Core Strategy Partial Review

Preferred Options

Health Impact Assessment

July 2019

City of BRADFORD METROPOLITAN DISTRICT COUNCIL

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About this Document & Consultation

What is this document?	The Health Impact Assessment (HIA) is used to assess the impact of the Preferred Option policies and proposals on people's health. At this stage, the scoping report sets out evaluation frameworks for supporting sustainable healthy communities through policies and allocations.
Purpose and scope of the consultation:	We are seeking views on the preferred policy approach of the CSPR. Any comments provided will be considered and where appropriate be used to help shape the revised policies, along with the requirements of the National Planning Policy Framework (NPPF) and planning guidance.
Geographical scope:	The proposals in this document relate to the Bradford District.
Other Documents:	A number of other documents/assessment will support the preparation of the CSPR, including: **Bradford Local Plan Core Strategy: Partial Review: Preferred Options Report:** **Initial Sustainability Appraisal (SA) (including Strategic Environmental Assessment) (SEA):** The SA is used to assess the proposed plan to determine if it will help to achieve relevant environmental, economic and social objectives. The initial SA will assess the Preferred Policies and reasonable alternatives. **Habitats Regulation Assessment (HRA) – Scoping Report:** At this stage this report provides a summary and review of the adopted Core Strategy HRA and details any relevant case law updates as well as the next steps that will be carried out as the preparation of the plan progresses. **Equalities Impact Assessment (EqIA):** The EqIA is used to assess the impact of the proposed policies on different groups in the community.
Timescale of consultation:	This consultation will begin on Tuesday 30th July and end at **5pm** on Tuesday 24th September 2019.
How to respond	The consultation will be carried out in accordance with the Council's Statement of Community Involvement (SCI) and national guidance. The consultation documents will be made available on the Bradford Council website. Paper copies of the documents will be provided at the following locations and will be available to view during normal opening hours: • Britannia House • Bradford City Library • Bradford Local Studies Library • Keighley Town Hall • Keighley Library • Shipley Library • Bingley Library • Ilkley Library If you wish to make a representation to the consultation please visit: www.bradford.gov.uk/planning-and-building-control/planning-policy/core-strategy-dpd/ to complete the online survey or download documents, including the comments form.

	Email: planning.policy@bradford.gov.uk (Please title your email 'Core Strategy Partial Review') **Post:** Core Strategy Partial Review, Department of Place, Local Plans Team, 4th Floor, Britannia House, Bradford, BD1 1HX
Enquiries	If you have any enquiries regarding this consultation please contact the Local Plans Team. **Email:** planning.policy@bradford.gov.uk **Phone:** 01274 433679
Confidentiality and data protection	**Data Protection Act 2018** Personal information provided as part of a representation cannot be treated as confidential as the Council is obliged to make representations available for public inspection. However, in compliance with the General Data Protection Regulation (GDPR) and the Data Protection Act 2018 the personal information you provide will only be used by the Council for the purpose of preparing the Local Plan. **Local Plans Privacy Statement** Sets out how the City of Bradford Metropolitan District Council (CBMDC) Local Plans team processes your personal data. This notice should also be read in conjunction with the Council's Corporate Privacy Notice and other specific service notices, which are available to view at: https://www.bradford.gov.uk/privacy-notice/

1. Introduction

1.1 The link between how an area is planned and developed, and the health and wellbeing of its population has long been established. The planning system, either through developing Local Plans or taking decisions on planning applications, can help create communities that are healthy, happy and sustainable, by ensuring places are well designed, offer opportunities for leisure and recreation and access to employment and services. This means that health and wellbeing, and health infrastructure need to be fully considered in local plans and in decision making.

1.2 This document has been prepared to accompany the Preferred Options stage for the partial review of the Bradford Local Plan - Core Strategy DPD, which was adopted in July 2017 and was supported by a Health Impact Assessment (HIA). The partial review results from changes to national planning policy and also changes in local circumstances. It is considered that a partial review of the Core Strategy is necessary to ensure that the strategic policies remain up-to-date and effective. The HIA will also serve to support the early stages of work on the Allocations DPD, and will be updated as the plan-making process progresses. It will sit alongside other key documents including the Sustainability Appraisal (incorporating the requirement for Strategic Environmental Assessment), Habitat Regulations Assessment and the Equalities Impact Assessment, as well as a refreshed/updated evidence base.

1.3 The purpose of this HIA is to ensure that the policies support the development of healthy communities and contribute towards reducing health inequalities.

2. What is a Health Impact Assessment?

2.1 A health impact assessment (HIA) is a useful tool that helps to ensure that health and wellbeing is being properly considered in planning policies and proposals. HIAs can be done at any stage in the development process, but are best done at the earliest stage possible. HIAs can be done as stand-alone assessments or as part of a wider Sustainability Appraisal (including Strategic Environmental Assessment). It is intended that the HIA will be a live document, which runs alongside the Core Strategy and allocations work and is updated as the plans progress.

2.2 HIA's have been already been undertaken as part of preparing each of the documents that make up the Bradford Core Strategy DPD; Bradford City Centre AAP; Shipley & Canal Road AAP; and Waste Management DPD. This document accompanies the Preferred Option for the Bradford Local Plan: Core Strategy DPD: Partial Review, and is aimed at highlighting the potential impacts on health and well-being arising from any revision to the Core Strategy policies

3. Policy Context

3.1 The link between planning, place and health has been long established and the built and natural environment are major determinants of health and wellbeing. The importance of this role is highlighted in the promoting health and safe communities

section of the National Planning Policy Framework (NPPF)[1]. This is further supported by the three dimensions to sustainable development[2] and the National Planning Practice Guidance (NPPG)[3]. Further links to planning and health are found throughout the whole of the NPPF. Key areas include plan making (NPPF paragraphs 16, 20 & 34) and the policies on transport (NPPF chapter 9), achieving well-designed places (NPPF chapter 12), natural environment (NPPF chapter 15) and minerals (NPPF chapter 17).

3.2 The research and evidence base linking the impact of where people live to their health and wellbeing is ever increasing. This includes locally generated research from the Born in Bradford cohort study. The most recent research has been summarised in an extensive review of the literature conducted by the local authority's Public Health Team. A key output of the review has been the identification of ten key approaches to planning healthy and happy places:

- healthy, sustainable and connected;
- prioritise pedestrians and active forms of travel;
- active design principles shape our built environment;
- healthy streets;
- increase and improve urban green space;
- neighbourhoods are inclusive, welcoming and safe;
- children everywhere can play safely close to home;
- ambitious quality standards for housing;
- people can access healthy food where they live; and
- business development supports health and wellbeing.

3.3 At the local level, the Bradford Development Plan currently consists of the Replacement Unitary Development Plan (saved policies), Burley-in-Wharfedale Neighbourhood Plan and the DPD documents listed in paragraph 2.2 (above) and sets the overall local planning policy framework for the District. The vision and objectives of the Core Strategy DPD seek to ensure that people are supported to live healthy lifestyles and have improved access to services, including health and care. Green infrastructure, in particular, is highlighted as being beneficial for health and wellbeing, and is strongly supported.

3.4 The Local Infrastructure Plan (LIP) is a key part of the evidence base gathered to inform the policy approach of the Local Plan. 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

[1] National Planning Policy Framework (2019) – Chapter 8: Paragraphs 91 & 92
[2] National Planning Policy Framework (2019) – Chapter 2: Paragraph 7 to 9
[3] National Planning Practice Guidance – Health & Wellbeing (March 2014 onwards – updated July 2017)

commitments, and any key issues that need to be addressed via planning policy. This includes health. The LIP will be updated as the work on the Core Strategy DPD – Partial Review and the Allocations DPD progresses.

3.5 Nationally, policy on health and well-being is primarily driven by the Department of Health and Social Care (DoHSC). The Health & Social Care Act 2012 (HSCA 2012) established new arrangements, that took effect in April 2013, for health and social care which seeks to ensure:

- better integration between public health and other local authority policies and strategies;
- closer integration of health and social care;
- better integration and a more holistic approach to health and wellbeing at local level through the new local authority led Health and Wellbeing Boards; and
- a more outcome focussed approach to policy and service delivery.

3.6 In addition to The HSCA 2012, the Care Act 2014 sets out a number of new rights for adults who choose to access support from services, carers and families from adult social care, and new duties for City of Bradford Metropolitan District Council. These rights are underpinned by a general duty on the Council to promote the wellbeing of all our citizens (section 1 of the Care Act).

3.7 Key elements of the new policy framework for health and wellbeing at national level include:

- the Public Health Outcomes Framework
- the NHS Outcomes Framework
- other Government/DoHSC policies/Public Health England strategies and guidance e.g. Childhood Obesity: a plan for action (August 2016), and
- NHS England's Five Year Forward View and Operating Framework documents

3.8 Since 2010, the Department of Health and Social Care 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.

3.9 Each of the outcomes frameworks have a number of main areas, or 'domains', where the government would like to see improvement. 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.

3.10 The health and wellbeing of people and communities is influenced by a range of factors, within and outside their control. One model, which captures the interrelationships between these factors, is the Dahlgren and Whitehead (1991) 'Policy Rainbow' (See Figure 1). It describes the layers of influence of the wider determinants of health on an individual's potential for health. 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.

