the adverse effects of outdoor air pollution, especially for cardio-respiratory mortality and morbidity. Poorer communities tend to experience higher concentrations of pollution and have a higher prevalence of cardio-respiratory and other diseases. 66% of carcinogenic chemicals emitted into the air are released in the 10% most deprived wards. There is strong evidence that reductions in traffic to reduce air pollution are successful in improving health.

- **Green/open Space**

Numerous studies point to the direct benefits of green space to both physical and mental health and well-being. Green spaces have been associated with a decrease in health complaints blood pressure and cholesterol, improved mental health and reduced stress levels, perceived better general health and the ability to face problems. There is strong evidence that provision of green space effectively improves mental health and less strong/inconclusive evidence that it improves levels of physical activity.

- **Transport**

Transport accounts for around 29% of the UK's CO2 emissions. The relationships between transport and health are multiple and complex; transport also provides access to work, education, social networks and services, which can improve people's lives. There is strong evidence that traffic interventions reduce road accidents, while there is some inconclusive evidence that they improve physical activity. The impact of transport on health inequalities is greatest when looking at deaths from road traffic injuries, especially for children, as they are four times more likely to be hit by a car in the 10% most deprived wards than in the least deprived wards. Fatal accidents on the road are also particularly high among children of parents classified as never having worked or as long-term unemployed.

- **Food**

Low income and area deprivation are both barriers to purchasing fresh or unfamiliar foods, while lower income households are the harder hit by food price fluctuations. However, there is only anecdotal evidence that local access to healthy foods improves diets, although there are indications that residents in deprived areas could benefit from interventions aimed at low-mobility groups, increasing their access to better shopping facilities. Studies of proximity to healthy food do not show causality between inadequate access and health outcomes, and studies on greater access to unhealthy food in the UK has shown that this may disproportionately affect those in more deprived areas.

- **Housing**

Over the past twenty years, the poorest groups have become concentrated in social housing, and the association between social housing and negative outcomes applies across several domains, including health, education, self-efficacy and income. A study

suggested that children in bad housing are more likely to have mental health problems, such as anxiety and depression, to contract meningitis, have respiratory problems, experience long-term ill health and disability, slow physical growth and delayed cognitive development. Cold housing is also a risk to health, affecting the levels of winter deaths and respiratory diseases. Evaluation of home insulation programmes concluded that targeting home improvements at low-income households significantly improved social functioning, as well as physical and emotional well-being. Adequate heating systems improve asthma and reduce the number of days off school.

- **Community Participation and Social Isolation**

Community capital differs in areas of deprivation, with less volunteering and unpaid work, less socialising and less trust in others, in the neighbourhoods that are perceived to be less safe. Evidence of the association between social capital and health is significant and improving: in many communities facing multiple deprivation, stress, isolation and depression are all very common and low levels of social integration, and loneliness, significantly increase mortality. Social participation acts as a protective factor against dementia and cognitive decline over the age of 65 and also has an impact on the risk of mortality by aiding recovery when becoming ill. Furthermore, there is some evidence that increasing community empowerment may result in communities acting to change their social, material and political environments.

## **2.2 The Public Health Outcomes Framework**

Since 2010, the Department of Health has published three 'outcomes frameworks' – one for each part of the health and care system. An outcomes framework is a report that sets out the desired outcomes for a particular healthcare system, and sets out how these outcomes will be measured. The outcomes frameworks for Public Health, Adult Social Care and the NHS are intended to provide a focus for action and improvement across the system.

Each of the outcomes frameworks has a number of main areas, or 'domains', where the government would like to see improvement (see Figure 1). For example, the NHS Outcomes Framework has a domain covering helping people to recover from episodes of ill health or illness. Similarly, the Public Health Outcomes Framework prioritises reduction of health inequalities through improving the wider determinants of health, such as contributing to reducing re-offending. The Adult Social Care Outcomes Framework includes a domain that focuses on delaying and reducing the need for care and support.

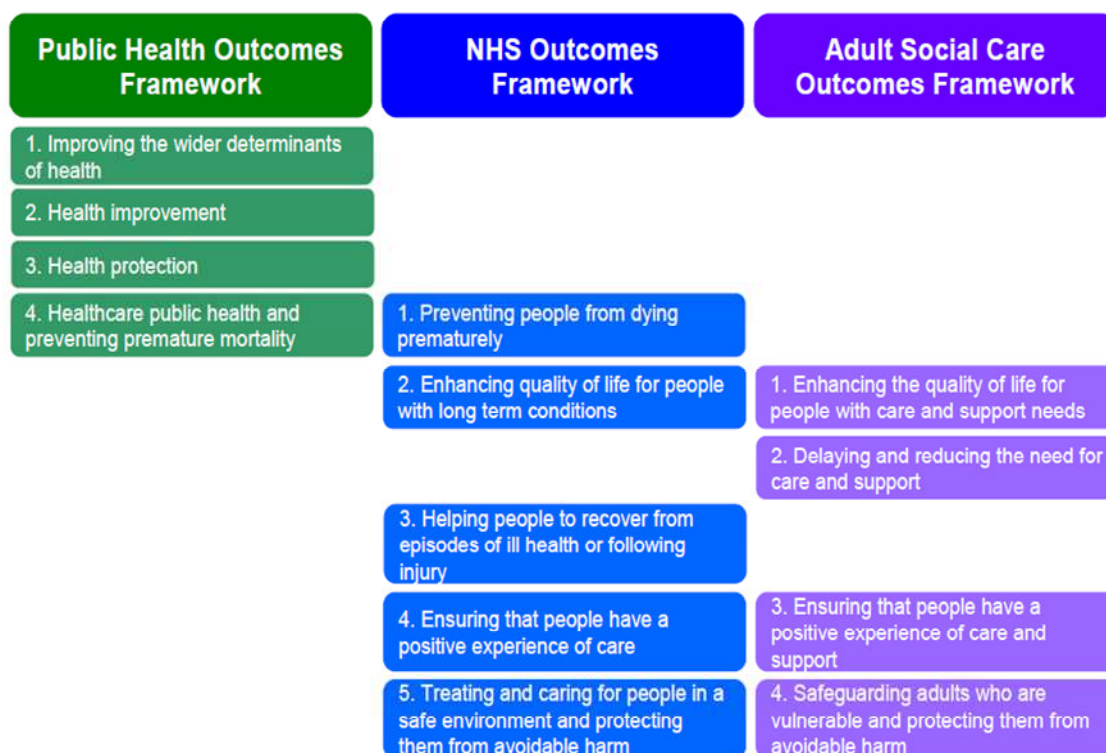


Figure 1: Outcomes Framework pertinent to health and wellbeing

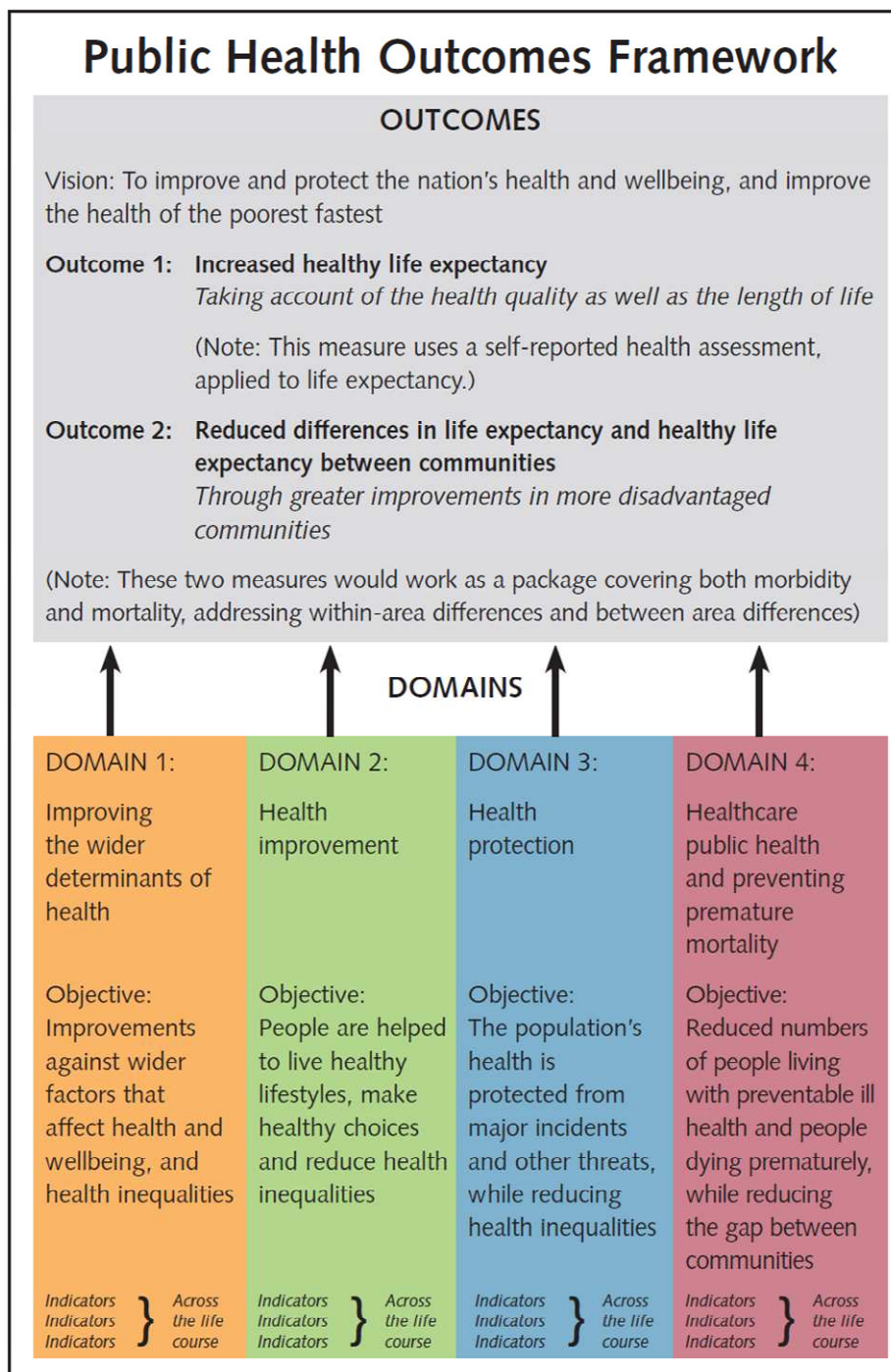
In terms of undertaking a health impact assessment, the most important of these frameworks is the Public Health Outcomes Framework, Department of Health (2012).

The Public Health Outcomes Framework consists of two overarching outcomes that set the vision for what the whole public health system wants to achieve for the public's health. The outcomes are:

- increased healthy life expectancy, i.e. taking account of the health quality as well as the length of life
- reduced differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities)

The framework is not just about extending life: it also covers the factors that contribute to healthy life expectancy, including, importantly, what happens at the start of life and how well we live across the life course. The two outcomes together underpin the overall vision to improve and protect the nation's health while improving the health of the poorest fastest.

These two outcomes will be delivered through improvements across a broad range of public health indicators grouped into four domains relating to the three pillars of public health: health protection, health improvement, and healthcare public health (and preventing premature mortality); and a fourth domain, improving the wider determinants of health, as illustrated by Figure 2.



*Figure 2: The Public Health Outcomes Framework Domains  
 Department of Health (2012)*

Each domain has a series of associated indicators, which together meet the domain outcome. These indicators are shown in the diagram in Figure 3. Where the term “placeholder” is used, this highlights where the overarching indicator has been developed but the specific measures underpinning that indicator have not yet been defined.

Vision	
To improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest.	
<b>Outcome measures</b>	
Outcome 1: Increased healthy life expectancy, ie taking account of the health quality as well as the length of life.	
Outcome 2: Reduced differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities).	
1 Improving the wider determinants of health	2 Health Improvement
Objective Improvements against wider factors that affect health and wellbeing and health inequalities	Objective People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities
Indicators <ul style="list-style-type: none"> <li>• Children in poverty</li> <li>• School readiness (Placeholder)</li> <li>• Pupil absence</li> <li>• First time entrants to the youth justice system</li> <li>• 16-18 year olds not in education, employment or training</li> <li>• People with mental illness or disability in settled accommodation</li> <li>• People in prison who have a mental illness or significant mental illness (Placeholder)</li> <li>• Employment for those with a long-term health condition including those with a learning difficulty/disability or mental illness</li> <li>• Sickness absence rate</li> <li>• Killed or seriously injured casualties on England's roads</li> <li>• Domestic abuse (Placeholder)</li> <li>• Violent crime (including sexual violence) (Placeholder)</li> <li>• Re-offending</li> <li>• The percentage of the population affected by noise (Placeholder)</li> <li>• Statutory homelessness</li> <li>• Utilisation of green space for exercise/health reasons</li> <li>• Fuel poverty</li> <li>• Social connectedness (Placeholder)</li> <li>• Older people's perception of community safety (Placeholder)</li> </ul>	Indicators <ul style="list-style-type: none"> <li>• Low birth weight of term babies</li> <li>• Breastfeeding</li> <li>• Smoking status at time of delivery</li> <li>• Under 18 conceptions</li> <li>• Child development at 2-2.5 years (Placeholder)</li> <li>• Excess weight in 4-5 and 10-11 year olds</li> <li>• Hospital admissions caused by unintentional and deliberate injuries in under 18s</li> <li>• Emotional wellbeing of looked-after children (Placeholder)</li> <li>• Smoking prevalence – 15 year olds (Placeholder)</li> <li>• Hospital admissions as a result of self-harm</li> <li>• Diet (Placeholder)</li> <li>• Excess weight in adults</li> <li>• Proportion of physically active and inactive adults</li> <li>• Smoking prevalence – adult (over 18s)</li> <li>• Successful completion of drug treatment</li> <li>• People entering prison with substance dependence issues who are previously not known to community treatment</li> <li>• Recorded diabetes</li> <li>• Alcohol-related admissions to hospital</li> <li>• Cancer diagnosed at stage 1 and 2 (Placeholder)</li> <li>• Cancer screening coverage</li> <li>• Access to non-cancer screening programmes</li> <li>• Take up of the NHS Health Check Programme – by those eligible</li> <li>• Self-reported wellbeing</li> <li>• Falls and injuries in the over 65s</li> </ul>
3 Health protection	4 Healthcare public health and preventing premature mortality
Objective The population's health is protected from major incidents and other threats, while reducing health inequalities	Objective Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities
Indicators <ul style="list-style-type: none"> <li>• Air pollution</li> <li>• Chlamydia diagnoses (15-24 year olds)</li> <li>• Population vaccination coverage</li> <li>• People presenting with HIV at a late stage of infection</li> <li>• Treatment completion for tuberculosis</li> <li>• Public sector organisations with board-approved sustainable development management plans</li> <li>• Comprehensive, agreed inter-agency plans for responding to public health incidents (Placeholder)</li> </ul>	Indicators <ul style="list-style-type: none"> <li>• Infant mortality</li> <li>• Tooth decay in children aged five</li> <li>• Mortality from causes considered preventable</li> <li>• Mortality from all cardiovascular diseases (including heart disease and stroke)</li> <li>• Mortality from cancer</li> <li>• Mortality from liver disease</li> <li>• Mortality from respiratory diseases</li> <li>• Mortality from communicable diseases (Placeholder)</li> <li>• Excess under 75 mortality in adults with serious mental illness (Placeholder)</li> <li>• Suicide</li> <li>• Emergency readmissions within 30 days of discharge from hospital (Placeholder)</li> <li>• Preventable sight loss</li> <li>• Health-related quality of life for older people (Placeholder)</li> <li>• Hip fractures in over 65s</li> <li>• Excess winter deaths</li> <li>• Dementia and its impacts (Placeholder)</li> </ul>