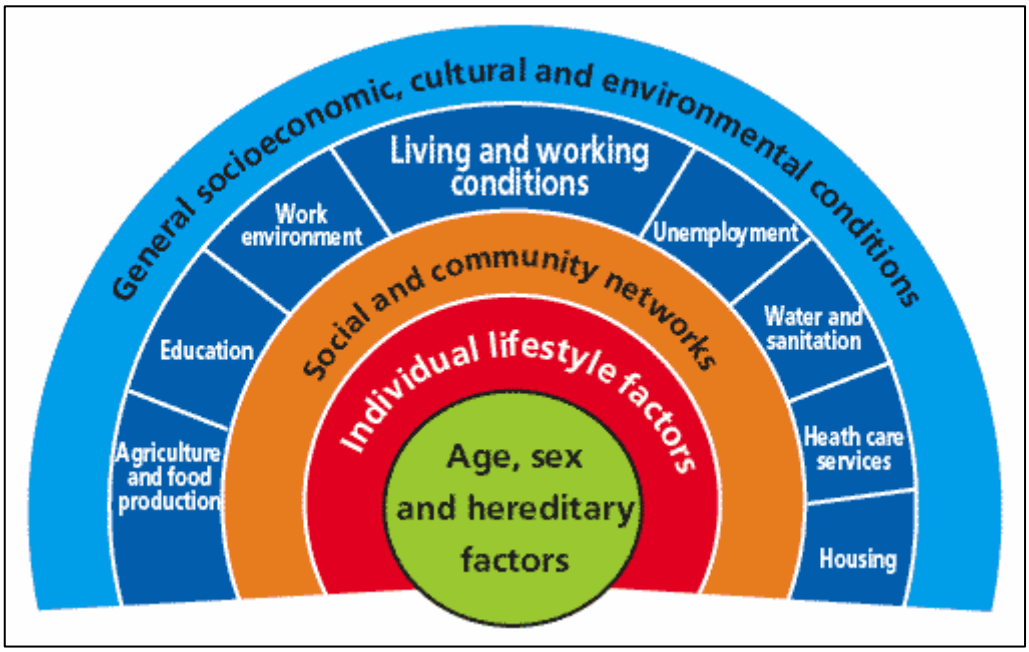


Figure 1: Policy Rainbow, Dahlgren G. & Whitehead M. (1991)

3.11 In the context of this health impact assessment the Dahlgren and Whitehead model is important because it gives a framework for looking at the impact of the Core Strategy DPD: Partial Review and Site Allocations DPD 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.

3.12 The Bradford District Plan (2016 to 2020), produced by the Bradford District Partnership, sets out a broad vision for the District over its four year period. Its objectives have a clear link to planning and health. Its vision is:

"*We want to make Bradford District a great place for everyone - a place where all our children have a great start in life, where businesses are supported to create good jobs and workers have the skills to succeed, a place where people live longer and have healthier lives and all our neighbourhoods are good places to live with decent homes for everyone*".

3.12 Locally, the council and its local NHS partners are legally required to produce a Joint Strategic Needs Assessment (JSNA) . The JSNA provides information on the current and future health and wellbeing needs of people in Bradford District. It comprises overarching information on the health and wellbeing needs of people in Bradford District, as well as a number of more detailed needs assessments on specific issues and population groups. Its purpose is to provide an assessment of needs to inform priorities for planning and commissioning, with the aim of improving health and wellbeing, and reducing inequalities.

3.13 The JSNA informs all of our strategies and commissioning plans; this includes the *Joint Health and Wellbeing Strategy*, the *District Plan*, and our place based plan, *Happy, Healthy and at Home*.

3.14 In addition, 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 area. The strategy should support the translation of the findings of the JSNA into the strategic planning and commissioning of integrated local services. The latest version covers the period 2018 to 2023. The JSNA and JHWS documents are important pieces of evidence for the Local Plan.

3.15 The JHWS seeks to deliver a shared vision and outcomes for the district. These four outcomes are:

- our children have a great start in life
- people in Bradford District have good mental wellbeing
- people in all parts of the District are living well and ageing well, and
- Bradford District is a healthy place to live, learn and work.

3.13 The JHWS has a particularly strong focus on developing healthy and happy places; this is in recognition of the fact that the communities –where people are born, live, work and socialise in have a significant influence on their health and wellbeing. The wider determinants or social determinants of health determine the extent to which people have the physical, social and personal resources to identify and achieve goals, meet their needs and deal with changes to their circumstances. By creating healthy places to live, learn and work, fewer people will develop long term conditions and poor mental wellbeing. As a result people will live longer lives with more years of good health.

3.14 Happy, Healthy and at Home is the place based plan for the future of health and care in Bradford District. The plan sets out a vision to create a sustainable health and care economy that supports people to be healthy, well and independent; 'happy, healthy and at home.' It emphasises the importance of communities and the association between people in creating health and wellbeing within neighbourhoods. This is especially important in developing a 'community assets' approach where populations are empowered to self-care, maintain their own and others' wellbeing and reduce demands on traditional health and social care.

3.15 The Plan also recognises that the health of people is mainly determined by socio-economic, environmental and genetic factors on which the NHS alone has limited impact, and it describes how health and wealth are connected. In order to address health inequalities we must bring our economic and health strategies closer together. Behaviours and culture change are of equal importance as systems and processes of care.

3.16 Successful implementation of this Plan will mean that every neighbourhood in Bradford District will be a healthy place. Children will have the best start in life, so they can live and age well. Neighbourhoods and communities are the basic building block on which our system is built. Wherever possible, services will be provided at a local neighbourhood level. Only when the safety, quality and cost-effectiveness of care are improved by providing it at a greater scale will services be delivered elsewhere. These are the founding principles for our local place-based and regional health and care partnership plans. There are 13 community partnerships across the health and care system (12 of which are within the geographical footprint of CBMDC).

3.17 Home First sets out the local authority's vision for wellbeing. It states that where possible, people in Bradford District who are in receipt of health and social care services should be supported to stay in their own home, so that they can continue to enjoy relationships with their family, friends and be active members of their local community while being able to participate in activities in the wider District. Achieving this vision means that the nature and quality of the places and the housing that are developed and delivered through the Core Strategy over the coming years are of vital importance.

3.18 The Bradford District Health & Wellbeing Board - Pharmaceutical Needs Assessment (2018 to 2021) provides a statement of needs for pharmacy services in the area. It provides information for commissioners to help ensure that pharmacies across the district are located in the right places, and that pharmacies are commissioned to provide services according to the needs of the local population. The PNA aims to identify any gaps in the current provision and assess whether there will be any gaps in the near future by looking at prospective commissioning intentions, housing developments within the Bradford District and the population demographics.

4. Health Impact Assessment Process

4.1 Health Impact Assessments can be defined as "a practical approach used to judge the potential health effects of a policy, programme or project on a population, particularly on vulnerable or disadvantaged groups" with the view that any recommendations made should aim to maximise the proposal's health benefits while minimising any negative health effects.

4.2 A HIA is an important tool used to assess how developments contribute to the health and wellbeing of the local population. Local authorities and developers need to consider how developments will impact on health and wellbeing and health

inequalities. This HIA will help to identify the potential positive and negative health impacts of the proposed Local Plan.

4.3 There is no fixed way to conduct an HIA. However, there are generally five sequential steps that should be accounted for:

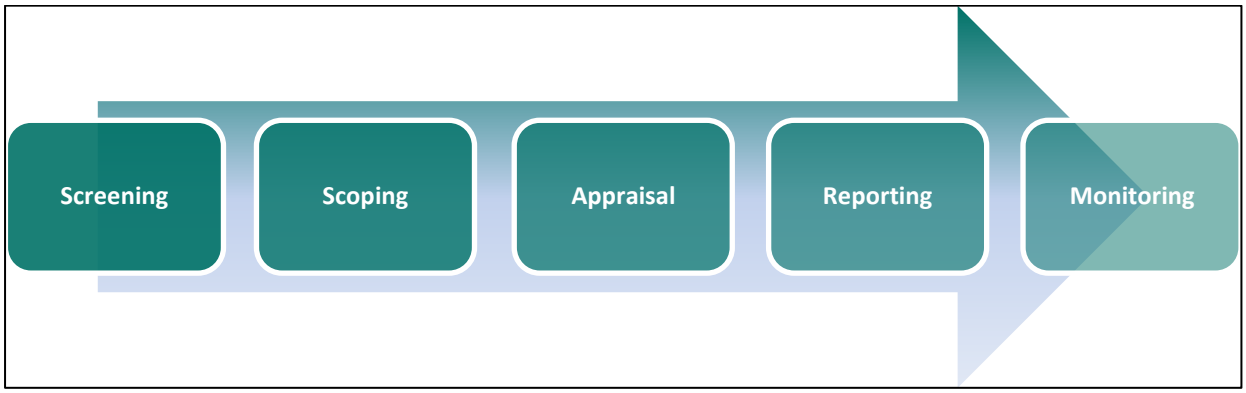


Figure 2: The HIA Process

Step 1: Screening – Determining whether a project should be subject to HIA

4.4 The Council considers that the Local Plan is a key strategy that can influence health and wellbeing. Therefore it is deemed essential that an HIA is carried out to maximise the benefit to health that planning can offer.

Step 2: Scoping – Deciding how to undertake the HIA and identifying potential health impacts

4.5 The council includes a public health function amongst its responsibilities, and also liaises with health and medical service partners and providers. At this stage of plan making it was not considered necessary to fully appraise each issue being addressed and a more generalised approach was taken. However, as work progresses, it was anticipated that the HIA will become more comprehensive as detailed policies and site allocations emerge.

Step 3: Appraisal – Identifying/assessing potential health impacts and mitigation

4.6 This stage of the HIA gathers information about the potential nature of the health impacts. It also provides an opportunity to suggest possible ways to maximise the health benefits and minimise the risks. The strategic nature of the Core Strategy DPD – Partial Review and the number of people that may potentially be affected means that the council must consult on the document widely, and ensure that all views are taken into account.