Figure 3: The Public Health Outcomes Framework measures  
Department of Health (2012)

## 2.3 Dahlgren & Whitehead 'Policy Rainbow'

The health and well-being of individuals and populations across all age groups is influenced by a range of factors both within and outside the individual's control. One model, which captures the interrelationships between these factors, is the Dahlgren and Whitehead (1991) 'Policy Rainbow' (See Figure 4). This model describes the layers of influence of the wider determinants of health on an individual's potential for health. Whitehead described these factors as those that are fixed (core non modifiable factors), such as age, sex and genetic, and a set of potentially modifiable factors expressed as a series of layers of influence including: personal lifestyle, the



physical and social environment and wider socio-economic, cultural and environment conditions.

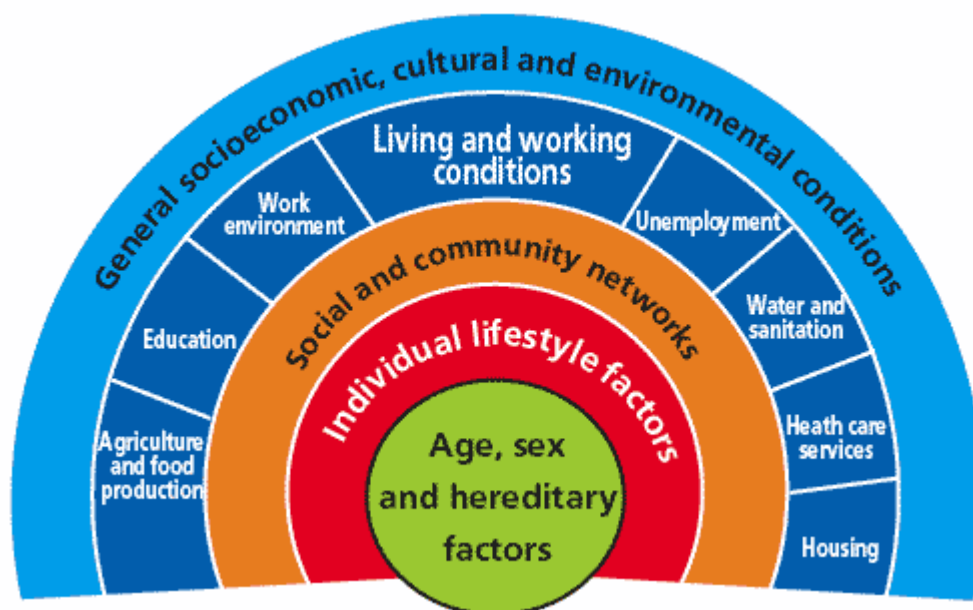


Figure 4: Dahlgren and Whitehead's 'Policy Rainbow'  
Dahlgren G. & Whitehead M. (1991).

The Dahlgren and Whitehead model has been useful in providing a framework for raising questions about the size of the contribution of each of the layers to health, the feasibility of changing specific factors and the complementary action that would be required to influence linked factors in other layers. This framework has helped researchers to construct a range of hypotheses about the determinants of health, to explore the relative influence of these determinants on different health outcomes and the interactions between the various determinants.

In the context of this health impact assessment the model is important because it gives a framework for looking at the impact of the CSFED Core Strategy Further Engagement Draft on the modifiable determinants within the model and therefore gives an indicator of likely future impact of individual policies on the health of the District in the future. It is thus a good indicator of the impact on both future health need of the population and likely impact on demand for health from health services.

## 2.4 The Joint Strategic Needs Assessment

The Local Government and Public Involvement in Health Act (2007) places a duty on upper tier local authorities and PCTs to undertake a Joint Strategic Needs Assessment (JSNA). This duty commenced on 1st April 2008.

Based on guidance released in December 2007, the JSNA is a process that should:

- identify the current and future health and wellbeing needs of the local population over both the short term (three to five years) to inform the Local Area Agreement and PCT Strategic Plan and longer term (five to ten years) for future planning
- lead/inform agreed commissioning priorities that will improve health and wellbeing outcomes and reduce health inequalities
- reflect the competencies of a world class commissioner, being underpinned by

- partnership working
- community engagement
- evidence of effectiveness: identifying relevant best practice, innovation and research to inform how needs will best be met

The Council and PCT have developed, with partners, a JSNA process for Bradford District. Following consideration of the themes highlighted in the Joint Strategic Needs Assessment, along with those in the Director of Public Health Annual Report, the following are recommended as the “key issues” pertinent to the health of the population of Bradford District. Clearly many of these are beyond the scope of the Local Development Framework (CSFED) directly, but it is important to recognise the impact the CSFED could have on some of the wider determinants of health that we know impact on health states and outcomes for our population.

- **Achieve reduced health inequalities** by narrowing the gap between the most and least deprived fifths of our population in key health outcomes including mortality rates (all ages and all causes), infant mortality rates, standardised cardiovascular disease and stroke rates
- **Population change will be important**, this may be especially so given the growth in absolute numbers of >65s and the unusual demographic profile of the district (see the Joint Strategic Needs Assessment for further details). This will include approaches to ensuring the older population are enabled to stay healthy and well, as well as supporting the management of illness to slow the onset of, and severity of complications, and maximising quality of life
- **Ensuring that there are robust multi agency responses to ensuring the best start in life** (from pre conceptual care onwards)
- **Reacting to the health impacts of economic downturn** is a current live issue, and the legacy of this will continue for some time. There are implications in terms of mental health, routes to employment, welfare rights advice, decent affordable and warm homes – all of which are areas for legitimate intervention
- **Cardiovascular disease** – though in a global sense the prevalence of CVD is static, or falling, there is still significant avoidable morbidity and mortality associated with it. CVD accounts for 35% of all deaths. Better health care is extending survival of patients with CVD, but not necessarily leading to cure. In addition, improved primary and secondary prevention, particularly the latter in the short term, carries significant untapped potential for improved health outcomes
- **Cancer** continues to account for 27% of all deaths. Whilst advances in chemotherapy have achieved significant gains in outcomes and survival, one might argue that this has been at the expense of broader aspects of the cancer system
- **Diabetes** – the prevalence of diabetes is higher in Bradford District than many other areas. It is associated with a substantial burden of premature mortality, morbidity, suffering and financial cost, both through its macrovascular and microvascular complications; some or most of which are avoidable or can be delayed
- **Respiratory illness**, particularly Asthma and COPD, account for 8% of deaths and a significant burden of morbidity and avoidable health care cost. Implementation of simple effective care pathways and quality improvement in primary care carries great potential for reducing morbidity, improving quality of life and possibly increasing survival
- **Dementia** – joined up care across NHS and Adult Social Care for people with Dementia and their families is set to be a key challenge for the foreseeable future. There is a significant predicted rise in prevalence of dementia – associated with a static new incident rate, but longer survival leading to greater numbers overall

- **Healthy living.** Together the three key lifestyle risk factors – inactivity, nutrition (and the key consequence obesity) and excessive alcohol consumption – represent perhaps the biggest challenge and the greatest potential. There is an ongoing need for the large scale implementation of strategies to reduce exposure to lifestyle risk both as primary prevention, secondary prevention and where appropriate (within diabetes for example) a core part of treatment. In addition there is a need to differentiate between individually focused interventions and population focused policy interventions
- **Alignment of the incentives and clinical systems to enable best outcome for lowest cost.** This will involve implementation of specific interventions and system changes to reduce demand for health care or to divert patient cohorts to other places to meet existing need. Such interventions should be based on sound evidence – “system” interventions that require investment of money, time, or other resource all incur the same opportunity cost as per a new medicine or service – thus the evidential questions are the same.

## 2.5 The Joint Health and Wellbeing Strategy

The Health and Social Care Act 2012 requires Joint Health and Wellbeing Boards to prepare a Joint Health and Wellbeing Strategy (JHWS) to set out the health and wellbeing priorities for the district. The strategy should support the translation of the findings of the Joint Strategic Needs Assessment into the strategic planning and commissioning of integrated local services.

In 2010 Sir Michael Marmot carried out a strategic review of health inequalities in the UK, ‘Fair Society, Healthy Lives’ (UCL Institute of Health Equity, 2008). The Marmot review outlines that disadvantage starts before birth and carries on throughout life, and that tackling the social determinants of health (the conditions in which people are born, grow, live, work and age) can improve health and wellbeing and address health inequalities. The Joint Health and Wellbeing Board have adopted the life approach taken by Sir Michael Marmot in ‘Fair Society, Healthy Lives’. The 18 priorities for action in the Joint Health and Wellbeing Strategy have been grouped under the six policy objectives described by Marmot:

1. Give every child the best start in life;
  - Reduce and alleviate the impact of child poverty
  - Reduce infant mortality
  - Promote effective parenting and early years development
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives;
  - Ensure young people are well-prepared for adulthood and work, with a focus on helping children with disabilities to maximise their capabilities
  - Reduce childhood obesity and increase levels of physical activity and healthy eating in children and young people
  - Improve oral health in the under 5’s
  - Improve the mental health of people in Bradford
  - Improve health and wellbeing for people with physical disabilities, learning disabilities, sensory needs and long term conditions
  - Improve diagnosis, care and support for people with dementia and improve their, and their carers’, quality of life
  - Promote the independence and wellbeing of older people
3. Create fair employment and good work for all;
  - Increase employment opportunities and training



- Promote healthier lifestyles in the workplace
- 4. Ensure a healthy standard of living for all;
  - Create the economic, social and environmental conditions that improve quality of life for all
- 5. Create and develop healthy and sustainable places and communities;
  - Deliver a healthier and safer environment
  - Decent homes and affordable warmth
  - Enhance social capital and active citizenship
- 6. Strengthen the role and impact of ill-health prevention
  - Reduce harm from preventable disease caused by tobacco, obesity, alcohol and substance abuse
  - Reduce mortality from cardiovascular disease, respiratory disease and cancer

### 3. The Health Impact Assessment (HIA) process

Health Impact Assessment is defined as “a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population” (Lehto & Ritsatakis, 1999).

An HIA will produce a set of evidence-based practical recommendations that will inform decision-makers on how best they can promote and protect the health and wellbeing of the local communities they serve. The HIA should maximise the positive health impacts and minimise the negative health impacts of the policy and address any health inequalities.

The diagram below gives an overview of the Health Impact Assessment process, and the rest of this section explains the approach we have taken locally to develop this HIA.

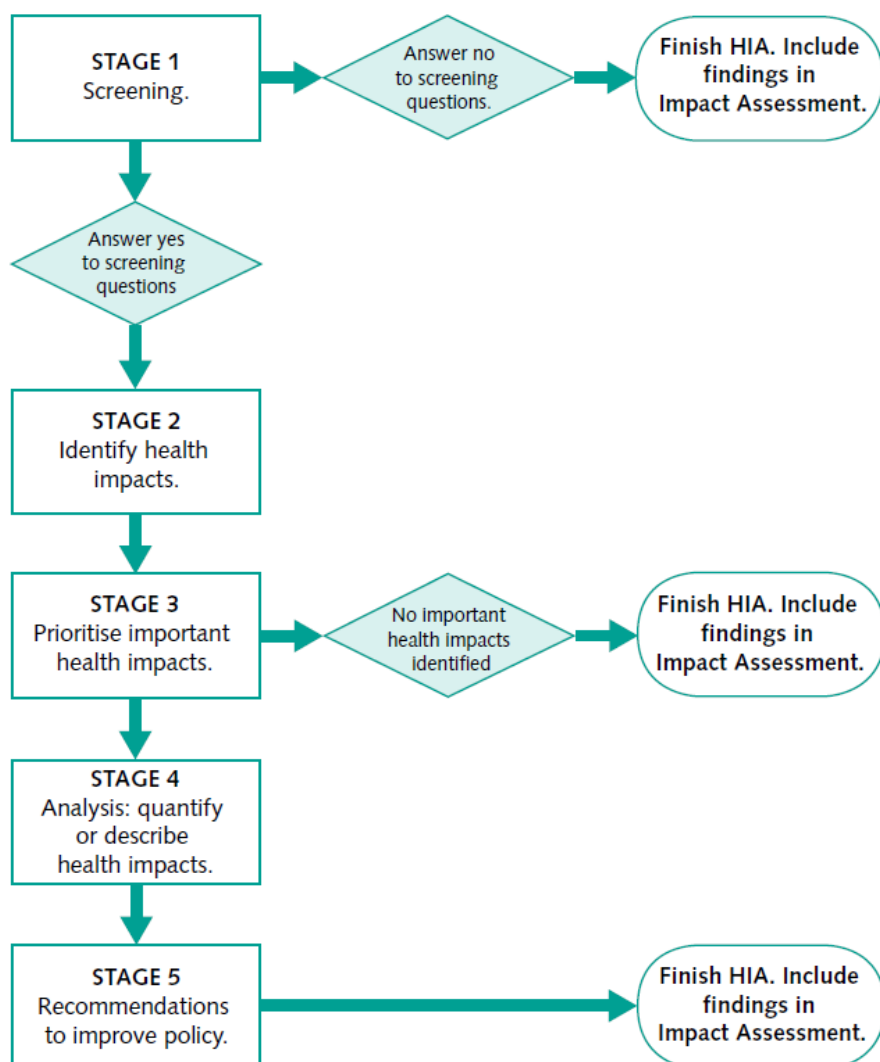


Figure 5: The Health Needs Assessment process  
Department of Health (2007)

#### 3.1 Screening

Screening is simply the process of deciding whether a document requires a health impact assessment (HIA).