Step 4: Reporting – Setting out the health impact assessment of emerging policies and allocations.

4.7 This report seeks to be suitable to a wide audience and will be based on the potential health impacts of each policy. Recommendations are made in the conclusion of the document.

Step 5: Monitoring – Assessing health impact assessment in policy formation and development.

4.8 The aim of this HIA is to inform decision making and policy formation as the Local Plan progresses. An evaluation will be carried out to assess potential health impacts and effects on the emerging Local Plan and passing recommendations for the Local Plan to consider moving forward. As the Local Plan progresses indicators for policies will be developed, and in due course be monitored in the Authority Monitoring Report (AMR). Further information will be available as the partial review progresses.

5. Health & Well-Being Profile of Bradford

5.1 As part of carrying out an HIA, an understanding of the key health and wellbeing-related issues facing Bradford District is needed. The council has produced some useful information about the District on the Understanding Bradford and Bradford in Focus sections of its website, whilst Public Health England has prepared a Local Authority Health Profile for the district (dated July 2018) (see Appendix 1). In addition the Joint Strategic Needs Assessment (JSNA) provides information on the current and future health and wellbeing needs of people in Bradford District.

Population & Demographic Changes

5.2 Bradford District is home to 534,800 people and is the fifth largest local authority in England by population after Birmingham, Leeds, Sheffield and Manchester[4]. Since 2012, the population has grown by 2% (10,400), which is below the national average. Projections show that the population will grow to 543,000 by mid-2026 and to 552,300 by 2041[5]. There are 207,491 households in the area.

5.3 Bradford has one of the youngest populations in the country. More than one-quarter of the District's population is aged less than 20, and nearly seven in ten people are aged less than 50. Bradford has the third highest percentage of the under 16 population in England after Barking & Dagenham, and Slough[6].

5.4 Looking to the future, changes to the population are likely to impact on the broader health and wellbeing of local people, and demand for health and care services, as well as how they may be accessed. Older age groups are projected to have the largest percentage increases in terms of numbers. By 2026 the 65+ age group is projected to increase by 20% and the 85+ age group is projected to increase by

[4] Bradford District Population Update – Intelligence, CBMDC (July 2018) based on Mid–Year Population Estimates 2017 (ONS, June 2018)

[5] 2018 Population Projections – Intelligence Bulletin, CBMDC (June 2018) based on Sub-National Population Projections 2016-based (ONS, May 2018)

[6] Bradford District Population Update – Intelligence Bulletin, CBMDC (July 2018) based on Mid-Year Population Estimates 2017 (ONS, June 2018)

17%. By 2041 the 65+ age group is projected to increase by 51.4% and the 85+ age group is projected to increase by 92.8%[7].

5.5 Bradford's under-18 population is 26.5% of the total population in 2016 and projected to decrease by 0.8% by 2026 and by 2.3% by 2041. Although Bradford had the third largest under-18 population in 2016, it is projected to have the fourth largest by 2026 and the fifth largest by 2041. The working age population shows an increase of 4.5% by 2026 and 1.9% by 2041. This takes account of the future increases in the state pension age. By 2020, this will be 66 with a further increase to 67 between 2026 and 2028[8].

5.6 The 30-49 age group is projected to show a marked decrease by 2041 – with the largest decreases seen in the 35-44 age groups for both males and females[9].

Life Expectancy

5.7 Life expectancy at birth in Bradford is 77.5 years (men) and 81.5 years (women), in comparison with England averages of 79.5 and 83.1 respectively. However, life expectancy rates for Bradford have improved since 1991-3. Male life expectancy at birth increased by 5.3 years and female life expectancy at birth increased by 3.5 years. The gap between male and female life expectancy has also narrowed from 5.8 years in 1991-3 to 4 years in 2014-16. There are a number of reasons why life expectancies have improved. Male life expectancies, in particular, have improved due to the move away from manual work. Both sexes have seen an improvement in treatment for certain cancers, respiratory diseases and heart disease. Within the district, there is some variation with males in the 10% least deprived areas living a further 9.4 years less than those in the 10% most deprived. For females, the difference is 7.4 years[10].

Deprivation and Health

5.8 The Index of Multiple Deprivation (IMD) 2015 places Bradford as the 19th most deprived District nationally, and the 2nd most deprived within the Yorkshire & Humber region. However, District level data masks local patterns of deprivation. 12 wards in the District fall within the 10% most deprived nationally and 2 within the 10% least deprived. The main areas of deprivation can be found in and around central Bradford and in several outlying housing estates in Bradford, as well as in Keighley. The least deprived areas are found mainly to the north of the district in Ilkley, Burley in Wharfedale and Menston, but also Bingley and rural villages to the west of the district[11].

5.9 The main causes of death in Bradford District are the same as other parts of the country – cardiovascular disease, respiratory disease and cancer. However, more

[7] 2018 Population Projections – Intelligence Bulletin, CBMDC (June 2018)
[8] 2018 Population Projections – Intelligence Bulletin, CBMDC (June 2018)
[9] 2018 Population Projections – Intelligence Bulletin, CBMDC (June 2018)
[10] Life Expectancy at Birth & Age 65 – Intelligence Bulletin, CBMDC (January 2018)
[11] English Indices of Deprivation 2015 – Bradford District in Focus, CBMDC (October 2015)

people die before the age of 75 in the District than in other parts of the country. In some parts of the District as many as 1 in 2 people die before the age of 75[12].

5.10 Evidences suggest that people in Bradford spend many years of their lives not in good health. For women almost 21 years on average are estimated to be spent not in good health; for men this number is just under 15. Inequalities are evident throughout the life course: 28% of children and young people live in households that are below the poverty line. Children in the poorer parts of the District have worse health and wellbeing on average: poorer dental health by age five, and more likely to be overweight by age 11. Children in more deprived areas are more likely to be injured, to have long-term conditions such as asthma, and to be admitted to hospital.

5.11 People's health behaviours are widely known to affect their health and risk of dying early. More disadvantaged groups are more likely to have a cluster of unhealthy behaviours – smoking, drinking, poor diets, and low levels of physical activity. Whilst in Bradford overall, 1 in 5 adults smoke, in routine and manual workers this rises to 1 in 3[13].

Mental Health

5.12 Mental health issues will affect about 155,000 people in our district at some time during a person's life, with approximately 6,200 people being in need of and in contact with specialist mental health services at any given time. In Bradford District, there are large numbers of people living in environments that pose a risk of mental illness: economic inactivity is much higher in Bradford than nationally[14]. At March 2018, 28.7% of the working age population were economically inactive compared to 22.7% in the UK as a whole. The links between physical and mental health have been recognised for many years; nearly half of people with a diagnosed mental illness have one or more long-term conditions. When people with a mental illness have long-term conditions the outcomes of healthcare can be worse, quality of life suffers and life expectancy can be lower as a result of poorly managed health[15].

5.13 The strategy recognises the many determinants of mental health and wellbeing, including the environment and green space; a key strategic outcome of the strategy is that people will enjoy environments at work, home and other settings that promote good mental health and improved wellbeing.

Obesity and Physical Activity

5.14 Obesity amongst adults and children continues to be a challenge. 38.2% of the District's 10 to 11 year olds are overweight compared to 34.6% regionally and 34.6

[12] Local Authority Health Profile 2018 - Bradford (Public Health England, July 2018)
[13] Local Authority Health Profile 2018 - Bradford (Public Health England, July 2018)
[14] Mental Wellbeing in Bradford District & Craven – A Strategy 2016 – 2021 (CBMDC/NHS, 2016)
[15] See above

nationally[16]. This is a number that has continued to increase year on year over the last decade. Just under two thirds of adults are overweight or obese[17] (ref: PHE)

5.15 There are a number of local strategies, research, and commissioning activities and services aimed at reducing the prevalence of obesity. These include Every Baby Matters, Better Start Bradford, Active Bradford Strategy, and the Bradford Breastfeeding Strategy. However, the Healthy Bradford Plan[18] is the District's overarching plan for reducing obesity. This Plan was developed in 2017 to establish a clear strategic approach to obesity in Bradford District. The Plan recognises that the causes of obesity are complex; accordingly, complex causes require a complex response. The traditional approach of targeting people through face to face services simply won't reach enough people. Furthermore, without tackling the root causes of obesity, we know that it is difficult for people to maintain healthy lifestyles when the environments in which they live, learn and work, don't always support this.

5.16 Being physically active is paramount to improving the physical and mental health of our population; it also brings with it social, economic and environmental benefits. Born in Bradford data has shown that 77% of 5-11 years old in their cohort study don't do the recommended 60 minutes of moderate-to-vigorous activity each day. According to the Active Lives Survey, just under two thirds - 63.7% - of adults in Bradford District are meeting the Chief Medical Officer's guidelines and achieving 150 minutes of activity per week. This is slightly below the national average (66%), but is similar to other local authorities in Yorkshire and Humber. Activity levels decrease in older groups. An estimated 69% of 16-24 years old and 72% of 25-34 years old meet the guidelines, but for people aged 55 and over this falls to below 60%.[19]

5.17 The health benefits of a physically active lifestyle are well documented; there is a large amount of evidence to suggest that regular activity is related to good health and wellbeing, and helps prevent many long term conditions. Physical activity contributes to a wide range of health benefits, and regular physical activity can improve health and wellbeing outcomes irrespective of whether individuals want to lose weight

Health Care Provision

5.18 Bradford District is covered by three clinical commission groups (CCGs) that are responsible for commissioning services including hospital care, general practice, and community and mental health services. The CCGs work closely with the local authority to ensure that services for our population are integrated and joined up. The three CCGs include Bradford City CCG, Bradford Districts CCG, and Airedale, Wharfedale & Craven CCG.