The following HIA screening questions were applied to the strategic objectives of CSFED to determine if undertaking an HIA was needed. The questions were developed using the key public health drivers described in Section 2.

1. ***Will the Strategic Objective impact on health of the various communities?*** (Covering the Public Health Outcomes Framework)
2. ***Is the Strategic Objective likely to reduce health inequalities?*** (Covering the Marmot Review)
3. ***Will there be a change in demand for and/or access to health and social care services?*** (Covering the Rainbow Model)

### 3.2 Scoping

Scoping is the process of clarifying the questions to be answered by the HIA and how the assessment will be carried out. In this HIA, stages two, three and four in Figure 5 are detailed in section 5 of this document.

We chose the Public Health Outcomes Framework as our measure of health and wellbeing of the local population. The impact of each Strategic Core policy and each group of Thematic policies were judged according to this Framework. Indicators which would be adversely affected by the policy were coded as 'Red'; and indicators that would be positively influenced by the policy coded as 'Green'. We did not assess the Sub Area Policies due to time constraints.

We also used the Rainbow Model screening question (see section 3.1) to assess the change in demand for and/or access to health and social care services.

### 3.3 Gap analysis & recommendations

Sections 6 and 7 of this document diverge slightly from the HIA model in Figure 5, by including a consideration of any potential policy omissions within the CSFED. HIAs on documents with such a broad remit and scope, that have the capacity to influence so many people in so many different ways and over a long period of time, are rare, due to the inherent complexity in undertaking them. It would be remiss not to consider where opportunities have been missed within the CSFED to improve the health and wellbeing of the population of Bradford District and highlight those before the production of the CSPD. Sections 6 and 7 of this HIA therefore take the form of a gap analysis and a series of recommendations as to how positive health consequences could be enhanced and negative health consequences could be avoided or minimised.

- Section 6 sets out the recommendations, drawn from the literature available
- Section 7 assesses the extent to which the CSFED meets the statements within the recommendations, highlighting areas that could be enhanced within the CSFED to better serve the health of the District. A RAG (Red, Amber, Green) rating has been used to ease interpretation:
  - 'Red' indicating areas that are not covered by the CSFED and could be
  - 'Amber' indicating areas that are not covered by the CSFED and fall outside of the scope of the CSFED but are planning-related so should be considered elsewhere in the planning process

- 'Green' where suggestions are covered by the CSFED so require no further consideration.

### 3.4 Suggestions for proposed inclusions in the CSPD

Section 8 of the HIA corresponds to stage 5 on the HIA schematic (Figure 5). This pulls together those areas highlighted as 'Red' in sections 5 and 7, as these form the focus for further consideration prior to collation of the CSPD. It is considered that all these inclusions should be addressed within the CSPD, for the health and wellbeing of Bradford District.

### 3.5 Schematic of process

The diagram below illustrates the process followed in the development of this HIA:

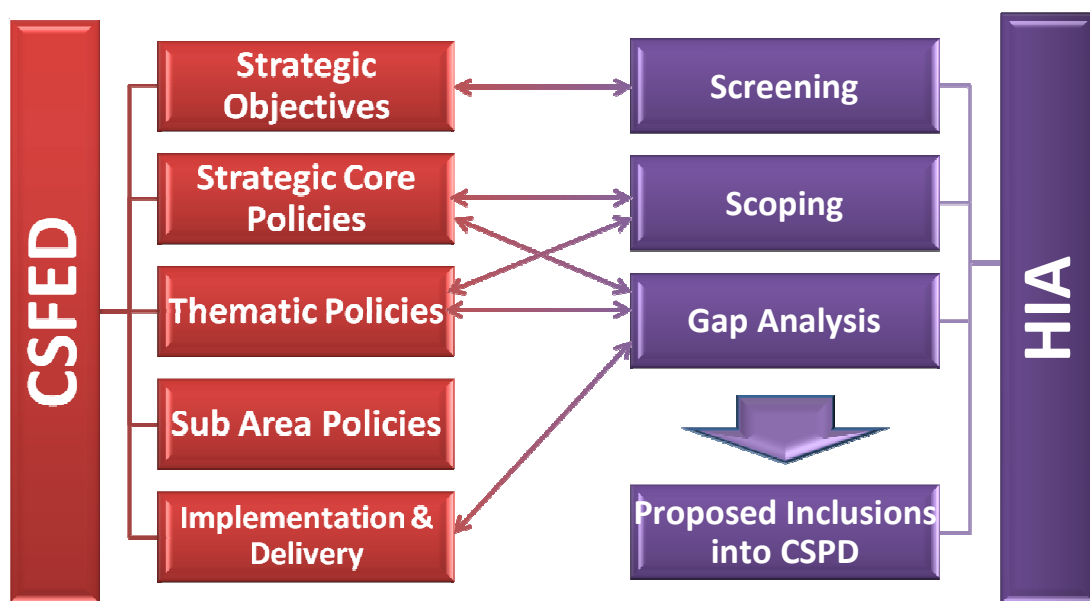


Figure 6: The process followed for this HIA

## 4. Screening the Strategic Objectives

The purpose of screening the Strategic Objectives is to identify whether it is appropriate to undertake an HIA of the CSFED. The process is described in more detail in Section 3.1.

Where boxes have ticks it means there is an impact on that particular screening question, and where there are no ticks there is no impact. If there are health impacts, these are described further in commentary column.

	STRATEGIC OBJECTIVES	Will the Strategic Objective impact on health of the various communities?	Is the Strategic Objective likely to reduce health inequalities?	Will there be a change in demand for and/or access to health and social care services?	COMMENTARY
1	To recognise and fully exploit the role of the City of Bradford and the towns along Airedale and Wharfedale as dynamic locations of choice for housing and economic growth within the Leeds City Region.		✓	✓	Community health can benefit if local people are successfully employed and live in quality accommodation, particularly from deprived communities. The health benefits from such objectives are many and well-documented.
2	To ensure that the district's needs for housing, business and commerce are met whilst promoting development of previously developed land and development in sustainable locations that reduces the need to travel and minimises the need to travel by car. In so doing overcrowding within existing housing stock should be reduced.	✓	✓	✓	Well planned residential, business and commerce developments which offer good personal security and reduce the risk of road traffic accidents can encourage walking and cycling. Additionally, overcrowded housing stock is associated with poorer health outcomes, particularly in infectious disease. Overcrowding is a particular issue in some parts of the District and a focus on alleviating that is welcome.
3	To ensure that appropriate critical infrastructure including social and green infrastructure is in place to support sustainable growth and sustainable communities.	✓	✓	✓	Good quality infrastructure is the key to encourage sustainable travel and healthy lifestyles. However green space also has strong links to health and is an essential element of any community. In particular green spaces' relevance to mental health is

STRATEGIC OBJECTIVES	Will the Strategic Objective impact on health of the various communities?	Is the Strategic Objective likely to reduce health inequalities?	Will there be a change in demand for and/or access to health and social care services?	COMMENTARY
				often over looked. There are clear linkages between green space, travel and health which are recognised in the Core Strategy but may require reinforcement.
4 To provide a range of quality dwellings, in terms of type and affordability, to cater for the current needs and future growth of the District.	✓	✓	✓	The targeted growth area concept should help address the shortage of housing and reduce health inequalities. However, the new properties need to have greatly improved links to public transport and encourage smarter choices. Housing standards are of particular importance to public health. Conditions such as asthma are detrimentally affected by poor quality housing. Both location (in terms of accessibility to service and employment) and design need to be sustainable.
5 To promote the role of the Bradford District in the Leeds City Region economy by creating conditions for enterprise where business thrives, generating opportunity, prosperity and jobs.	✓	✓	✓	Employment status is strongly linked to both physical and mental health, with those who are unemployed shown to be more at risk of illness. Similarly, prosperity is associated with life expectancy and lower incidence of disease.
6 To promote and support a successful growing economy with wide range and high quality employment opportunities, by fostering indigenous firms and by attracting inward investment in the high value creative, innovative and	✓	✓		A shift from the traditional manufacturing industries of the district to a more service-based sector is to be welcomed in terms of developing a mixed economy, although the impact on the local population may be

STRATEGIC OBJECTIVES	Will the Strategic Objective impact on health of the various communities?	Is the Strategic Objective likely to reduce health inequalities?	Will there be a change in demand for and/or access to health and social care services?	COMMENTARY
knowledge based industries.				muted if a skill-gap exists. It may lead to movement into the area of skilled workers, however, which could reduce health inequalities across the District in the longer term. It could also create aspirational jobs for young people.
7 To promote, manage and develop the image and the role of Bradford City Centre as a regionally significant business, commercial, shopping, civic and cultural area.	✓			A major benefit of Bradford's redevelopment as a 21st century city centre will be to bring employment opportunities to the city centre and it is anticipated that this will be reflected in the overall prosperity and health of local people. This objective may also encourage the development of local shops in local centres. However, issues such as the increasing number of hot food takeaways and the salt and fat content of the food available from them does cause concern for public health. Consequently although this objective is welcome, more detailed input from Public Health may be necessary.
8 To support the University of Bradford and the district's colleges and schools in investing in buildings and spaces to ensure a well educated and skilled workforce.	✓	✓		This is seen as a key long-term strategy to tackle health inequalities through improving educational attainment. The district's colleges and the University both attract a higher than average percentage of applicants from within the district – people who are more likely to stay in the area after they have completed education.

STRATEGIC OBJECTIVES		Will the Strategic Objective impact on health of the various communities?	Is the Strategic Objective likely to reduce health inequalities?	Will there be a change in demand for and/or access to health and social care services?	COMMENTARY
9	To improve and develop excellent public transport and highway systems to increase the level of accessibility within the District and establish good connections with other parts of the Leeds City Region and the country by ensuring safety, efficiency and sustainability.		✓		Improving access and connectivity are key to the long term economic growth of the District. It is however vital to the health of the District that smarter choices such as cycling and walking are prioritised in planning policy to ensure we address the key issues of obesity and early deaths from heart disease and stroke and that these are minimised. This is set out in Thematic Policies TR1 and TR3 specifically, embedded in the CSFED.
10	To ensure that Bradford is a diverse city where socially inclusive and vocal communities live and where the needs of citizens are met through improved access to good quality homes, jobs, shopping, cultural facilities, health and education provision and community facilities for a growing population.	✓	✓	✓	Social inclusion forms part of the development of a community, which in turn can lead to the development of social capital. Social inclusion is particularly important for the elderly who often have a limited range of social contacts otherwise.
11	To provide a clean, safe, secure, sustainable, attractive and accessible built and natural environment in order to reduce the fear of crime and disorder and foster a shared sense of civic pride and responsibility.	✓	✓		Social capital, partly achieved by social inclusion as described above and partly by improvements to the natural environment, is associated with lower levels of both physical and mental ill health. A reduction on fear of crime and a shared sense of civic pride is central to social capital and should be encouraged in any way possible. Therefore care is needed to balance the development of the night time economy



STRATEGIC OBJECTIVES	Will the Strategic Objective impact on health of the various communities?	Is the Strategic Objective likely to reduce health inequalities?	Will there be a change in demand for and/or access to health and social care services?	COMMENTARY
				(including clustering of outlets selling alcohol) with increased alcohol related crime and disorder (against persons and property). In addition to licensed premises, consideration should be given to the number of off-license shops, so as to not encourage a street drinking culture.
12	✓	✓		Preserving the character of historic parks buildings and gardens is welcomed. The parks play a key role in providing areas for physical activity, and conservation areas can also provide areas of stability by offering continuity of place against the stresses of everyday life. As a result these will be beneficial to public health.
13	✓	✓	✓	Policies which improve local air quality in the District are to be welcomed. The benefits of lower levels of traffic pollution to health are well documented and could contribute towards a lower level of hospital admissions. This will be of particular benefit to local residents with existing respiratory conditions.
14	✓	✓	✓	The countryside around Bradford District needs to be promoted more effectively for local people to enjoy. For example, for young children and adults living in the urban environment and those adults with

STRATEGIC OBJECTIVES	Will the Strategic Objective impact on health of the various communities?	Is the Strategic Objective likely to reduce health inequalities?	Will there be a change in demand for and/or access to health and social care services?	COMMENTARY
				mental health problems, the countryside can provide a relaxing alternative to the stresses of everyday life. The health benefits of policies aimed at improving the natural environment are often overlooked. Despite Bradford District's natural landscape, development also needs to focus on opportunities for sport and leisure within built up areas, particularly for children and their families without resources or inclination to visit the countryside. For example, to pursue recommended daily exercise through local opportunities in Bradford parks and sporting facilities.
15	✓	✓	✓	Although there are no direct impacts on health of this objective, there are indirect benefits – particularly in terms of mental health, where the protection of natural habitats can provide benefit by way of providing a unique environment to escape stresses of everyday life.
16	✓			The management of waste and recycling is an important factor in protecting the health of the local population. Sustainable management should also be healthy management.

The screening process above indicates that a HIA is justified. All of the Strategic Objectives have an impact on at least one of the screening questions.

## 5. Scoping the Policies

This section assesses the impact of the CSFED on health by taking a closer look at the relationship between the Strategic Core Policies and the Thematic Policies within the CSFED and our chosen measure of health and wellbeing, the Public Health Outcomes Framework. (Figure 2). We judged the health impact of each policy according to this Framework. Indicators (Figure 3) that would be adversely affected by the policy were coded as ‘Red’; and indicators that would be positively influenced by the policy coded as ‘Green’.

We also used the Rainbow Model screening question (see section 3.1) to assess the change in demand for and/or access to health and social care services.