[16] Poverty & Deprivation – Intelligence Bulletin, CBMDC (October 2018)
[17] Local Authority Public Health Profile 2018 – Bradford (Public Health England, July 2018)
[18] Bradford District Plan (2016 to 2020) – Annual Progress Report (2017 to 2018), BDP (March 2018)
[19] Joint Strategy Needs Assessment/Public Health England Data

5.19 There are 80 GP practices (some have more than one site and some premises house more than one practice)[20], 68 dental practices[21] and 150 pharmacies[22]. Hospital services are provided by Bradford Teaching Hospitals NHS Foundation Trust and Airedale NHS Foundation Trust across a number of sites. There are two Emergency Departments in the District. Bradford District Community Foundation Trust provide community services such as district nursing and mental health services. The Voluntary and Community Sector are also commissioned to provide a range of services, including social prescribing (Community Connectors) and mental health support.

5.20 Bradford District is part of the West Yorkshire and Harrogate Health and Care Partnership, a partnership or organisations, working closely together to plan services and address the challenges facing health and care systems.

5.21 Under the Health and Social Care Act 2012, Public Health is responsible for commissioning smoking cessation services, health checks, 0-19 services (health visiting and school nursing), drug and alcohol treatment services, and sexual health services. These are currently delivered by a range of providers.

6. Core Strategy DPD: Partial Review & Health Impact Assessment Approach

6.1 As highlighted in paragraph 1.2 (above), a number of factors have influenced the need to review elements of the Core Strategy DPD. Based on this main policy areas being considered within the review are:

- The duration of the plan
- housing requirement, distribution and phasing (Policies HO1, HO3 & HO4)
- previously development land, housing mix & housing quality (Policies HO6, HO8 & HO9)
- affordable housing (Policy HO11)
- specialist accommodation (Policy HO12)
- employment growth (Policy EC1)
- employment land requirements & distribution (Policies EC2 & EC3)
- network and hierarchy of retail centres (Policy EC5)
- Green Belt (Policy SC7), and
- Viability (Policy ID2).

6.2 Other policies in the Core Strategy will need to be amended as a consequence of the review of the strategic policies set out above, in particular the various sub-area policies that set out the scale and distribution of new housing and employment

[20] Clinical Commissioning Group Websites - Bradford City CCG; Bradford Districts CCG; NHS Airedale, Wharfedale & Craven CCG

[21] See above

[22] Bradford District Health & Wellbeing Board - Pharmaceutical Needs Assessment (2018 to 2021)

development in those areas. In addition, a number of other policy areas are being reviewed due to changes in national policy, emerging evidence and local priorities:

- Biodiversity;
- Green Infrastructure;
- Self-Build/Custom Build and
- Healthy Places

6.3 A HIA Scoping Report was produced and published for public and stakeholder consultation alongside the Core Strategy Partial Review – Scoping Report in January 2019. This set out the background on the links between health and wellbeing and planning and a proposed approach for undertaking the HIA. This also included a screening of those policy elements included within the scope of the partial review against four key questions to determine whether or not they will have an impact on health.

1. Does the policy area have a direct impact on health, mental health and wellbeing?
2. Will the policy area have an impact on the social, economic and environmental living conditions that would indirectly affect health?
3. Will the policy area affect an individual's ability to improve their own health and wellbeing?
4. Will the policy potentially lead to a change in demand for or access to health and social care services?

6.4 If the answer to any of the screening questions was yes, it was proposed that the emerging updated policies be evaluated against a range of local health priorities/outcomes as set out in the Joint Health and Wellbeing Strategy for Bradford & Airedale (2018 to 2038) and the Public Health Outcomes Framework.

Connecting People & Place for Better Health & Wellbeing – A Joint Health and Wellbeing Strategy for Bradford and Airedale (2018 to 2023) – Outcomes
• **Outcome 1: Our children have a great start in life** • **Outcome 2: People in Bradford District have good mental wellbeing** • **Outcome 3: People in all parts of the District are living well and ageing well** • **Outcome 4: Bradford District is a healthy place to live, learn and work**

Public Health Outcomes Framework Objectives & Indicators
Vision: To improve and protect the nation's health and wellbeing and improve the health of the poorest fastest **Outcomes:**

Outcome 1: Increased healthy life expectancy, i.e. 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)

- **Improving the wider determinants of health**
  Objective – Improvements against wider factors which affect health and wellbeing and health inequalities

- **Health improvement**
  Objective: People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

- **Health protection**
  Objective: The population's health is protected from major incidents and other threats, whilst reducing health inequalities

- **Healthcare public health and preventing premature mortality**
  Objective: Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities

6.5 Generally this initial screening considered that the policies listed should be subject to further assessment via the HIA process.

6.6 The HIA also aims to identify possible mitigation measures and make recommendations which will inform the subsequent stages of the Core Strategy Partial Review including the Preferred Option report and later the Submission Draft.

7. Assessment & Recommendations

7.1 The findings of the HIA are summarised below and set out in more detail in Table 1.

7.2 Broadly, the HIA considered that most the of the policies will have neutral or positive impacts on the District's health and well-being priorities, and key Public Health Outcomes Framework indicators. It some cases, potential negative effects have been identified.

7.3 Where appropriate recommendations in relation to health and wellbeing have been put forward for consideration when drafting policies for the Core Strategy Partial Review: Submission Draft. In some case it may be more appropriate to address them through other areas of work within the council, whilst other may already be addressed through other policies in the plan.

Spatial Vision, Objectives & Strategic Core Policies

7.4 It is considered that the spatial vision should have a positive impact on health and well-being priorities and indicators, whilst no particular effects where identified in respect of the strategic objective. However, it was noted that the plan should ensure that it reflects the principles of inclusivity and sustainability as well as healthy places.

7.5 The Strategic Core Policies under assessment are considered to have a mixture of impacts on the District's key and health and well-being priorities and relevant indicators in the Public Health Outcomes Framework. Overall, they are likely to be beneficial to health and wellbeing as they seek to support sustainable development (Policies SC1 to SC3, SC5 to SC7 and SC10) address climate and its impact (policies SC1& SC2), and maintain and enhance the quality of life for the community (all policies). It is noted that considered would need to be given to the health impacts of increasing urban development, especially in relation to accessibility to green and open spaces and the built environment (policy SC5).

7.6 It was recommended that additional wording should be considered in relation to addressing climate change, active travel, impacts of highway development on travel patterns and emissions, safeguarding open space, expanding the green infrastructure network, and the value of accessible Green Belt areas.

Sub-Area Policies

7.7 These have not been subject to a Health Impact Assessment.

Planning for Prosperity: Economy

7.8 The economy policies under assessment are considered to have broadly neutral or positive impacts on the District's key and health and well-being priorities and relevant indicators in the Public Health Outcomes Framework.

7.9 It is noted there is strong established link between economic growth, including education and the provision of decent jobs and the health and wellbeing of local people, which is addressed in Policies EC1, EC2 and EC3, and as such will have a positive impact. However, it was highlighted that the policy approach in policies EC2 and EC3 will need be ensured that a balanced approach to supporting the growth of various economic sectors is taken in order to make the opportunities provided are available to all sections of the community as part of reduce health inequalities

7.10 Policy EC5 was viewed as having a neutral – positive impact as it seeks to main centres with sufficient local amenities to meet day to day needs. It also recognises the important of community assets e.g. health and education as key component of healthy places.

7.11 However, it was considered that the policies include greater linkages to the council's emerging Homes & Neighbourhoods Design Guide Supplementary Planning Document, as well as the newly introduced Policy SC10, and inclusion of references to inclusive growth and cross references to policies on climate change.

It was recognised that major projects such as Northern Powerhouse Rail may require a separate Health Impact Assessment at a later date.

Planning for People: Housing

7.12 The housing policies under assessment are considered to have mixed impacts on the District's key and health and well-being priorities and relevant indicators in the Public Health Outcomes Framework.

Planning for Place: Environment

7.13 The environment policies under assessment are considered to have broadly neutral or positive impacts on the District's key and health and well-being priorities and relevant indicators in the Public Health Outcomes Framework. They seek to play a part in addressing climate change (policies EN2a, EN2b. EN5, EN6 and EN7), protect habitats and environments that beneficial to the health and welling being of the District's population (policies EN2a, EN2b and EN5) and managing risks to local people (policies EN7 and EN8).

7.14 However, it is considered that the policies include greater linkages to the council's emerging Homes & Neighbourhoods Design Guide Supplementary Planning Document, and that additional clarity be provided on how certain aspects will be implemented (policies EN7 & EN8)

Planning for Place: Transport & Movement

7.15 The policies under review are considered to have broadly neutral or positive impacts on the District's key and health and well-being priorities and relevant indicators in the Public Health Outcomes Framework. They seek to create an environment were active and sustainable transport modes are the easiest preferred option together with improvements the economy and environment and increasing accessibility and travel choice (policies TR1, TR2, TR3 and TR5). In addition TR6 seeks to support efficient freight and distribution links whilst reconciling the need to make the District a pleasant place to live and work.

Planning for Place: Implementation & Delivery Policies

7.16 These policies have not been subject to a Health Impact Assessment.

8. Next Steps

8.1 The Core Strategy DPD: Partial Review has the potential to influence the health of Bradford's communities and population in a positive way.