Policies	Predicted impacts on Public Health Outcomes Framework indicators		Will there be a change in demand for and/or access to health and social care services?
	Positive - beneficial impacts	Negative - adverse impacts	
<b>Strategic Core Policies</b>			
SC1: Overall Approach and Key Spatial Priorities	<p>1.1 Children in poverty            1.5 16-18 year olds not in education, employment or training            1.18 Social connectedness            1.19 Older people’s perception of community safety</p>	<p>1.14 Percentage of population affected by noise            3.1 Air pollution</p>	<p><b>General socioeconomic, cultural and environmental conditions</b> are likely to be improved given the general thrust of this core policy is in that arena. In addition, the creation of new employment opportunities should see a reduction in <b>unemployment</b> and the provision of new <b>housing</b>. New housing, as long as it is of a decent standard, should be welcomed – particularly if it in part replaces sub-standard existing housing stock. The core policy should also encourage the development of <b>social and community networks</b> if due care is given to the implementation of the policy at a micro and meso level. There may be a negative impact on <b>living and working conditions</b> from the proposed strategy due in the short term to construction noise and annoyance and in the longer term due to increased traffic. However this can be offset in the longer term by the development of road routes that do not impact on communities.</p> <p>Overall, Strategic Core Policy 1 may lead to an increase in demand for healthcare in specific locations due to an increase in total population, but the positive impacts on the wider determinants of health may reduce demand per capita in long term if employment increases and housing stock improves.</p>

Policies	Predicted impacts on Public Health Outcomes Framework indicators		Will there be a change in demand for and/or access to health and social care services?
	Positive - beneficial impacts	Negative - adverse impacts	
SC2: Climate Change and Resource Use	<p>1.16 Utilisation of green space for exercise/health reasons</p> <p>1.17 Fuel poverty</p> <p>2.6 Excess weight in 4-5 and 10-11 year olds</p> <p>2.12 Excess weight in adults</p> <p>2.13 Proportion of physically active and inactive adults</p> <p>3.1 Air pollution</p> <p>4.15 Excess winter deaths</p>	None identified	<p><b>Water and sanitation</b> sustainability is a key part of this policy, and a focus on this should help to facilitate affordable and safe water supplies for the locality. In addition, <b>living and working conditions</b> should be maintained and improved with a focus on flood defence. There is no specific mention of <b>agriculture and food production</b>, either by industry or on a small scale by use of, for example, allotments. Whilst it is recognised that Bradford District is metropolitan, there is a significant rural element to the District and there are significant potential health benefits from agriculture on a large and small scale.</p> <p>Overall, Strategic Core Policy 2 should slow the potential increase in demand for health and social care services that changes to climate change may bring. This should be seen in the context of changes to climate change generally (particularly in terms of global warming and air pollution) being likely to lead to an increased demand for healthcare both in the short and long term, and social care in the long term.</p>
SC3: Working Together to Make Great Places	<p>1.5 16-18 year olds not in education, employment or training</p> <p>1.18 Social connectedness</p>	1.14 Percentage of population affected by noise	<p>Similarly to SCP1, <b>General socioeconomic, cultural and environmental conditions</b> are likely to be improved by the inherent nature of this core policy. In addition, the creation of new employment opportunities should see a reduction in <b>unemployment</b> and the provision of new and quality <b>housing</b> focussed on localities with high demand should be welcomed. The core policy should also encourage the development of <b>social and community networks</b> if due care is given to the implementation of the policy at a micro and meso level. There may be a negative impact on <b>living and working conditions</b> from the proposed strategy due in the short term to construction noise and annoyance and in the longer term due to increased traffic. However this</p>

Policies	Predicted impacts on Public Health Outcomes Framework indicators		Will there be a change in demand for and/or access to health and social care services?
	Positive - beneficial impacts	Negative - adverse impacts	
			<p>can be offset in the longer term by the development of road routes that do not impact on communities.</p> <p>The overall impact on demand for health and social care is likely to be upward if the District is seen as a more aspirational place to live – either because employment opportunities are growing or due to new housing stock. However increased demand is likely to be focussed around those localities identified within this policy – specifically the Leeds-Bradford corridor and the Airedale corridor.</p>
SC4: Hierarchy of Settlements	<p><b>1.5</b> 16-18 year olds not in education, employment or training</p> <p><b>1.12</b> Violent crime</p> <p><b>1.16</b> Utilisation of green space for exercise / health reasons</p> <p><b>1.18</b> Social connectedness</p> <p><b>1.19</b> Older people's perception of community safety</p> <p><b>2.6</b> Excess weight in 4-5 and 10-11 year olds</p> <p><b>2.12</b> Excess weight in adults</p> <p><b>2.13</b> Proportion of physically active and inactive adults</p> <p><b>2.23</b> Self-reported wellbeing</p>	<p><b>1.14</b> Percentage of population affected by noise</p> <p><b>3.1</b> Air pollution</p>	<p>Once again, this policy should improve <b>general socio-economic, cultural and environmental conditions</b>, at least for localities identified as focal development areas. <b>Unemployment</b> should also fall given the policy to focus on a number of localities that are accessible to much of the population of the District. <b>Social and community networks</b> should develop around the identified hubs, or strengthen in areas where they already exist such as Ilkley. <b>Living and working conditions</b> should also improve. However the demand for <b>health care services</b> may increase in the identified localities and has not been referenced in the CSFED</p> <p>Overall there is likely to be an increase in demand for health and social care in those areas where settlements are proposed – to the extent that new primary care facilities may be required and should be considered as part of large-scale property construction. However in the long term, the proposals should lead to lower per capita demand in the working age population.</p>
SC5: Location of Development	<p><b>1.14</b> Percentage of population affected by noise</p> <p><b>1.16</b> Utilisation of green space for exercise / health reasons</p>	None identified	<p>This policy should particularly help to develop <b>social and community networks. Living and working conditions</b> for those already living in areas where</p>

Policies	Predicted impacts on Public Health Outcomes Framework indicators		Will there be a change in demand for and/or access to health and social care services?
	Positive - beneficial impacts	Negative - adverse impacts	
	<p>1.18 Social connectedness 1.19 Older people's perception of community safety 3.1 Air pollution</p>		<p>brownfield redevelopment is proposed should also benefit.</p> <p>Overall, this policy is unlikely to impact greatly on demand for health and social care, with the caveat that the aim to get more people out of their cars and onto their bikes or foot should have a long-term impact on demand for the working age population.</p>
SC6: Green Infrastructure	<p>1.1 Children in poverty 1.14 Percentage of population affected by noise 1.16 Utilisation of green space for exercise / health reasons 1.17 Fuel poverty 1.18 Social connectedness 1.19 Older people's perception of community safety 2.6 Excess weight in 4-5 and 10-11 year olds 2.12 Excess weight in adults 2.13 Proportion of physically active and inactive adults 3.1 Air pollution 4.15 Excess winter deaths</p>	None identified	<p><b>General socioeconomic, cultural and environmental conditions</b> should be improved with the focus on both protection and better use of green space for exercise and leisure and the protection and restoration of historic sites. <b>Agriculture and food production</b> and <b>living and working conditions</b> should be protected with the emphasis on flood defence and sustainability. <b>Water and sanitation</b> along with <b>housing</b> should also be secure for the same reasons. <b>Social and community networks</b> should also be enhanced, in part due to the policy and in part as a knock-on effect due the pride the population have in their community. <b>Individual lifestyle factors</b> should also be modified for the better due to increased leisure opportunities, particularly if health benefits of Great Northern Trail are realised.</p>
SC7: Green Belt	See commentary in column 4	<p>1.14 Percentage of population affected by noise 1.16 Utilisation of green space for exercise / health reasons 2.13 Proportion of physically active and inactive adults 3.1 Air pollution</p>	<p>This policy is likely to have a detrimental impact on <b>living and working conditions</b> in those areas of greenbelt that will be lost to development. In addition, the incentive for <b>individual lifestyle factors</b> to be adversely affected is a concern.</p> <p>The use of Green Belt land for development purposes will always be controversial. It is recognised that there is a trade-off between providing affordable and modern <b>housing</b> and using Greenfield sites.</p>

Policies	Predicted impacts on Public Health Outcomes Framework indicators		Will there be a change in demand for and/or access to health and social care services?
	Positive - beneficial impacts	Negative - adverse impacts	
			Any loss of green belt land would be unfortunate, but could be mitigated by improving access to green space at a local level and improving the use of green belt and green space more generally for physical activity as well as improving mental health.
<b>Thematic Policies</b>			
Economy & jobs	<p><b>1.1</b> Children in poverty</p> <p><b>1.5</b> 16-18 year olds not in education, employment or training</p>	<p><b>1.14</b> Percentage of population affected by noise</p> <p><b>3.1</b> Air pollution</p>	<p>These policies are focussed specifically on reducing <b>unemployment</b> and improving <b>living and working conditions</b> and should be welcomed, given the important association between income and health.</p> <p>There is a risk that economic development comes at the expense of other determinants of health. However it would be unfair to examine what is a specific policy in that way without referring to the other thematic policies first. It is important that the balance is maintained between the different thematic policies to ensure health is not adversely impacted.</p>
Transportation & Movement	<p><b>1.10</b> Killed and seriously injured casualties on England's roads</p> <p><b>1.14</b> Percentage of population affected by noise</p> <p><b>1.18</b> Social connectedness</p> <p><b>2.6</b> Excess weight in 4-5 and 10-11 year olds</p> <p><b>2.12</b> Excess weight in adults</p> <p><b>2.13</b> Proportion of physically active and inactive adults</p> <p><b>3.1</b> Air pollution</p>	<p><b>1.14</b> Percentage of population affected by noise</p> <p><b>3.1</b> Air pollution</p>	<p>These policies have little direct impact on the wider determinants of health, other than perhaps to stimulate change in behaviour and thus influence <b>individual lifestyle factors</b>. However the policies do have the reach to influence <b>general socioeconomic, cultural and environmental conditions</b> at a micro level, both in a positive and negative way.</p> <p>There is a risk that increased population and business growth will lead to enhanced transport issues such as air pollution and road safety regardless of the impact of the policies – they may simply slow the negative change slightly.</p>

Policies	Predicted impacts on Public Health Outcomes Framework indicators		Will there be a change in demand for and/or access to health and social care services?
	Positive - beneficial impacts	Negative - adverse impacts	
Housing	<p>1.15 Statutory homelessness 1.17 Fuel poverty 1.18 Social connectedness</p>	<p>1.14 Percentage of population affected by noise 3.1 Air pollution</p>	<p>Clearly the greatest impact will be on <b>housing</b>, with a better quality and more affordable housing stock (and social housing stock) targeted at areas of higher deprivation by these policies. The impact on <b>education</b> shouldn't be underestimated either, with links between residential overcrowding and academic underachievement. <b>Living and working conditions</b> should improve as people move into newer housing stock too, and <b>social and community networks</b> should start to develop around new housing developments.</p>
Environment	<p>1.14 Percentage of population affected by noise 1.16 Utilisation of green space for exercise / health reasons 2.6 Excess weight in 4-5 and 10-11 year olds 2.12 Excess weight in adults 2.13 Proportion of physically active and inactive adults 3.1 Air pollution</p>	<p>None identified</p>	<p>These policies will have the biggest impact on <b>general socioeconomic, cultural and environmental conditions</b>, particularly the cultural and environmental aspects of that determinant. The policies should also impact favourably on <b>water and sanitation</b>. A focus on protecting the environment should also have a knock-on effect on both <b>social and community networks</b> and <b>individual lifestyle factors</b>.</p> <p>It is important to note that these policies preclude development of land currently used for leisure purposes (both in terms of 'green' land such as playing fields and 'brown' land such as swimming pools unless replacement land is provided.</p>



## 6. Gap analysis recommendations

This section examines the potential health impacts surrounding planning policy and gives a series of recommendations for consideration as part of the development plan. The following section then analyses whether the CSFED addresses the potential health impacts, and if not whether the impacts are addressed by other Local Authority documents. Recommendations are framed with the aim of enhancing any benefits and minimising, reducing or avoiding any harm to health that had been identified. They have been drawn from a literature review of other geographical areas. We identified their key health concerns related to the planning process in general, often developed in conjunction with their local community, which may be transferable to our locality.

### 6.1 Planning and design of new developments

Planning can have a profound effect on all levels of factors that influence health. It is important to ensure a collaborative approach to planning – based on co-operation and partnership – to build a healthy human habitat that functions to create opportunities and a high-quality environment irrespective of residents' wealth or status, in a way that is ecologically sustainable.

The design of the built environment is important for people's psychosocial health. Good design encourages greater ownership and involvement of communities, and can reduce negative effects such as vandalism, and the under-use of facilities. A well-designed built environment will help to foster and reinforce a sense of community. An aesthetically pleasing environment will encourage people to walk for exercise or recreation.

A good relationship between housing and local employment, retail, education and health facilities is critical to establishing healthy neighbourhoods; it means that people who do not have access to a car can get local jobs and use neighbourhood shops, clubs, school and health facilities. It also means that a higher proportion of trips will be on foot or by bicycle, and casual meetings between people will increase, and facilitate friendship networks and a sense of community. Mixed land use is positively related to walking for shopping and work-related trips, and less travel by car. It is important to provide locally for local needs, i.e. return and keep at a local level the opportunities and responsibilities that can most appropriately be filled at that level.

The use of locally distinctive architecture or townscape as a starting point for design and the use of local traditional building materials will give a sense of place and continuity with the past, enhancing mental well-being and a sense of belonging in the community, and the use of traditional building materials will also reduce energy use.

**Recommendation 1: Look at and learn from other successful developments, and learn from other communities**

**Recommendation 2: Plan developments holistically**

**Recommendation 3: Complete the developments in phases, not all at the same time**

**Recommendation 4: Integrate any new developments into existing settlements**

**Recommendation 5: Design the new developments so that they are attractive to people**

**Recommendation 6: Design the new developments according to sustainable development/ecological principles**

**Recommendation 7: Ensure that infrastructure and services are provided to meet the demand arising from new developments and influx of new residents**

**Recommendation 8: Ensure the environmental sustainability of new developments e.g. for every new residential unit built, plant a tree**

## 6.2 Community cohesion

A thriving localised community life needs appropriate facilities and meeting places – neighbourhood resources are important for building and sustaining networks, developing trust and economic participation, and have an impact on residential continuity, interaction and socialising with fellow residents; it also helps to facilitate identity, pride in an area, and can have a direct influence on some forms of antisocial behaviour (Catell, 1999). Important to the potential pleasure and social benefits of walking is the creation of places where it is natural for people to stop and look; the design and provision of streets and places where people can meet, e.g. incidental spaces and squares, increases social contact, with the potential to foster local networks of support, and improve people's quality of life. Casual meetings between people increase and facilitate friendship networks and a sense of community (Barton, 2000).