8.2 The Core Strategy DPD: Partial Review – Preferred Options, is the second stage in updating the Bradford Local Plan to ensure that it is consistent with recent changes to national policy. As the partial review develops and updated policy is brought forward, there will be a need to continually assess the health impacts that might arise (both positive and negative).

8.3 The amended Core Strategy DPD will set the context for the preparation of the Allocations DPD, including where sites for housing, employment, retail, leisure, infrastructure and other uses are located. The formation of updated local planning policy will be widely consulted upon during the course of the partial review, including dialogue with health and medical partners.

8.4 This HIA will be published alongside the Core Strategy DPD: Partial Review – Preferred Options document as part of the community and stakeholder engagement process and the Council will be inviting comments from a wide range of stakeholders. Any additional issues identified through the consultation feedback will be considered as the partial review progresses.

8.5 The findings of the HIA, together with any consultation responses and emerging evidence will be considered by policy authors as part of the preparation of the Submission Draft version of the Core Strategy DPD: Partial Review.

9. References

Bradford Council – Intelligence Bulletins

- 2018 Population Projections – Intelligence Bulletin, CBMDC (June 2018)
- Bradford District Population Update – Intelligence Bulletin, CBMDC (July 2018)
- English Indices of Deprivation 2015 – Bradford District in Focus, CBMDC (October 2015)
- Life Expectancy at Birth & Age 65 – Intelligence Bulletin, CBMDC (January 2018)
- Poverty & Deprivation – Intelligence Bulletin, CBMDC (October 2018)

Bradford District Partnership Documents

- Bradford District Plan (2016 to 2020), BDP (2016)
- Bradford District Plan (2016 to 2020) – Annual Progress Report (2017 to 2018), BDP (March 2018)

Bradford Health & Wellbeing Documents/Information

- Bradford District Health & Wellbeing Board - Pharmaceutical Needs Assessment (2018 to 2021)
- Bradford District Joint Strategic Needs Assessment (2019)
- Connecting People and Place for Better Health and Wellbeing - Bradford & Airedale Joint Health & Wellbeing Strategy (2018 to 2023), JHWB (2018)
- Healthy Happy & At Home – A plan for the future of health and care in Bradford District and Craven (November 2017)
- Home First – Our Vision for Wellbeing, CBMDC
- Mental Health & Wellbeing in Bradford District & Craven: A Strategy 2016 – 2021 (CBMDC/NHS, 2016)

Bradford Local Plan Documents

- Core Strategy DPD (July 2017);
- Bradford City Centre Area Action Plan (December 2017);
- Shipley & Canal Road AAP (December 2017);
- Waste Management DPD (October 2017)

National Planning Policy

- National Planning Policy Framework (2018) – Chapter 2: Paragraph 7 to 9 & Chapter 8: Paragraphs 91 & 92
- National Planning Practice Guidance – Health & Wellbeing (March 2014 onwards – updated July 2017)

Public Health England Documents

- Local Authority Health Profile – Bradford Unitary Authority (July 2018)

Websites

- Bradford Teaching Hospitals NHS Foundation Trust Website

- Bradford Council – Understanding Bradford & Bradford in Focus
- Bradford City Clinical Commissioning Group
- Bradford Districts Clinical Commissioning Group
- NHS Airedale, Wharfedale & Craven Clinical Commissioning Group
- West Yorkshire and Harrogate STP

10. Table 1: Framework for Evaluating Health Impacts of Core Strategy DPD: Partial Review

TABLE 1: HEALTH IMPACT ASSESSMENT FOR CORE STRATEGY DPD – PARTIAL REVIEW – POLICIES					
Core Strategy Policy	**Assessment of impact of policy on Bradford's key health and wellbeing priorities**	**Assessment of impact of policy against relevant indicators from the Public Health Outcomes Framework (PHOF)**	**Other Potential Impacts**	**Key Evidence**	**Recommendations for policies**
Spatial Vision	The spatial vision should have a positive impact overall on key health and wellbeing priorities if the principles of inclusivity and sustainability and the new healthy place policy are reflected throughout	The vision should impact positively on the relevant PHOF indicators with the recommended amendments in place.		PHE (2017) Spatial Planning for Health	Consider amending the vision to "a *healthy* place that encourages *inclusive, sustainable development* and sustainable lifestyle choices and responds positively to the challenge of climate change"
Strategic Objectives	**Strategic Objective 1** - the term 'fully exploit' does not sit well with a sustainable approach to development and prioritising the creation of healthy places and maximising the health and wellbeing of local populations when making decisions about development. **Spatial Objective 4** - this addition will support key health and wellbeing				

	priorities. **Strategic Objective 1**0 - should prioritise active travel alongside public transport in order to support key health and wellbeing priorities. **Strategic Objective 15** - should seek to provide *equitable* access to the countryside etc.				
Strategic Core Policies					
SC1 Overall Approach and Key Spatial Priorities	In general SC1 should support local health and wellbeing priorities, particularly through amendments to 2 and 8 and the addition of 12.	Relevant PHOF indicators should be positively impacted, particularly if the links to climate change action and sustainability are strengthened			Consider the need to address climate change as a matter of urgency in relation to Leeds-Bradford airport. Amending wording in criteria 9 to "reduce" rather than "avoid increasing" flood risk, and in criteria 10 refer to a shift to "*low carbon and* sustainable forms of movement"
SC2: Climate Change & Resource Use	The systemic, nature of climate change, its unpredictability and the rapidly changing assessments of its likely impact on the biosphere, on local biodiversity and on human health and wellbeing in Bradford District mean that it is prudent to allow that all health and wellbeing priorities may be impacted through the policy. The suggested addition of Environmental Sustainability is positive for key health and wellbeing priorities.	Indicators in the PHOF domains of Health Protection, Health Improvement and the Wider Determinants of Health should be impacted positively through the policy, particularly through the suggested amendments, stronger wording of ambition and commitments and the addition of points 4 and 8.			Consider strengthening policy wording to recognise the impact of climate change on health and wellbeing as well as prioritise active and sustainable travel and recognise potential impacts of road schemes on travel patterns and car use, as well as on carbon emissions and climate change.

SC5: Location of Development	The order of priority for development should in general fit with health and wellbeing priorities by providing more housing and economic development opportunities in urban areas where demand is highest. However, health inequalities could be widened if the order of priority were to result in urban density. This may increase to a degree where green and open space comes under development pressure in urban areas where health and wellbeing is poorer and health inequalities are higher on average, or, affect opportunities for people to move from areas with poorer quality built environment to areas with better quality built environment. The addition of points B2 and 3 will support health and wellbeing priorities.				It is suggested policy wording in part B is strengthen B to ensure that growth and development is inclusive as well as accessible. Consideration should be given to the inclusion of additional policy wording to safeguard against net loss of green and open space in urban areas, particularly in those where health and wellbeing is poorer and health inequalities are higher on average, and to ensure that development in higher value areas provides equitable access to the resultant housing and economic opportunities. It is considered that, where appropriate, policy and development should seek to exceed minimum accessibility standards.
SC6: Green Infrastructure	The policy will support key health and wellbeing priorities through the strengthening of statements on addressing gaps in the GI network and protecting existing GI assets, the addition of point 7 and	Relevant PHOF indicators will be positively impacted.			Identification of GI corridors could be extended beyond the major river-based corridors to include urban and minor corridors. Identification is the first step in valuing and protecting assets. This would enable future connection and networking of minor and urban corridors for human health amenity and support to

	comment on identifying GI corridors on the Allocations Plan.				biodiversity, and climate change action
SC7: Green Belt	The addition of 'safeguarded land' to the policy is welcome. Selected release of Green Be should not in general have adverse impact on population health and wellbeing priorities, given the level of Green Belt in the District. Two exceptions maybe in areas of deprivation where accessible Green Belt and safeguarded land can potentially have greater significance for people's health and wellbeing and health inequalities, and where Green Belt has already been subject to release to the extent that settlements may merge		Role in maintaining and increasing biodiversity, integrity and intrinsic value of the Green Belt may be negatively impacted in particular areas by Green Belt release.		it is considered the housing delivery is kept under review in order to maintain the intrinsic and amenity value of the Green Belt, particularly in areas of higher deprivation where accessible Green Belt can potentially have greater impact on health and wellbeing and health inequalities.
SC10: Healthy Places	Policy SC10 has been drafted by the Public Health Team at Bradford Council based on the evidence-based healthy place principles. Therefore external HIA opinion will be sought on this policy.	This should have a positive impact on all domains of the PHOF.		This policy has been develop based on a detailed review of the evidence	Seek external HIA comment.
Sub-Area Policies					

BD1: City of Bradford including Shipley and Lower Baildon	Not Health Impact Assessed				
BD2: Investment priorities for the City of Bradford including Shipley and Lower Baildon	Not Health Impact Assessed				
AD1: Airedale	Not Health Impact Assessed				
WD1: Wharfedale	Not Health Impact Assessed				
PN1: South Pennine Towns & Villages	Not Health Impact Assessed				
Planning for Prosperity: Economy					
EC1: **Creating a successful and competitive Bradford District economy within the Leeds City Region**	The revised policy should have a positive impact on the key health and wellbeing priorities of the District through its focus on the four local strengths as described in the Economic Strategy However section D3 Northern Powerhouse Rail if delivered will have varying and complex impacts and require separate HIA.	Relevant PHOF indicators should be impacted positively by the policy.		The link between economic growth, including education and decent jobs, and health and wellbeing is well recognised in the evidence base.	Consider the inclusion of cross references to the principle of inclusive and sustainable growth and reference inclusivity in addition to the prioritising of currently 'excluded communities',
EC2:	In respect of key health and	Relevant PHOF indicators			Consider the inclusion of a reference to