**Recommendation 9: Incorporate public meeting places for people in the new developments, and encourage and develop existing community resources as venues for meeting**

**Recommendation 10: Provide “focal points” for the community in any new development**

**Recommendation 11: Design new developments in accordance with the principles of designing out crime (Secured by Design)**

**Recommendation 12: Promote Bradford District and publicise its benefits**

## 6.3 Housing & residential areas

Housing that is well designed and maintained helps to foster and reinforce a sense of community. The condition, cost and availability of well-designed housing is critical to the development of sustainable communities. For the planning process to contribute to a socially balanced population, it is important to provide housing appropriate for a range of family types and household incomes. Barton (2000) recommends that every part of a city should have a good range of housing type, tenure, size, price and garden availability. Mixed communities are a good place to raise children.

The provision of public, social, and low-cost housing is central to the interests of vulnerable people in the population – low-income groups do not gain access to adequate housing simply through an ample overall supply but by removing the institutional and market barriers to provide for special needs and movement of households between sectors. For vulnerable groups, improving people's housing may reduce health inequality. In rural communities, it is important to ensure targeted low-cost home ownership for local people. (A range of housing products needs to be considered in rural areas including affordable & market rented options and shared property options for younger people)

In the past, there was a suggestion that high-density living could have a harmful effect on mental health, however, the design of housing may not be solely responsible for this link. In a relatively recent study, residents in high-density affordable housing often reported that they did not feel they lived at high densities – they appreciated the innovative architecture and design that offered a sense of light and space in their homes. Seemingly there is no current consensus on housing density. However high-density housing needs to be built in the most accessible locations because higher density increases the demand for local facilities and public transport services, and located close to clusters of facilities within easy walking distance of a range of facilities. Land close to public transport needs to be used at an appropriately high intensity.

Incorporating energy efficiency into the design and construction of new build will reduce the level of health-damaging emissions (from the inefficient combustion of wood, coal, oil or natural gas) and of carbon dioxide, thereby reducing the potential for global climate change. Renewable energy can be promoted through design, e.g. incorporating passive solar features and a layout that ensures good solar access to all buildings (in cooler climates), with consideration given to the feasibility of solar water heating and photovoltaic cells. It is important to promote low energy in the construction of buildings, as well as in their use, and where appropriate, to consider using recycled and/or renewable materials in the construction of buildings and other infrastructure. Sustainable practice in design also includes reducing the unnecessary consumption of pure or “white” water by households and businesses, and encouraging the collection and use of rain or “grey” water on site (water supply and treatment also requires large amounts of energy).

**Recommendation 13: Consider developing higher density housing**

**Recommendation 14: Provide affordable housing, including that for social renting**

**Recommendation 15: Ensure housing meets the Lifetime Homes Standard**

**Recommendation 16: Ensure housing is designed to appropriate standards of sustainability, e.g. Code for Sustainable Homes**

**Recommendation 17: Incorporate energy efficiency and renewable energy features into new residential units: photovoltaic cells and solar panels**

**Recommendation 18: Incorporate the use of grey water into the design of new residential units**

**Recommendation 19: Promote the design of homes that support home-working**

**Recommendation 20: Engage with developers to ensure housing meets the needs of existing communities**

**Recommendation 21: Provide personal green space and community spaces in any new housing developments, and ensure these are included in the design and planning for those developments**

**Recommendation 22: Provide children’s play areas/playgrounds in the new developments**

**Recommendation 23: Incorporate recreational green space into residential areas**

**Recommendation 24: Provide a mix of housing types, tenures, sizes and prices, including affordable housing**

**Recommendation 25: Promote improvements in the public transport network**

## **6.4 Travel & mobility**

Transport has several features that contribute positively to the determinants of health by providing access to a range of services, facilities and amenities, and by providing the opportunity for social contact and interaction. In a review for the DETR, transport was highlighted as providing access to work, food, health facilities, education and training, and leisure, and representing a symbolic expression of an area as well connected with wider society in the city as a whole. For vulnerable groups who do not have access to private transport, good public transport will increase access to amenities, facilities, services and job opportunities, and may help to reduce health and other inequalities.

Barton (2000) recommends using new development to help fund public transport improvements, and that new development should be orientated towards public transport stops. Public transport accessibility should be the starting point for neighbourhood planning with land uses attached to the public transport network: all housing should be within easy walking distance (i.e. 400 metres) of good public transport services that give access to main centres of urban activity; and office, retail and leisure developments should be less than 300 metres walking distance from

good public transport services. A reduction in car usage encourages the use of local facilities by making streets more pleasant and safe, especially for children, and also fosters a sense of community through social contact and interaction.

With respect to parking, Barton (2000) recommends that parking provided at all major trip generators should be kept to an operational minimum as far as possible, in order to reduce the number of trips by car.

**Recommendation 26: Integrate the various modes of travel at transport nodes**

**Recommendation 27: Ensure affordable public transport options are available to isolated geographical communities and communities of need at times when they are needed**

**Recommendation 28: Re-open train stations that have been closed**

**Recommendation 29: Promote fast frequent and reliable bus services**

**Recommendation 30: Improve access to bus services: ensure new homes are within 400m of the nearest bus stop**

**Recommendation 31: Promote public transport routes that serve outlying geographical areas**

**Recommendation 32: Improve Park&Ride services**

**Recommendation 33: Maximise opportunities for active travel (walking and cycling) in new developments**

**Recommendation 34: Improve cycle routes/improve foot and cycle paths**

**Recommendation 35: Provide secure cycle parking/storage**

**Recommendation 36: Improvements to the social infrastructure need to be planned such that they are accessible to good-quality public transport and active travel options, and are located on high streets. In addition, the needs of existing residents need to be catered for as well as those of any new residents attracted to the area; it might be helpful to consider the integration and co-location of facilities and services and one-stop shop models.**

## **6.5 Employment and economy**

Whether employment leads to health improvement depends on the quality of work (e.g. level of pay, job security, and level of control and involvement). Barton (2000) recommends that all employment sites are accessible by public transport and active travel options, all office developments are within 300 metres walking distance of good public transport services and that neighbourhoods have local employment opportunities to help develop the bridging ties necessary to generate social capital and better health.

**Recommendation 37: Generate employment opportunities as part of development, with consideration for the quality of employment provided**

**Recommendation 38: Attract firms to the area which are big employers**

**Recommendation 39: Support the establishment of local small and medium enterprises (SMEs)**

**Recommendation 40: Integrate employment opportunities into residential areas**

**Recommendation 41: Promote the provision of employment opportunities to local people**

**Recommendation 42: Require that employment land is accessible by public transport and active travel options.**

**Recommendation 43: Ensure buildings for all commercial uses are adaptable to take account of changing market trends and uses**

## **6.6 Access to services, facilities and amenities**

It is important to establish basic standards of provision in any new development, by estimating and providing for the future needs of communities. Good local services are essential for quality of life and the willingness of people to stay and invest in an area – they are central to sustainable local communities.

The integration and co-location of facilities and human services, e.g. education, leisure and library services, and/or the development of one-stop shop models for human services, e.g. extended and full service schools may help to increase access, especially for vulnerable people, e.g. older people, families.

To increase access, especially by active travel or public transport options, Barton (2000) recommends the location of schools and health centres on local high streets. Local shops are one of the types of facility recommended as part of a local or neighbourhood centre. Small retail outlets within small or large developments can improve access to food, especially for people who do not have access to private transport and/or mobility problems, and contribute to the vitality of an area.

It is important to explore the potential for the support of community-owned village shops, which produce social benefits in an economically cost-effective manner, for community-owned shops to become self-sustaining rural multi-service outlets, e.g. prescription delivery and Post Office services. Success factors for community-owned shops include opportunities for passing trade, co-location with a Post Office, site location in the village, and use of volunteers. In addition, it is important to explore the potential for innovative solutions to particular service delivery problems in rural areas, e.g. health services.

**Recommendation 44: Promote investment in existing community facilities to facilitate the integration of new residents**

**Recommendation 45: Provide community centres as part of the new developments**

**Recommendation 46: Provide new village halls as part of the new developments**

**Recommendation 47: Provide post offices and post boxes in the new developments**

**Recommendation 48: Provide local shops in the new developments**

**Recommendation 49: Build multi-purpose community space that can be used by service providers to deliver outreach services**

**Recommendation 50: Provide a space for the provision of voluntary services, e.g. Gateway and Citizen's Advice Bureau (CAB), in the new developments**

**Recommendation 51: Provide children's centres in the new developments**

**Recommendation 52: Take account of the needs of older people when planning & designing services**

**Recommendation 53: Provide health services for residents in the new developments, including primary care**

**Recommendation 54: Provide day centres for the provision of respite care and day care for the elderly in the new developments**

**Recommendation 55: Assess need for education facilities at the planning stage of the new developments**

**Recommendation 56: Provide additional childcare services and facilities**

**Recommendation 57: Take into account the increased demand for infrastructure and service provision that new academic and student accommodation and**

**improved visitor offer will create, especially as failure to meet demand can result in poor-quality service provision not only for visitors/tourists and students/academics but also existing residents.**

**Recommendation 58: Locally distinctive architecture needs to be used as a starting point for design, and the use of local traditional building materials needs to be encouraged, to support the protection of the District's environmental and heritage assets, one of the foundations for the visitor/tourist economy**

**Recommendation 59: With respect to the visitor/tourist economy, it is important that the infrastructure and service provision has the capacity to meet the demand generated by visitors, and to provide leisure and cultural opportunities that meet the needs of residents as well as those of tourists/visitors.**

## **6.7 Utilities**

Water stress is increasing, and aquifers supplying water for drinking or for productive uses are often exploited faster than recharge.

Groundwater and surface waters are vulnerable to pollution and both require localised and large-scale actions to prevent pollution of drinking water and water for other human uses.

**Recommendation 60: Ensure there is capacity in the water supply and sewage infrastructure to support development**

## **6.8 Green infrastructure**

To incorporate the flood risk area into the development, it is important: to safeguard water catchment zones from inappropriate, i.e. polluting, development; where subsoil permits, to allow rainwater to infiltrate the ground to recharge aquifers and avoid the danger of flooding, and, where run-off is inevitable, consider the use of swales and holding ponds. Sustainable urban drainage should maintain a good public health barrier, avoid local or distant pollution of the environment, minimise the use of natural resources (water, energy, materials) and be operable in the long-term and adaptable to future requirements.

Green space including green space on the urban fringe can contribute to health and well-being. Health outcomes improved by access to quality public parks and natural spaces include depression, obesity, heart disease, cognitive function, and problem-solving ability.

Access to open spaces can increase the level of exercise undertaken by children. In addition, access to open spaces can increase the level of social contact and interaction, contributing to a reduction in stress-related problems. Access to parks has a positive influence on various measures of children's behaviour, including the number and nature of friendships, and characteristics of play patterns. However, criminal, social or psychological aggression, and drug abuse and conduct offences can take place in green spaces. On balance, the London Health Commission advises that the health benefits of parks and open spaces outweigh the dis-benefits, if there are policies and management practices in place to overcome barriers, such as fears about safety, and to maximise the benefits.

Wildlife habitats in cities benefit well-being and quality of life through providing an educational and community resource in addition to the value of the habitat itself. People who can see green space or trees from their home report higher levels of health and well-being, and children who have access to, or sight of, the natural environment have higher levels of attention than those

who do not. Trees can benefit health in other ways by improving air quality, by reducing wind speed, by contributing to a supportive microclimate, by providing shelter, by increasing the level of carbon fixing, and by providing a supportive environment for some types of wildlife. The provision of trees will break up and counteract the concentration of pollution, and can moderate excessive summer heat and winter cold. Suburban areas can be 6-8 degrees Fahrenheit warmer than surrounding areas, an effect known as a heat island, which has two main causes, including the lack of vegetation, especially trees, in urban areas; the effects on health include heat syncope or fainting and heat oedema or swelling. It is important to ensure proper management of green infrastructure in order to realise the potential positive impacts on health and well-being, and, where possible, ensure that homes are within 2000 metres of major natural green space.

The provision of allotments can help to increase access to safe and healthy food; working in an allotment encourages regular exercise, improves mental health, promotes social contact, networking and support, and provides the opportunity to grow fresh, nutritious and affordable food. Barton (2000) recommends locating allotments in any new development within easy "barrow distance" from homes, e.g. 200 metres or less.

**Recommendation 61: Incorporate a flood risk assessment into the design for infrastructure in the developments**

**Recommendation 62: Use native landscaping for the green spaces in the development**

**Recommendation 63: Provide allotments as part of the developments**

## **6.9 Waste management**

Central Government policy encourages a waste hierarchy that ranks recycling as third in a list of five possible strategies, the upper levels of the hierarchy reflecting more sustainable management of resources.

**Recommendation 64: Design recycling facilities and infrastructure into the new developments**

## **6.10 Leisure and recreation**

Passive and active recreation is associated with increased physical activity, improved mental health and an improved sense of well-being, and social cohesion (Richardson, 2007).

**Recommendation 65: Provide public places for people to go, using section 106 negotiations to secure these facilities**

**Recommendation 66: Provide leisure and recreation facilities in the new developments**

**Recommendation 67: Provide leisure and recreation opportunities centrally but linked to the provision of public transport**

**Recommendation 68: Increase the number of leisure and recreation opportunities available**

**Recommendation 69: Provide affordable gym facilities in the new developments**

**Recommendation 70: Provide playing fields in the new developments**

**Recommendation 71: Consider linking any new artistic and cultural facilities into the wider cluster of creative and cultural industries being developed in the District**

## 7. Response to Gap analysis recommendations

This section examines the extent to which the CSFED addresses the recommendations set out in the previous section. The response is RAG rated based on the following definitions: -

- Green: Relevant to the CSFED and covered by the content of the CSFED
- Amber: Not relevant to the CSFED, but should be picked up elsewhere in the planning process
- Red: Relevant to the CSFED and not covered by the content of the CSFED, so should be considered for inclusion in the CSPD

Clearly for the purposes of this HIA, it is those recommendations that fall within the red category that we are most interested in and should thus form the basis for further discussion and possible inclusion in the CSPD.

### Relevant to the CSFED and covered by the content of the CSFED (GREEN)

#### **Recommendation 2: Plan developments holistically**

*Response: There is good evidence throughout the CSFED that planning has been undertaken on a holistic scale – and indeed in many ways this is the purpose of the CSFED.*

#### **Recommendation 4: Integrate any new developments into existing settlements**

*Response: The CSFED clearly identifies the proposed strategy to integrate wherever possible within existing settlements in Strategic Core Policy 5 (and in more detail in the Preferred Spatial Development Policy and the Sub Area Policies). The document clearly identifies the primary aim of re-use of previously developed land and buildings within Bradford and the Principal Towns over and above suitable infill within the settlements and finally the extension of existing settlements. This should protect the social cohesion of existing settlements and aid the integration of newcomers to those settlements.*

#### **Recommendation 5: Design the new developments so that they are attractive to people**

*Response: This is well detailed in the CSFED, specifically in Implementation and Delivery Policy ID2 but also in HO8 and HO9. The importance of sympathetic and complementary housing developments is recognised in the context of contributing positively towards social cohesion is recognised.*

#### **Recommendation 6: Design the new developments according to sustainable development/ecological principles**

*Response: Again, this is well documented in Implementation and Delivery Policy ID2, with a clear focus on maximising opportunities to conserve energy and water resources. It is also a focus of Strategic Core Policy 2 and in Thematic Policy EN6.*



**Relevant to the CSFED and covered by the content of the CSFED (GREEN)**

**Recommendation 12: Promote Bradford District and publicise its benefits**

*Response: This is considered in detail within the CSFED, and is clearly important in terms of attracting investment and employment into the area. Strategic Core Policy SC3 looks at this in detail and it is considered further in the Sub Area Policies. It is also considered in many of the Thematic Policies.*

**Recommendation 13: Consider developing higher density housing**

*Response: Higher density housing can be an emotive subject, with post-war developments blamed for reducing social cohesion and increasing crime. The development of low-rise (six floors or less) higher density housing can be beneficial to the development of social cohesion however. The development of higher density housing in the context of a housing mix is discussed in Thematic Policies HO5 and HO8, although it is not referred to directly but rather in the context of increasing the supply of high quality apartments and flats.*

**Recommendation 14: Provide affordable housing, including that for social renting**

*Response: This is considered in detail in Thematic Policy HO11, and alluded to in Thematic Policy HO8. It is encouraging that the supply of affordable housing is based on the geographical areas of highest need and property houses, with the potential to avert the internal migration of the economically disadvantaged from wealthier areas in the district to less wealthy areas due solely to affordable housing.*

**Recommendation 15: Ensure housing meets the Lifetime Homes Standards**

*Response: This is specifically covered in Thematic Policies HO8 and HO9*

**Recommendation 16: Ensure housing is designed to appropriate standards of sustainability, e.g. Code for Sustainable Homes**

*Response: This is specifically covered in Thematic Policy HO9*

**Recommendation 17: Incorporate energy efficiency and renewable energy features into new residential units: photovoltaic cells and solar panels**

*Response: This is covered at numerous points in the CSFED, and is a focus of Strategic Core Policy 2 and in Thematic Policy EN6. It is also covered in Implementation and Delivery Policy ID2 and Thematic Policy HO9.*

**Recommendation 18: Incorporate the use of grey water into the design of new residential**

**Relevant to the CSFED and covered by the content of the CSFED (GREEN)**

**units**

*Response: This is specifically mentioned in Implementation and Delivery Policy ID2*

**Recommendation 19: Promote the design of homes that support home-working**

*Response: This is specifically mentioned in the detail of Thematic Policy EC4 and is important as employers move towards remote-working policies and to encourage the establishment of self-employed or small business models. This is also covered by Strategic Core Policy 4.*

**Recommendation 20: Engage with developers to ensure housing meets the needs of existing communities**

*Response: This is covered in detail in Implementation and Delivery Policy ID2*

**Recommendation 23: Incorporate recreational green space into residential areas**

*Response: This is covered in detail in Thematic Policy EN1*

**Recommendation 24: Provide a mix of housing types, tenures, sizes and prices, including affordable housing**

*Response: This is covered in detail in Thematic Policy HO8 and HO11*

**Recommendation 25: Promote improvements in the public transport network**

*Response: This is covered in detail in Thematic Policy TR3, and in some detail in TR1*

**Recommendation 26: Integrate the various modes of travel at transport nodes**

*Response: Bradford already integrates bus and rail travel via the Interchange. Thematic Policy TR3 provides further detail on developing other sites to provide the same level of integration*

**Recommendation 28: Re-open train stations that have been closed**

*Response: This is covered in Thematic Policy TR1*

**Recommendation 29: Promote fast frequent and reliable bus services**

*Response: This is covered in Thematic Policies TR1 and TR3*

**Relevant to the CSFED and covered by the content of the CSFED (GREEN)**

**Recommendation 31: Promote public transport routes that serve outlying geographical areas**

*Response: This is covered in detail in Thematic Policy TR5*

**Recommendation 32: Improve Park&Ride services**

*Response: This is covered in Thematic Policies TR1, TR2 and TR3*

**Recommendation 37: Generate employment opportunities as part of development, with consideration for the quality of employment provided**

*Response: This is covered specifically in Thematic Policy EC2. The focus on generating employment opportunities is welcomed, but no consideration is given to the quality of those jobs. This is covered in more detail in the Bradford District Economic Strategy 2011-13, however, which is referenced in the CSFED. Generating a range of employment opportunities that suit different skill sets should be encouraged wherever possible.*

**Recommendation 39: Support the establishment of local small and medium enterprises (SMEs)**

*Response: This is covered in Thematic Policy EC1.*

**Recommendation 41: Promote the provision of employment opportunities to local people**

*Response: This is covered in Thematic Policy EC1*

**Recommendation 42: Require that employment land is accessible by public transport and active travel options.**

*Response: This is covered in Thematic Policy TR3, and in further detail in Appendix 3.*

**Recommendation 52: Take account of the needs of older people when planning & designing services**

*Response: This is covered in Thematic Policies HO8 and HO9*

**Recommendation 58: Locally distinctive architecture needs to be used as a starting point for design, and the use of local traditional building materials needs to be encouraged, to**

**Relevant to the CSFED and covered by the content of the CSFED (GREEN)**

**support the protection of the District's environmental and heritage assets, one of the foundations for the visitor/tourist economy**

*Response: This is covered in terms of Heritage areas through Thematic Policy EN3. In terms of the broader policy for the district, this is covered in Implementation and Development Policy ID2.*

**Recommendation 61: Incorporate a flood risk assessment into the design for infrastructure in the developments**

*Response: This is covered in Thematic Policy EN7*

**Recommendation 64: Design recycling facilities and infrastructure into the new developments**

*Response: This is covered by Thematic Policies WM1 and WM2, as well as Implementation and Delivery Policy ID2.*

**Recommendation 65: Provide public places for people to go, using section 106 negotiations to secure these facilities**

*Response: This is linked to many other recommendations and may provide a source of funding to subsidise the development of public places. It is covered in Implementation and Delivery Policy ID3.*

**Recommendation 66: Provide leisure and recreation facilities in the new developments**

*Response: This is covered in Thematic Policy EN1.*

**Recommendation 67: Provide leisure and recreation opportunities centrally but linked to the provision of public transport**

*Response: This is covered partly by Thematic Policy EC5, with an explicit focus on the worst performing areas identified by the Bradford District Retail & Leisure Study, partly by Thematic Policy TR3 and partly by Thematic Policy EN1.*

**Recommendation 68: Increase the number of leisure and recreation opportunities available**

*Response: This is implicit in Thematic Policy EN1, with the intention to preserve existing opportunities wherever possible in the District and build new opportunities within new developments.*

**Relevant to the CSFED and covered by the content of the CSFED (GREEN)**

**Recommendation 69: Provide gym facilities in the new developments**

*Response: This is covered in Thematic Policy EN1.*

**Recommendation 70: Provide playing fields in the new developments**

*Response: This is covered in Thematic Policy EN1*

**Recommendation 71: Consider linking any new artistic and cultural facilities into the wider cluster of creative and cultural industries being developed in the District**

*Response: This is specifically mentioned in Thematic Policy EC5, with Bradford City Centre proposed as the focal point for the arts. It is covered in more detail in the Sub Area policies.*

**Not relevant to the CSFED, but should be picked up elsewhere in the planning process, for example the Local Plan (AMBER)**

**Recommendation 1: Look at and learn from other successful developments, and learn from other communities**

*Response: This is not explicitly stated in the CSFED, but may be more relevant to the implementation of individual strands of planning policy than the development of the CSFED as a whole. This is likely to be picked up by either Area Action Plans, (AAPs) or Supplementary Planning Documents (SPDs)*

**Recommendation 7: Ensure that infrastructure and services are provided to meet the demand arising from new developments and influx of new residents**

*Response: Little focus is given within the CSFED to ensuring adequate provision of education and health services and community infrastructure such as elderly day care centres and community centres to meet the increased demand of larger settlements. This should be more explicit within the document – even if simply to suggest it is beyond the scope of this specific document but is covered elsewhere.*

**Recommendation 8: Ensure the environmental sustainability of new developments e.g. for every new residential unit built, plant a tree**

*Response: No detail on such a policy has been given in the CSFED. A broad statement could*

**Not relevant to the CSFED, but should be picked up elsewhere in the planning process, for example the Local Plan (AMBER)**

*be included somewhere in the document, perhaps in the Implementation and Delivery section. However it may be more appropriate to pick this up through Supplementary Planning Documents, (SPDs).*

**Recommendation 9: Incorporate public meeting places for people in the new developments**

*Response: As mentioned under recommendation 7, there is no specific mention of the provision of community space within the document. It would be unfortunate if due regard were not given to this important driver of social cohesion. Whilst not perhaps regarded as a function of the CSFED, this could be managed through the Local Infrastructure Plan (LIP).*

**Recommendation 10: Provide “focal points” for the community in any new development**

*Response: This is covered to some extent by Thematic Policy EC5, although it is conceptually broad with little detail around what a focal point might be. Further thought should be given to the provision of accessible community space.*

**Recommendation 21: Provide personal green space and community spaces in any new housing developments, and ensure these are included in the design and planning for those developments**

*Response: There is no mention of personal green space (gardens) in the document, and this may be more appropriately picked up by SPDs. However the provision of green community space is covered in detail in Thematic Policy EN1. Personal green space is important. It encourages both physical and mental wellbeing.*

**Recommendation 30: Improve access to bus services: ensure new homes are within 400m of the nearest bus stop**

*Response: There is no specific mention of ensuring all new homes are within 400 meters of a bus stop. Whilst accessibility of public transport is discussed within Thematic Policies TR1, TR3 and TR5 the context is non-specific. In Appendix 3, there is detail about accessibility standards. However this is stated in minutes’ walk to a bus stop which is a subjective measure depending on an individual’s walking speed and mobility. Measures of distance are more equitable than measures of walking time and consideration should be given to adapting the existing measures.*

**Recommendation 34: Improve cycle routes / improve foot and cycle paths**

*Response: Whilst this is covered in part by Thematic Policies TR1, TR3 and TR4, there is very little specific detail about the development of cycle routes within the city centre – something that would certainly improve access to healthy forms of personal transport. Consideration should be*

**Not relevant to the CSFED, but should be picked up elsewhere in the planning process, for example the Local Plan (AMBER)**

*given to this, but it falls outside of the scope of the CSFED.*

**Recommendation 35: Promote the provision of secure cycle parking/storage**

*Response: No detail has been provided regarding this important behaviour modifier. Provision could be promoted at transport hubs and within the City and Towns centres, although it is recognised that may fall outside the scope of the CSFED.*

**Recommendation 36: Improvements to the social infrastructure need to be planned such that they are accessible to good-quality public transport and active travel options, and are located on high streets. In addition, the needs of existing residents need to be catered for as well as those of any new residents attracted to the area; it might be helpful to consider the integration and co-location of facilities and services and one-stop shop models.**

*Response: This is covered in detail in Thematic Policies TR1 and TR3, although there is insufficient detail on social infrastructure specifically.*

**Recommendation 38: Attract firms to the area which are big employers**

*Response: The type of firms that will be attracted to the area is not covered in any detail. Clearly there is a benefit to attracting big employers and consideration should be given to the inclusion of such a statement within the document, perhaps under Thematic Policy EC2.*

**Recommendation 40: Integrate employment opportunities into residential areas**

*Response: This is not covered within the document and should be considered further, perhaps under Thematic Policy EC1. Accessible employment opportunities are important to disadvantaged groups who may have limited transport options and those who have other responsibilities such as child care and thus have limited time for employment.*

**Recommendation 44: Promote investment in existing community facilities to facilitate the integration of new residents**

*Response: As mentioned previously under recommendations 7 and 9, there is no specific mention of the provision of community space, or indeed the promotion of investment in existing facilities, within the document. It would be unfortunate if due regard were not given to this important driver of social cohesion. Whilst this may not be appropriate for inclusion in the CSFED, it could be picked up through different routes (for example the LIP).*

**Recommendation 45: Provide community centres as part of the new developments**



**Not relevant to the CSFED, but should be picked up elsewhere in the planning process, for example the Local Plan (AMBER)**

*Response: See above - there is no specific mention of the provision of community space within the document. This may fall under the LIP rather than the CSFED.*

**Recommendation 46: Provide new village halls as part of the new developments**

*Response: As for recommendations 44 and 45, there is no specific mention of the provision of community space within the document. This may fall under the LIP rather than the CSFED.*

**Recommendation 47: Provide post offices and post boxes in the new developments**

*Response: This practical measure is not mentioned within the document. It may be that it forms part of the more detailed implementation plans and is covered by the more general statements within Implementation and Delivery Policy ID3. This may fall under the LIP rather than the CSFED.*

**Recommendation 48: Provide local shops in the new developments**

*Response: This practical measure is not mentioned within the document. It may be that it forms part of the more detailed implementation plans and is covered by the more general statements within Implementation and Delivery Policy ID3. It may be that it is also covered by Thematic Policy EC5. A more explicit reference within the document may be warranted.*

**Recommendation 49: Build multi-purpose community space that can be used by service providers to deliver outreach services**

*Response: This is not mentioned specifically in the document, and may warrant further consideration, perhaps in the LIP.*

**Recommendation 50: Provide a space for the provision of voluntary services, e.g. Gateway and Citizen's Advice Bureau (CAB), in the new developments**

*Response: This is not mentioned in the document, and could be combined with recommendation 49. With the current decline in public sector funding the third sector could have an important role to play in delivering health and wellbeing services.*

**Recommendation 51: Provide children's centres in the new developments**

*Response: This practical measure is not mentioned within the document. It may be that it forms part of the more detailed implementation plans and is covered by the more general statements within Implementation and Delivery Policy ID3 or it may be more appropriately covered by the*



**Not relevant to the CSFED, but should be picked up elsewhere in the planning process, for example the Local Plan (AMBER)**

LIP.