Employment Land, Jobs &Skills Requirements	wellbeing priorities, the policy should have a broadly positive impact. However, it will need be ensured that a balanced approach to supporting the growth of various economic sectors is taken in order to make the opportunities provided are available to all sections of the community as part of reduce health inequalities. This linked to improvements to skills and training as well as to the area's transport network to increase accessibility.	should be impacted positively by the policy.			inclusive and sustainable growth, and cross-references to the policy on climate change and environmental sustainability to mirror the language there.
EC3: Employment &Skills Delivery	In respect of key health and wellbeing priorities, the policy should have a broadly positive impact. However, it will need be ensured that a balanced approach to supporting the growth of various economic sectors is taken in order to make the opportunities provided are available to all sections of the community as part of reduce health inequalities. This linked to improvements to skills and training as well as to the area's transport network to increase accessibility.	Relevant PHOF indicators should be impacted positively by the policy.			See above

EC5: City, Town, District and Local Centres	In principle the policy should have a neutral to positive impact on key health and wellbeing indicators as it is designed to maintain local centres with sufficient local amenities for day to day purposes. The recognition of community assets including education and health assets as a key component of healthy places and thriving neighbourhoods is welcome, making attractive places for people to live, and therefore supporting local businesses.	The policy should be positive for relevant PHOF indicators.			Consider the inclusion of cross references to Policy SC10: Healthy Place Policy and the emerging Homes and Neighbourhoods Design Guide SPD.
Planning for People: Housing					
HO1: Scale of Housing Required	The reduction in the scale of housing required should have a neutral to positive impact on key health and wellbeing priorities with the caveat that the housing that is provided must meet the needs of people in the greatest housing need, in order that housing-related health inequalities are reduced.	The policy should be neutral to positive for relevant PHOF indicators.			Supply of housing in the most affordable and accessible forms of tenure should receive a high priority in order that reduction of housing-related health inequalities is prioritised in the first half of the plan period to help deliver rapid improvements in health and wellbeing. To maximise the benefit the reduction in the total housing supply number should be used to relieve pressure on green spaces in urban areas given their particular significance for health and wellbeing, particularly in deprived areas.
HO2: Strategic Sources of Supply	Major applications will require separate HIA. The policy should in itself have a neutral to positive impact on key health and	If quality is maintained and Healthy Place principles are followed the impact on relevant PHOF indicators should be neutral to positive.			Give consideration to ensure that development (including on windfall sites) meet the criteria of Policy SC10: Creating Healthy Places and the emerging Homes and Neighbourhoods Design Guide SPD, (i.e.

	wellbeing priorities. However, impact will depend on the quality of the homes, and neighbourhoods delivered, and how well they relate to, integrate with and benefit existing settlements. There should be sufficient infrastructure for health and education; neighbourhoods should be inclusive, accessible, mixed-use, sustainable and well-connected. The impact of limited green belt release may vary dependent on the proportion of Green Belt released in an area and the quality and accessibility of what remains. In areas of high health inequality and deprivation even limited Green Belt release could have adverse impact on key health and wellbeing priorities if the release relates to well-used, accessible and high quality land close to existing settlements.				well-connected to public transport and active travel networks, not car-dependent), as well as their for their cumulative impact on existing settlements as they fall outside of planned site allocations**.** Consider including a cross-reference to Policy HO3(c).
HO3: Distribution of Housing Requirement	Against a reduced overall housing requirement as a result of the update of the SHMA, the increase of the Bradford City Centre housing requirement from	With the potential exception of the City Centre proposal the policy is likely to have a neutral to positive impact on relevant PHOF indicators.		World Health Organization (2016) Urban Green Spaces and	Need to consider the impact of housing development in Bradford City and the provision of infrastructure to support it, in particular the need to prioritise the delivery of:

	3,500 to 4,000 is potentially a cause for concern for key health and wellbeing priorities, when all other areas have been subject to reductions, This is particularly the case in the first part of the plan period when housing delivery may outstrip investment in health and social infrastructure, and infrastructure for green space, outdoor play and leisure space and infrastructure for an affordable, efficient and networked public transport system. Overall the policy is likely to be positive for key health and wellbeing indicators, reducing the pressure to deliver an excessive number and allowing for greater attention to appropriate location and delivery of quality.			Health – a review of evidence. Geneva: WHO. http://www.euro.who.int/en/health-topics/environment-and-health/urban-health/publications/2016/urban-green-spaces-and-health-a-review-of-evidence-2016	• Public realm improvements including a network of open space and green space, and play/leisure spaces; • Health care infrastructure and services. Consider the inclusion of cross-references to Policies HO4(6) and SC10: Creating Healthy Places.
HO4: Managing Housing Delivery	The policy should help to meet key health and wellbeing priorities.	The impact on relevant PHOF indicators is anticipated to be neutral to positive.			Consider the inclusion of a reference to the need to meet local need and "provide inclusive developments and neighbourhoods".
HO5: Density of Housing Schemes	Emphasis on a well-designed layout is welcome but the aim to deliver the "most dwellings possible"	The policy has the potential to have a mixed impact on relevant PHOF indicators.			It is suggested the policy be reviewed against the emerging Homes and Neighbourhoods Design Guide SPD or guidance on designing well on sloping sites, designing to deliver

	could have a negative impact on key health and wellbeing priorities, particularly in respect of healthy places to live. Private and communal open and green space should not be squeezed out by density, particularly in calling for higher densities in the city centre where public green space is lacking and therefore private outdoor space will have great importance for health and wellbeing.				density and centrally-located high-quality green and open space for play, leisure and social interaction.
HO6: Maximising Use of Previously Developed Land	Maximising the use of previously developed land must not be at the expense of creating healthy places to live. The policy has the potential to have a mixed impact on key health and wellbeing priorities.	The policy has the potential to have a mixed impact on relevant PHOF indicators.			It is suggested that the policy be reviewed in light of Policy SC10: Creating Healthy Places and that reference be could be include under part to "The need to create healthy places"
HO8: Housing Mix	The policy should have a positive impact on key health and wellbeing priorities**.**	Overall, the policy should have a positive impact on relevant PHOF indicators.		PHE (2017) Spatial Planning for Health	Consider including reference within section A to inclusive places to live, and ensuring greater alignment with the emerging Homes and Neighbourhoods Design Guide SPD In all sections it should emphasise the need for inclusive, mixed communities that make a positive contribution to mixed-use neighbourhoods.
HO9: Housing Quality	It is consider that Policy HO9 could be more aligned with the approach and	The emerging Housing & Neighbourhoods Design Guide SPD will have a			Considering reviewing to ensure that the emerging Homes and Neighbourhoods Design Guide SPD is fully reflected in the

	principles of the emerging Housing & Neighbourhood Design Guide SPD. The Design Guide will have a positive impact on key health and wellbeing priorities; the policy does not yet fully reflect that.	positive impact on relevant PHOF indicators; the policy as it stands may have a mixed impact if it does not fully reflect the Design Guide.			Policy, in particular in respect of design/layout and creating inclusive neighbourhoods and developments. Consideration should be given, where appropriate, aspiring to higher than minimum standards for development.
HO11: Affordable Housing	The strengthening of targets for affordable homes is welcome and will help to deliver key health and wellbeing priorities. Off-site provision of affordable housing should be a clear last-resort after all potential tenures have been considered as a route to delivery. The policy does not yet send a strong signal on this, appearing to provide developers with a ready-made argument for off-site delivery which will *reduce* inclusivity if it results in sites with no form of affordable provision or tenure. Section G is a strong section, with several clear conditions, all of which must be met. The robustness and clarity of this approach should be replicated throughout the policy.	The policy should have a positive impact on relevant PHOF indicators but could go further in respect of affordable homes on all sites.			It is suggested that be reviewed in respect of achieving inclusive developments with affordable homes on all sites.
HO12: Sites	The policy may have a	The policy has the potential			Consider addressing the quality of sites, their

For Travellers and Travelling Showpeople	mixed impact on key health and wellbeing priorities in respect of Travellers and Travelling Showpeople who can experience very poor health and wellbeing outcomes. The policy does not sufficiently address the issue of site quality, onsite amenities and location in areas that will facilitate access to local amenities in order to safeguard and improve health and wellbeing, and. Such a significant reduction in number of pitches could reduce the ability to respond to fluctuation in numbers.	to have a mixed impact on relevant PHOF indicators.			facilities and locations and ensure correct/consistent use of terminology.
Planning for Place: Environment					
EN2a: – Biodiversity & Geodiversity **EN2b – Biodiversity & Development**	The policy should have a neutral to positive impact on key health and wellbeing priorities by preserving and protecting natural habitats and environments which are key to climate change mitigation, and increasing biodiversity which is essential for population health,	The policy should have a neutral to positive impact on relevant PHOF indicators.			Consider the inclusion of cross-references to the emerging Homes and Neighbourhoods Design Guide.
EN5: Trees and Woodlands	The policy should have a positive impact on key health and wellbeing	The policy should have a neutral to positive impact on relevant PHOF indicators.			Consider reviewing the policy against the emerging Homes and Neighbourhoods Design Guide SPD to consider a stronger

	priorities, by preserving and protecting woodland and natural environments which provide amenity that can be supportive of wellbeing and have intrinsic value in respect of climate change and biodiversity, which in turn impact on human health.				statement in respect of treating existing trees as assets that may form a valued focal point, in respect of housing development, so that trees are not lost unnecessarily.
EN6: Energy	The policy should have a neutral to positive impact on key health and wellbeing priorities. Use of low carbon and renewable energy as well as promotion of energy efficiency can assist in tackling climate change. The policy seeks to ensure all social, economic and environmental impacts of low carbon and renewable energy development is given due consideration.	The policy should have a neutral to positive impact on relevant PHOF indicators.			
EN7: Flood Risk	The policy should have a positive impact on key health and wellbeing priorities by reducing and mitigating flood risk and providing a clear statement of when development will be refused. The meaning of point 8 and how it would be applied to reach a decision where there are competing	The policy should have a neutral to positive impact on relevant PHOF indicators.			Consider additional explanation regarding the application and implementation of criteria 8 & 9.