**Recommendation 53: Provide health services for residents in the new developments, including primary care**

*Response: This is not mentioned in the document, and is an important factor to consider. In the Sub Area Policies details are given on proposed development sizes. Some of the proposed developments are large and will undoubtedly impact on demand for health care, particularly primary care. Whilst the provision of health services may be beyond the scope of the CSFED clear reference should be made to the potential need and the process by which that need will be met. There is also a focus on the provision of acute care at Bradford Teaching Hospitals NHS Foundation Trust at the expense of Airedale NHS Foundation Trust, which provides services for residents of Airedale and the north of the District. Both providers of acute services should be regarded as important in meeting the health care needs of the District.*

**Recommendation 54: Provide day centres for the provision of respite care and day care for the elderly in the new developments**

*Response: This practical measure is not mentioned within the document. It may be that it forms part of the more detailed implementation plans however it may be better covered within the LIP.*

**Recommendation 55: Assess need for education facilities at the planning stage of the new developments**

*Response: This probably falls outside of the scope of the document – but a comment may be warranted in the Implementation and Delivery Policies, if for no other reason than to highlight the role of the LIP in ascertaining need.*

**Recommendation 56: Provide additional childcare services and facilities**

*Response: The provision of additional childcare services is beyond the scope of this document. Recognition that childcare facilities may be desirable, particularly in areas identified for business development, may be warranted however.*

**Recommendation 59: With respect to the visitor/tourist economy, it is important that the infrastructure and service provision has the capacity to meet the demand generated by visitors, and to provide leisure and cultural opportunities that meet the needs of residents as well as those of tourists/visitors**

*Response: This is covered by Thematic Policy TR4 in terms of the transport infrastructure. There is no mention of capacity to meet demand. Whilst this is probably outside of the scope of the CSFED it is worth considering a general statement to reflect the economic benefits that*

**Not relevant to the CSFED, but should be picked up elsewhere in the planning process, for example the Local Plan (AMBER)**

*ensuring adequate capacity would bring.*

**Recommendation 60: Ensure there is capacity in the water supply and sewage infrastructure to support development**

*Response: Water supply is covered by Thematic Policy EN8. Sewage infrastructure is not covered and should be considered for inclusion, perhaps in Thematic Policy EN8.*

**Recommendation 62: Use native landscaping for the green spaces in the development**

*Response: This is not covered by the CSFED, and is probably more appropriately managed through other planning mechanisms.*

**Recommendation 63: Provide allotments as part of the developments**

*Response: Allotments are associated with improved physical and mental health. The provision of allotments has not been considered within the CSFED and may warrant inclusion (recognising the potential difficulties of reusing former industrial land for this purpose), recognising that it may be picked up by other planning documents and policies. The protection of existing allotments is however covered in Thematic Policy EN1.*

**Relevant to the CSFED and not covered by the content of the CSFED, so should be considered for inclusion in the CSPD (RED)**

**Recommendation 3: Complete the developments in phases, not all at the same time**

*Response: This is not specifically identified as a policy within the CSFED, and perhaps should be explicitly mentioned in Section 6 – Implementation and Delivery. Some detail is provided in Thematic Policy HO4, which proposes a phased release of housing sites by location, but this is specific only to housing and not to the more general infrastructure development plans. It is important to recognise the impact developments can have on the mental and physical health of the population – not just in terms of noise and pollution but through the impact on mental health through, for example, increased commute time due to road closures. Completing the developments suggested within the CSFED in phases can mitigate disruption to daily life, but equally it is recognised that individual developments (as opposed to the implementation of all developments at the same time) may be better completed quickly and in one go.*

**Recommendation 11: Design new developments in accordance with the principles of designing out crime (Secured by Design)**

**Relevant to the CSFED and not covered by the content of the CSFED, so should be considered for inclusion in the CSPD (RED)**

*Response: No specific mention is made of Secured by Design, although principles of developing safe neighbourhoods that reduce crime and the fear of crime are mentioned in Implementation and Delivery Policy ID2. Fear of crime is a significant cause of social isolation, particularly in older communities. Consideration should be given to the principles of Secured by Design. A statement within the document alluding to the intention to comply with the principles may be justified.*

**Recommendation 22: Provide children's play areas/playgrounds in the new developments**

*Response: No specific plans for the provision of play areas have been identified within the document. Whilst green space provides play space, it is a mixed-use mixed-age provision. Providing dedicated space and facilities for young children is important for their early year's development, both physically and mentally. It is also a more protected and safe area.*

**Recommendation 27: Ensure public transport options are available to isolated geographical communities and communities of need at times when they are needed**

*Response: This is covered in detail in Thematic Policy TR5, although no explicit reference is made to provision at times when they are needed. This could be made more explicit, even if work has not been undertaken to establish when the times of need are yet and even though the provision of services falls beyond the scope of the CSFED.*

**Recommendation 33: Maximise opportunities for active travel (walking and cycling) in new developments**

*Response: Whilst the provision of active travel options is mentioned in Thematic Policies TR1, TR3 and TR4, this is not in regard to new developments. Consideration should be given to maximising opportunities in new developments as well as improving and maintaining existing opportunities.*

**Recommendation 43: Ensure buildings for all commercial uses are adaptable to take account of changing market trends and uses**

*Response: This is not specifically mentioned within the CSFED. Consideration should be given to the insertion of a statement within the document to this effect, recognising the importance of future proofing developments.*

**Recommendation 57: Take into account the increased demand for infrastructure and service provision that new academic and student accommodation and improved visitor offer will create, especially as failure to meet demand can result in poor-quality service provision not only for visitors/tourists and students/academics but also existing**

**Relevant to the CSFED and not covered by the content of the CSFED, so should be considered for inclusion in the CSPD (RED)**

**residents**

*Response: This is covered in terms of transport infrastructure by Thematic Policy TR4. However further consideration of hotel and overnight accommodation provision is required. This is not covered within the document, either with regard to tourism (which is within the scope of this document) and academia (which may be beyond the scope of the CSFED). Additional focus on the impact on other infrastructure such as retail outlets and health care facilities may also be warranted.*

## **8. Suggestions for proposed inclusions in the CSPD**

This section pulls together the scoping of the Strategic Core Policies and Thematic Policies and the recommendations from the subsequent gap analysis.

The CSFED is by definition a broad-based document and as such it is recognised that many of the policies therein are likely to impact to a greater or lesser extent on health and wellbeing. The purpose of the HIA is to note which of those policies are likely to have a detrimental effect on health and wellbeing, and to highlight any suggested improvements to inform the development of the CSPD. This list should therefore be seen in that context, recognising much of the content within the CSFED is likely to have a positive impact on health and wellbeing building as it does on the Joint Strategic Needs Assessment.

Furthermore, it should be noted that the HIA is not the end of the process of considering impact on health and wellbeing but merely the start. As policies within the Core Strategy are agreed and implemented, it may be appropriate to carry out some focused analysis and engagement on the detail of specific issues where there are likely to be broad potential impacts on the community where development is taking place.

Whilst this HIA has been undertaken as a table top exercise it may be appropriate to engage community members in more detailed and focussed analysis on specific development projects. Wherever feasible, within the resources at our disposal, the Public Health department is happy to be engaged in further more focussed and specific HIAs.

It is also recognised that the CSFED is a draft engagement strategy and therefore subject to change prior to Publication Draft. As a result, this HIA may need to be updated to reflect any substantial change therein.

The Health Impact Assessment on the CSFED indicates the following areas for consideration prior to the development of the CSPD:

### **Proposed inclusion 1: Air quality**

The CSPD should explicitly address the impact some of the Strategic Core Policies and Thematic Policies may have on air pollution. Whilst air quality is mentioned frequently in the CSFED, and the impact on health and wellbeing is noted, little detail is given about how deteriorations in air quality will be avoided. It is recognised the detailed policy may fall outwith the CSPD, however greater reference to the Air Quality Management Plans may be warranted with specific examples of how they will be complied with under specific Strategic Core Policies.

### **Proposed inclusion 2: Noise pollution**

The CSPD should similarly address the impact the CSPD will have in terms of noise pollution. Clearly many of the Strategic Core Policies and Thematic Policies are likely to entail considerable levels of noise pollution during implementation. Only minor reference is made to this within the document, despite it forming part of national guidance. Whilst it may be implicit within the CSFED that due regard will be taken to minimise noise disturbance it should be made more explicit within the CSPD.

### **Proposed inclusion 3: Green belt**

The use of Green Belt land for development purposes will always be controversial. It is recognised that there is a balance between providing affordable and modern housing and using Greenfield sites. Any proposed developments on Green Belt should be assessed rigorously, and should include an individual HIA. Any loss of green belt land would be unfortunate, but could be mitigated through improving access to green space at a local level and improving the use of green belt and green space more generally for physical activity as well as improving mental health.

#### **Proposed inclusion 4: Phasing of development**

It is important to recognise the impact developments can have on the mental and physical health of the population – not just in terms of noise and pollution but through the impact on mental health through, for example, increased commute time due to road closures. Completing the developments suggested within the CSFED in phases could mitigate disruption to daily life, but equally it is recognised that individual developments (as opposed to the implementation of all developments at the same time) may be better completed quickly and in one go. It is suggested that clarity on pace of implementation is brought to the CSPD, ensuring individual developments are completed quickly once started whilst at the same time ensuring developments as a whole across the District are phased.

#### **Proposed inclusion 5: Secured by Design**

No specific mention is made of Secured by Design, although principles of developing safe neighbourhoods that reduce crime and the fear of crime are mentioned in Implementation and Delivery Policy ID2. Fear of crime is a significant cause of social isolation, particularly in older communities. Consideration should be given to the principles of Secured by Design. A statement within the CSPD alluding to the intention to comply with the principles may be justified.

#### **Proposed inclusion 6: Play areas for young children**

No specific plans for the provision of play areas have been identified within the document. Whilst green space provides play space, it is a mixed-use mixed-age provision. Providing dedicated space and facilities for young children is important for their early year's development, both physically and mentally. It is also a more protected and safe area. Consideration should be given to including this in the CSPD.

#### **Proposed inclusion 7: Public transport for isolated communities and communities of need**

No explicit reference is made to ensuring provision of public transport options are available to isolated geographical communities and communities of need at times when they are needed. This could be made more explicit, even if work has not been undertaken to establish when the times of need are yet and even though the actual provision of services falls beyond the scope of the CSPD.

#### **Proposed inclusion 8: Active travel options**

Whilst the provision of active travel options is mentioned in Thematic Policies TR1, TR3 and TR4, this is not in regard to new developments. Consideration should be given to maximising

active travel (cycling and walking) opportunities in new developments as well as improving and maintaining existing opportunities and a statement to this effect within the CSPD would be welcomed.

**Proposed inclusion 9: Future proofing developments**

All new buildings for commercial use should be adaptable to take account of changing market trends and uses. This is not specifically mentioned within the CSFED. Consideration should be given to the insertion of a statement within the document to this effect, recognising the importance of future proofing developments.

**Proposed inclusion 10: Infrastructure and service provision for students and visitors**

The increased demand for infrastructure and service provision that new academic and student accommodation and improved visitor offer will create should be taken into account, especially as failure to meet demand can result in poor-quality service provision not only for visitors/tourists and students/academics but also existing residents. Furthermore this encourages the development of new employment opportunities. Whilst this is covered in terms of transport infrastructure by Thematic Policy TR4, further consideration of hotel and overnight accommodation provision is required. This is not covered within the document, either with regard to tourism (which is within the scope of this document) and academia (which may be beyond the scope of the CSFED/CSPD). Additional focus on the impact on other infrastructure such as retail outlets and health care facilities may also be warranted.

In addition to the above, it should be noted that there are a number of issues identified that fall outside the remit of the CSFED/CSPD but nevertheless should be picked up elsewhere in the planning process. This particularly applies to the amber recommendations in section 7, but also to other recommendations made in section 5.

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## 10. Glossary

### 10.1 GLOSSARY OF ACRONYMS

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AAP	Area Action Plan
AMR	Annual Monitoring Report
BWA	Bradford Wildlife Area
DPD	Development Plan Document
HIA	Health Impact Assessment
JSNA	Joint Strategic Needs Assessment
LDD	Local Development Document
LDF	Local Development Framework
LDS	Local Development Scheme
LPA	Local Planning Authority
PHOF	Public Health Outcomes Framework
SCI	Statement of Community Involvement
PPS	Planning Policy Statement
RAG	Red, Amber, Green
RSS	Regional Spatial Strategy
RUDP	Replacement Unitary Development Plan
SA	Sustainability Appraisal
SAC	Special Area of Conservation
SHLAA	Strategic Housing Land Availability Assessment
SHMA	Strategic Housing Market Assessment
SEA	Strategic Environmental Assessment
SEGI	Site of Ecological and Geological Importance
SES	Socioeconomic status
SFRA	Strategic Flood Risk Assessment

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SPA	Special Protection Area
SPD	Supplementary Planning Document
SSSI	Site of Special Scientific Interest
WHS	World Heritage Site

## 10.2 GLOSSARY OF TERMS

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<b>Area Action Plan (AAP)</b>	Area Action Plans are used to provide a planning framework for areas where significant change or conservation is proposed, in line with policies in the Core Strategy.
<b>Biodiversity</b>	This refers to the variety of plants, animals and other living things in a particular area or region. It encompasses habitat diversity, species diversity and genetic diversity. Biodiversity has value in its own right and has social and economic value too.
<b>Bradford Urban Area</b>	This area refers to the inner city areas and suburbs surrounding Bradford City Centre, Shipley and the area of Baildon south of Otley Road.
<b>Bradford Wildlife Area (BWA)</b>	These are areas which have local wildlife value within the District.
<b>Brownfield Land</b>	This refers to land which has been previously developed, but can also include premises that are not currently fully in use or land which is vacant, derelict or contaminated.
<b>Conservation Area</b>	This is an area of special architectural or historic interest designated by the Council under section 69 of the Planning (Listed Buildings and Conservation Areas) Act 1990. Development is controlled more tightly in order to preserve or enhance their special character and qualities.
<b>Core Strategy DPD</b>	This is a key development plan document (DPD) within the LDF which sets out the vision and objectives of the planning framework for the District.
<b>Critical Infrastructure</b>	This is used to describe material assets that are essential for the functioning of a society and economy. It is the framework of facilities, systems, sites and networks necessary for the functioning of the place and which we rely on in every aspect of our daily life. They generally come under the following areas: energy, food, water, transport, telecommunications, Government and public services, emergency services, health and finance.