	priorities is not clear. Point 9 requires clarification – see recommendations**.**				
EN8: Environmental Protection Policy	The policy should have a positive impact on key health and wellbeing priorities by requiring that development is assessed for the presence and level of environmental pollution hazards and is required to reduce and mitigate the impacts.	The policy should have a neutral to positive impact on relevant PHOF indicators.			Consider the inclusion of a clear statement about the methods for determining when and why development proposals will be refused in relation to each category of environmental hazard.
Planning for Place – Transport					
TR1: Travel Reduction and Modal Shift	The policy should have a positive impact on key health and wellbeing priorities by creating an environment where active travel and public transport is the easiest and preferred option. However The policy could potentially be bolder particularly given the increasing climate change imperative and better connected to other policies for consistency and added value.	The policy should have a positive impact on relevant PHOF indicators.	Whilst this will likely have council could consider combining infrastructure delivery with other initiatives that give people confidence to shift travel modes and raise awareness,	Evidence from NICE https://www.nice.org.uk/guidance/qs183/chapter/Quality-statement-2-Active-travel-routes	Consider cross references to the council's emerging Homes & Neighbourhoods Design Guide SPD and increased focus on active travel and travel choice including addressing issues such as last mile journeys. It is suggested that the wording of criteria F be strengthened and the wording of criteria H be amended by replacing "participate" with "make it easier".
TR2: Parking Policy	The policy is likely to have a positive impact on key health and wellbeing priorities. Improving parking in the city	The policy should have a positive impact on relevant PHOF indicators.			Consider reviewing policy to ensure that the aims and approaches are consistent with and supportive of policy on active models of travel. It is noted that the pricing of public transport

	centre although beneficial in terms of economic growth may serve as an incentive to drive into the City, possibly undermining the shift to active modes of travel.				needs to be addressed to ensure it is competitive with the cost of parking.
TR3: Integrating Sustainable Transport and Development'	The policy is mostly positive and is likely to have a positive impact on key health and wellbeing priorities.	The policy should have a positive impact on relevant PHOF indicators.		.	Policy point H which talks about disability and mobility – important that we design inclusive spaces – child friendly, dementia friendly etc. Also recognise that some disabilities are not always visible.
TR5: Strategic Transport Delivery	Improvements to public transport infrastructure are welcome, particularly where these are effectively networked together and collect well with other modes of active travel. However cost should not be a barrier for travel to work, in particular travel to low-wages work at peak times.	The policy should have a positive impact on relevant PHOF indicators			Consider giving greater recognition that some of the barriers to using public transport are related to affordability.
TR6: Freight	The policy is likely to have a neutral impact on health and wellbeing. However, it does seek to ensure that the need for efficient movement of freight is balanced with the need to ensure the District is a pleasant place to live and work	The policy should have a neutral impact on relevant PHOF indicators			
Planning for Place: Implementation and Delivery Policies					
ID2: Viability	Not Health Impact Assessed				

Public Health England

Protecting and improving the nation's health

Bradford

Unitary authority

This profile was published on 3 July 2018

Local Authority Health Profile 2018

This profile gives a picture of people's health in Bradford. It is designed to help local government and health services understand their community's needs, so that they can work together to improve people's health and reduce health inequalities.

Health in summary

The health of people in Bradford is varied compared with the England average. Bradford is one of the 20% most deprived districts/unitary authorities in England and about 22% (27,100) of children live in low income families. Life expectancy for both men and women is lower than the England average.

Health inequalities

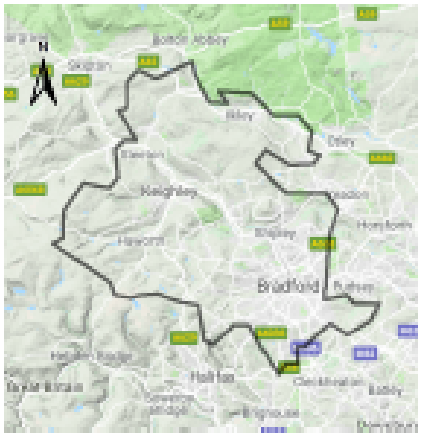
Life expectancy is 8.8 years lower for men and 7.5 years lower for women in the most deprived areas of Bradford than in the least deprived areas.**

Child health

In Year 6, 23.7% (1,637) of children are classified as obese, worse than the average for England. The rate of alcohol-specific hospital stays among those under 18 is 40*, worse than the average for England. This represents 56 stays per year. Levels of GCSE attainment, breastfeeding initiation and smoking at time of delivery are worse than the England average.

Adult health

The rate of alcohol-related harm hospital stays is 727*, worse than the average for England. This represents 3,452 stays per year. The rate of self-harm hospital stays is 224*, worse than the average for England. This represents 1,221 stays per year. Estimated levels of adult smoking are worse than the England average. The rate of TB is worse than average. Rates of sexually transmitted infections and people killed and seriously injured on roads are better than average.



For more information on priorities in this area, see:

- https://jsna.bradford.gov.uk/

Visit www.healthprofiles.info for more area profiles, more information and interactive maps and tools.

Local Authority Health Profiles are Official Statistics and are produced based on the three pillars of the Code of Practice for Statistics: Trustworthiness, Quality and Value.

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* rate per 100,000 population

** see page 3

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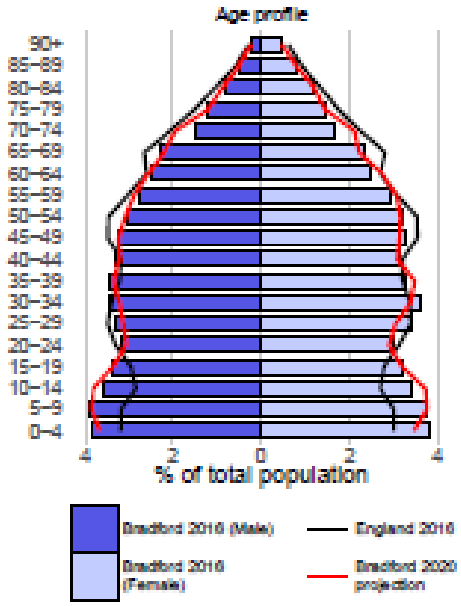
Population



Understanding the sociodemographic profile of an area is important when planning services. Different population groups may have different health and social care needs and are likely to interact with services in different ways.

	Bradford (persons)	England (persons)
Population (2016)*	533	55,268
Projected population (2020)*	538	56,705
% population aged under 18	26.5%	21.3%
% population aged 65+	14.5%	17.9%
% people from an ethnic minority group	25.4%	13.6%

* thousands

Source:
Populations: Office for National Statistics licensed under the Open Government Licence
Ethnic minority groups: Annual Population Survey, October 2015 to September 2016

Deprivation

The level of deprivation in an area can be used to identify those communities who may be in the greatest need of services. These maps and charts show the Index of Multiple Deprivation 2015 (IMD 2015).

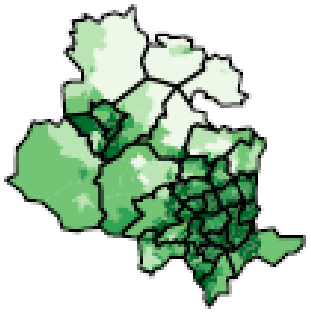
National

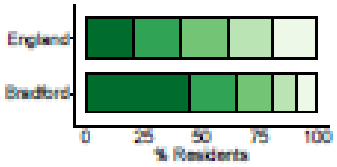
The first of the two maps shows differences in deprivation in this area based on national comparisons, using national quintiles (fifths) of IMD 2015, shown by lower super output area. The darkest coloured areas are some of the most deprived neighbourhoods in England.

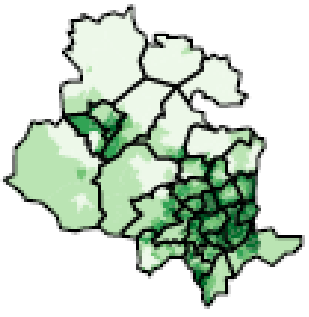
The chart shows the percentage of the population who live in areas at each level of deprivation.

Local

The second map shows the differences in deprivation based on local quintiles (fifths) of IMD 2015 for this area.