<b>Determinants of health</b>	Definable entities that cause, are associated with, or induce health outcomes. Public health is fundamentally concerned with action and advocacy to address the full range of potentially modifiable determinants of health – not only those which are related to the actions of individuals, such as health behaviours and lifestyles, but also factors such as income and social status, education, employment and working conditions, access to appropriate health services, and the physical environment. These, determinants of health, in combination, create different living conditions which impact on health.
<b>Development</b>	The carrying out of building, engineering, mining or other operations in, on, over or under land, or the making of any material change of use of any building or other land. (Section 55 Town and Country Planning Act 1990)
<b>Development Plan Document (DPD)</b>	These are also known as Local Development Documents that form part of the LDF. They include the Core Strategy, Allocations, Area Action Plans and a Proposals Map.
<b>Employment Land Review</b>	An assessment of the total future demand for, and the available supply of, land for employment use in the District.
<b>Flood Risk Zone</b>	An area of land at risk from flooding.
<b>Green Belt</b>	A national policy designation that helps prevent urban sprawl, contain development, protect the countryside, promote brownfield development and assist in urban renaissance. There is a general presumption against inappropriate development in the Green Belt.
<b>Green Infrastructure</b>	A network of multi-functional greenspace across a defined area. A green infrastructure plan can identify land for future conservation and help shape the pattern of future growth.
<b>Health</b>	Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.
<b>Health Impact Assessment</b>	A combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the

population.

**Health Improvement** Programme to improve health and healthcare locally, involving many local partner organisations.

**Health inequalities** Health inequalities can be defined as differences in health status or in the distribution of health determinants between different population groups. For example, differences in mobility between elderly people and younger populations or differences in mortality rates between people from different social classes. It is important to distinguish between inequality in health and inequity. Some health inequalities are attributable to biological variations or free choice and others are attributable to the external environment and conditions mainly outside the control of the individuals concerned. In the first case it may be impossible or ethically or ideologically unacceptable to change the health determinants and so the health inequalities are unavoidable. In the second, the uneven distribution may be unnecessary and avoidable as well as unjust and unfair, so that the resulting health inequalities also lead to inequity in health.

**Healthy life expectancy** Average number of years that a person can expect to live in "full health" by taking into account years lived in less than full health due to disease and/or injury.

**Health protection** A term to describe important activities of public health, in food hygiene, water purification, environmental sanitation, drug safety and other activities, that eliminate as far as possible the risk of adverse consequences to health attributable to environmental hazards. (A public health system core function).

**High Frequency Bus Route** The accessibility to bus services which run along the same route six or more times per hour in peak times. Those bus services which run four times per hour are also considered to be high frequency.

**Joint Strategic Needs Assessment (JSNA)** Joint Strategic Needs Assessment describes a process that identifies current and future health and wellbeing needs in light of existing services and informs future service planning taking into account evidence of effectiveness. Joint Strategic Needs Assessment identifies 'the big picture', in terms of the health and wellbeing needs

and inequalities of a local population.”

<b>Life expectancy</b>	The average period that a person may expect to live.
<b>Local Service Centre</b>	These are towns and villages that provide services and facilities that serve the needs of, and are accessible to, people living in the surrounding rural areas.
<b>Local Development Framework (LDF)</b>	The LDF includes a range of statutory planning policy documents that will provide a framework for advising the particular community's economic, social and environmental aims, usually comprising a portfolio of development documents including a Core Strategy, Allocations, Area Action Plans (AAPs) and Supplementary Planning Documents (SPDs).
<b>Local Development Scheme (LDS)</b>	A document that sets out the Council's annual work programme for preparing documents to be included in the LDF.
<b>Locality Plans</b>	These are plans produced by local communities in partnership with either a Local Strategic Partnership or the Council's Neighbourhood Support Service. They set out the issues faced by the area and a plan of action for tackling them.
<b>Mental health</b>	A state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.
<b>Mortality</b>	Mortality refers to the incidence of death or the number of deaths in a population.
<b>Neighbourhood Development Framework (NDF)</b>	A document, usually prepared by consultants, taking forward ideas proposed in the Alsop Masterplan, identifying priority projects. They are a material consideration when determining planning applications. Four NDFs were prepared for The Bowl, The Channel, The Market and The Valley and all were completed and the subject of public consultation in 2006.
<b>Overweight and obesity</b>	Overweight and obesity are defined as abnormal or excessive fat accumulation that may impair health.

Body mass index (BMI) is a simple index of weight-for-height that is commonly used to classify overweight and obesity in adults. It is defined as a person's weight in kilograms divided by the square of his height in meters (kg/m<sup>2</sup>).

The WHO definition is:

a BMI greater than or equal to 25 is overweight

a BMI greater than or equal to 30 is obesity.

BMI provides the most useful population-level measure of overweight and obesity as it is the same for both sexes and for all ages of adults. However, it should be considered a rough guide because it may not correspond to the same degree of fatness in different individuals.

<b>Phase 2 Housing Site</b>	Housing sites for the second half of the Plan period, i.e. 2009-2014 subject to Policy H2 of the Replacement UDP.
<b>Physical health</b>	An essential part of overall health of an individual, which includes everything from physical fitness to overall wellbeing.
<b>Planning Policy Statement (PPS) and Planning Policy Guidance (PPG)</b>	These are a series of documents setting out guidance for planning authorities on implementing national government's planning policy. PPSs replaced PPGs under the Planning and Compulsory Purchase Act 2004.
<b>Preferred Approach</b>	This is the 'preferred' option/approach which has been developed by the Council through public consultation.
<b>Premature mortality</b>	Deaths that can be considered to have occurred before their due time. This concept underlies the potential years of life lost (PYLL) measure of mortality.
<b>Principal Town</b>	These are key larger areas within the District which are the main focus for housing, employment, shopping, leisure, education, health and cultural activities and facilities.
<b>Public health</b>	An organized activity of society to promote, protect, improve, and when necessary, restore the health of individuals, specified groups, or the entire population. It is a combination of sciences, skills, and values that function through collective societal activities and involve programs, services, and institutions aimed at protecting and



improving the health of all people.

<b>Public Health Outcomes Framework</b>	The Public Health Outcomes Framework sets out the desired outcomes for public health and how these will be measured. The framework concentrates on two high-level outcomes to be achieved across the public health system. These are: increased healthy life expectancy, and reduced differences in life expectancy and healthy life expectancy between communities.
<b>RAG rating</b>	A RAG rating is a simple way of showing how we are doing against any particular performance indicator by giving it a colour. For instance if an indicator is green RAG rated this means that it is performing well, if it has a red RAG rating this means it is off target, and if it is an amber RAG rating this means that it is off target but has shown significant progress towards becoming a green in the future.
<b>Regional Cultural Strategy</b>	A strategy prepared by Yorkshire Culture, a partnership of regional cultural interests, with backing from the Department for Culture, Media and Sport.
<b>Regional Economic Strategy</b>	Yorkshire Forward's 10-year strategy for sustainable economic growth in the Region.
<b>Regional Spatial Strategy (RSS)</b>	Provides a spatial framework to inform the preparation of Local Development Documents, Local Transport Plans and regional and sub regional strategies and programmes that have a bearing on land-use activities.
<b>Replacement Unitary Development Plan (RUDP)</b>	This is the existing development plan for the District, which was adopted in October 2005.
<b>Retail Study</b>	This study provides an up-to-date comprehensive picture of current and future capacity for retailing and leisure in the District, which will be used to accurately determine planning applications and to inform the emerging LDF. This study will also assess the existing network of larger and smaller centres in Bradford Metropolitan District and the function and effectiveness of the current retail hierarchy.
<b>Safeguarded Land</b>	Open land as defined in the Replacement UDP which will be

protected over the lifetime of the Plan, but may be an area of search to meet development land needs in the longer term when the Plan is reviewed, to ensure the Green Belt lasts at least 20 years.

**Settlement Hierarchy**

A hierarchy of settlements which will guide the proportion of development that will be located in each settlement over the Plan period. The level of facilities, access to public transport and environmental constraints will guide this.

**Site of Ecological or Geological Importance (SEGI)**

Areas identified by the Council as being important for their flora, fauna, geological or physiological features. They are of countywide importance.

**Site of Special Scientific Importance (SSSI)**

Areas identified by English Nature as being of interest by reason of their flora, fauna, geological or physiological features. They are of national importance and have statutory protection.

**Social capital**

The network of social connections that exist between people, and their shared values and norms of behaviour, which enable and encourage mutually advantageous social cooperation.

**Social inclusion**

The provision of certain rights to all individuals and groups in society, such as employment, adequate housing, health care, education and training, etc.

**Socioeconomic conditions**

Socioeconomic status (SES) is evaluated as a combination of factors including income, level of education, and occupation. It is a way of looking at how individuals or families fit into society using economic and social measures that have been shown to impact individuals' health and wellbeing.

Socioeconomic status and health are closely related, and SES can often have profound effects on a person's health due to differences in ability to access health care as well as dietary and other lifestyle choices that are associated with both finances and education.

**Special Protection Area (SPA)**

Areas identified by the European Commission as being of international importance for certain breeding bird populations. They have statutory protection under the EC Directive for the Conservation of Wild Birds 79/409.

<b>Strategic Environmental Assessment (SEA)</b>	A statutory requirement of SEA Regulations 2004 to assess significant effects of all scales of statutory plans on the environment.
<b>Supplementary Planning Document (SPD)</b>	A document provides additional planning guidance to policies and proposals contained in Development Plan Documents. These are optional documents produced by the Local Authority.
<b>Sustainability Appraisal (SA)</b>	The process of evaluating the environmental, social and economic effects of a policy, plan or programme.
<b>Sustainable development</b>	<p>A widely referred to term which states 'development that meets the needs of the present without compromising the ability of future generations to meet their own needs'. There are four objectives to meet sustainable development, these are:</p> <ol style="list-style-type: none"><li>1. Social progress which recognises the needs of everyone</li><li>2. Effective protection of the environment</li><li>3. Prudent use of natural resources</li><li>4. Maintenance of high and stable levels of economic growth and employment</li></ol>
<b>Wellbeing</b>	A good or satisfactory condition of existence; a state characterized by health, happiness, and prosperity; welfare
<b>West Yorkshire Local Transport Plan (WYLTP)</b>	A statutory requirement of local transport authorities which aims to deliver more sustainable transport.
<b>World Heritage Site</b>	A UNESCO designation which can be a site of cultural or natural heritage considered to be of outstanding universal value and worthy of special protection. Saltaire is a World Heritage Site within the Bradford District.

## **11. Appendices**

### **11.1 List of Policies**

#### **Strategic Core Policies**

SC1 Overall Approach and Key Spatial Priorities  
SC2 Climate Change and Resource Use  
SC3 Working together to make Great Places  
SC4 Hierarchy of Settlements  
SC5 Location of Development  
SC6 Green Infrastructure  
SC7 Green Belt

#### **Sub Area Policies**

BD1 City of Bradford including Shipley and Lower Baildon  
BD2 Investment priorities for the City of Bradford including Shipley and Lower Baildon  
AD1 Airedale  
AD2 Investment Priorities for Airedale  
WD1 Wharfedale  
WD2 Investment Priorities for Wharfedale  
PN1 South Pennine Towns and Villages  
PN2 Investment Priorities for the Pennine Towns and Villages Sub Area

#### **Thematic Policies**

##### **Planning for Prosperity**

###### ***Economy***

EC1 Creating a successful and competitive Bradford District economy within the Leeds City Region  
EC2 Supporting Business and Creating Jobs  
EC3 Employment Land Requirement  
EC4 Sustainable Economic Growth  
EC5 City, Town, District and Local Centres

###### ***Transport***

TR1 Travel Reduction and Modal Shift  
TR2 Parking Policy  
TR3 Public Transport, Cycling and Walking  
TR4 Transport and Tourism  
TR5 Rural Transport  
TR6 Freight  
TR7 Transport Investment and Management Priorities  
TR8 Aircraft Safety

##### **Planning for People**

## ***Housing***

- HO1 Scale of Housing Required
- HO2 Strategic Sources of Supply
- HO3 Distribution of Housing Requirement
- HO4 Phasing and Release of Housing Sites
- HO5 Density of Housing Schemes
- HO6 Maximising use of Previously Developed Land
- HO7 Housing Site Allocation Principles
- HO8 Housing Mix
- HO9 Housing Quality
- HO10 Overcrowding and Vacant Homes
- HO11 Affordable Housing
- HO12 Provision of Sites for Gypsies, Travellers and Travelling Showpeople

## **Planning for Place**

### ***Environment***

- EN1 Open Space, Sports and Recreational
- EN2 Biodiversity and Geodiversity
- EN3 Historic Environment
- EN4 Landscape
- EN5 Trees and woodlands
- EN6 Energy
- EN7 Development and Flood Risk
- EN8 Environmental Protection Policy
- EN9 New Minerals Extraction Sites
- EN10 Sand Stone Supply
- EN11 Sand, Gravel, Fireclay and Coal Supply
- EN12 Minerals Safeguarding
- EN13 Waste Management
- EN14 Waste Management

### **Implementation and Delivery Policies**

- ID1 Development Plan Documents and Authority Monitoring Report
- ID2 Development Management
- ID3 Developer Contributions
- ID4 Working with Partners
- ID5 Facilitating Delivery
- ID6 Simplification of Planning Guidance to Encourage Sustainable Development
- ID7 Community Involvement
- ID8 Regeneration Funding and Delivery