Lines represent electoral wards (2017). Quintiles shown for 2011 based lower super output areas (LSOAs). Contains OS data © Crown copyright and database rights 2018. Contains public sector information licensed under the Open Government Licence v3.0

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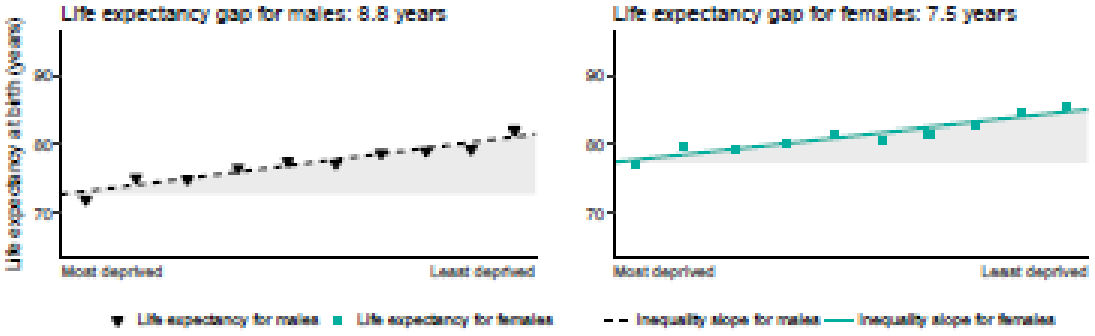
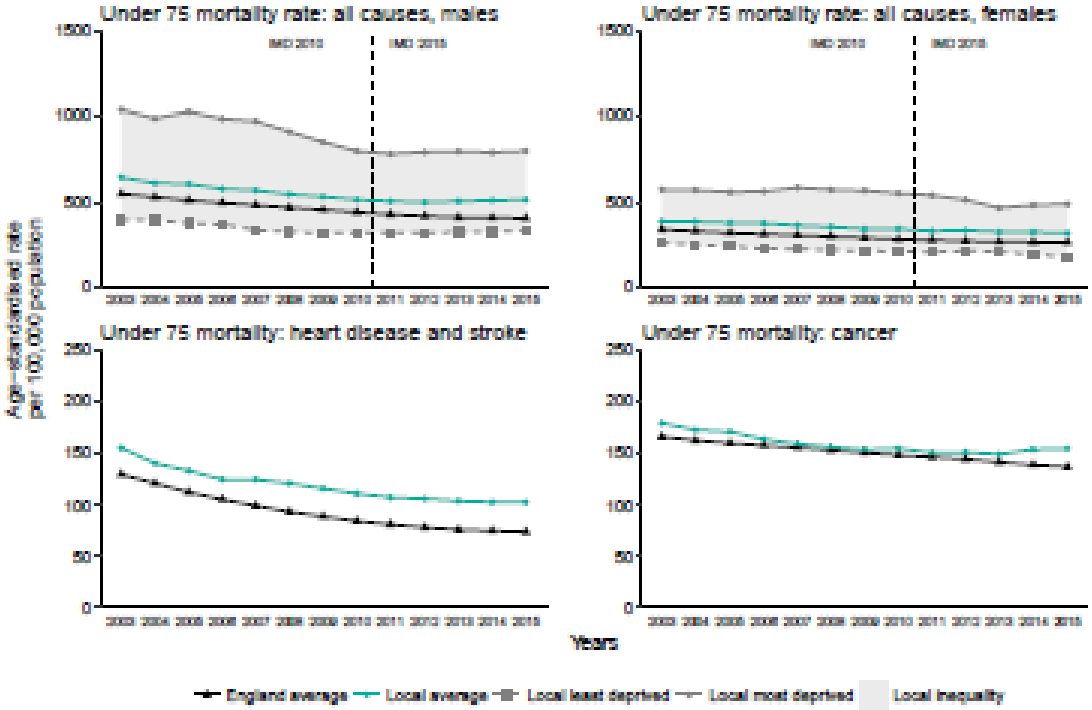
Health inequalities: life expectancy

The charts show life expectancy for males and females within this local authority for 2014-16. The local authority is divided into local deciles (tenths) by deprivation (IMD 2015). The life expectancy gap is the difference between the top and bottom of the inequality slope. This represents the range in years of life expectancy from most to least deprived within this area. If there was no inequality in life expectancy the line would be horizontal.



Trends over time: under 75 mortality

These charts provide a comparison of the trends in death rates in people under 75 between this area and England. For deaths from all causes, they also show the trends in the most deprived and least deprived local quintiles (fifths) of this area.



Data from 2010-12 onwards have been revised to use IMD 2015 to define local deprivation quintiles (fifths), all prior time points use IMD 2010. In doing this, areas are grouped into deprivation quintiles using the Index of Multiple Deprivation which most closely aligns with the time period of the data. This provides a more accurate way of examining changes over time by deprivation.

Data points are the midpoints of three year averages of annual rates, for example 2005 represents the period 2004 to 2006. Where data are missing for local least or most deprived, the value could not be calculated as the number of cases is too small.

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Health summary for Bradford

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

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

	Indicator names	Period	Local count	Local value	Eng value	Eng worst	Eng best
Life expectancy and causes of death	1 Life expectancy at birth (Male)	2014 – 16	n/a	77.5	79.5	74.2	83.7
	2 Life expectancy at birth (Female)	2014 – 16	n/a	81.5	83.1	79.4	86.6
	3 Under 75 mortality rate: all causes	2014 – 16	4,602	413.4	333.6	545.7	215.2
	4 Under 75 mortality rate: cardiovascular	2014 – 16	1,162	102.5	73.5	141.3	42.3
	5 Under 75 mortality rate: cancer	2014 – 16	1,746	154.7	136.6	196.3	99.1
	6 Suicide rate	2014 – 16	122	9.2	9.9	18.3	4.6
Injuries and ill health	7 Killed and seriously injured on roads	2014 – 16	570	35.6	39.7	110.4	13.5
	8 Hospital stays for self-harm	2016/17	1,221	223.9	186.3	578.9	50.6
	9 Hip fractures in older people (aged 65+)	2016/17	471	610.6	575.0	854.2	364.7
	10 Cancer diagnosed at early stage	2016	858	50.8	52.6	39.3	61.9
	11 Diabetes diagnoses (aged 17+)	2017	n/a	83.7	77.1	54.3	96.3
	12 Dementia diagnoses (aged 65+)	2017	4,218	61.3	67.9	45.1	90.8
Behavioural risk factors	13 Alcohol-specific hospital stays (under 18s)	2014/15 – 16/17	169	40.2	34.2	100.0	6.5
	14 Alcohol-related harm hospital stays	2016/17	3,452	727.3	636.4	1,151.1	368.2
	15 Smoking prevalence in adults (aged 18+)	2017	73,882	18.9	14.9	24.8	4.6
	16 Physically active adults (aged 19+)	2016/17	n/a	63.7	66.0	53.3	78.8
	17 Excess weight in adults (aged 18+)	2016/17	n/a	63.7	61.3	74.9	40.5
Child health	18 Under 18 conceptions	2016	216	20.0	18.8	36.7	3.3
	19 Smoking status at time of delivery	2016/17	1,057	13.8	10.7	28.1	2.3
	20 Breastfeeding initiation	2016/17	5,481	71.5	74.5	37.9	96.7
	21 Infant mortality rate	2014 – 16	141	5.9	3.9	7.9	0.0
	22 Obese children (aged 10–11)	2016/17	1,837	23.7	20.0	29.2	8.8
Inequalities	23 Deprivation score (IMD 2015)	2015	n/a	33.2	21.8	42.0	5.0
	24 Smoking prevalence: routine and manual occupations	2017	n/a	31.8	25.7	48.7	5.1
Wider determinants of health	25 Children in low income families (under 16s)	2015	27,105	21.6	16.8	30.5	5.7
	26 GCSEs achieved	2015/16	3,101	48.1	57.8	44.8	78.7
	27 Employment rate (aged 16–64)	2016/17	220,700	67.2	74.4	59.8	85.5
	28 Statutory homelessness	2016/17	88	0.3	0.8		
	29 Violent crime (violence offences)	2016/17	16,228	30.5	20.0	42.2	5.7
Health protection	30 Excess winter deaths	Aug 2013 – Jul 2016	690	16.4	17.9	30.3	6.3
	31 New sexually transmitted infections	2017	1,714	509.7	793.8	3,215.3	266.6
	32 New cases of tuberculosis	2014 – 16	268	18.1	10.9	69.0	0.0

For full details on each indicator, see the definitions tab of the Health Profiles online tool: www.healthprofiles.info

Indicator value types
1, 2 Life expectancy - Years 3, 4, 5 Directly age-standardised rate per 100,000 population aged under 75 6 Directly age-standardised rate per 100,000 population aged 10 and over 7 Crude rate per 100,000 population 8 Directly age-standardised rate per 100,000 population 9 Directly age-standardised rate per 100,000 population aged 65 and over 10 Proportion - % of cancers diagnosed at stage 1 or 2 11 Proportion - % recorded diagnosis of diabetes as a proportion of the estimated number with diabetes 12 Proportion - % recorded diagnosis of dementia as a proportion of the estimated number with dementia 13 Crude rate per 100,000 population aged under 18 14 Directly age-standardised rate per 100,000 population 15, 16, 17 Proportion – % 18 Crude rate per 1,000 females aged 15 to 17 19, 20 Proportion - % 21 Crude rate per 1,000 live births 22 Proportion - % 23 Index of Multiple Deprivation (IMD) 2015 score 24, 25 Proportion - % 26 Proportion - % 5 A*-C including English & Maths 27 Proportion - % 28 Crude rate per 1,000 households 29 Crude rate per 1,000 population 30 Ratio of excess winter deaths to average of non-winter deaths (%) 31 Crude rate per 100,000 population aged 15 to 64 (excluding Chlamydia) 32 Crude rate per 100,000 population

*"Regional" refers to the former government regions.

If 25% or more of areas have no data then the England range is not displayed.

Please send any enquiries to healthprofiles@phe.gov.uk

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BRADFORD
METROPOLITAN DISTRICT COUNCIL