

Core Strategy Partial Review

Scoping Report

January 2019

Health Impact Assessment

Table of Contents

Table of Contents.....	1
1. Introduction	4
2. What is a Health Impact Assessment?	4
3. Policy Context	5
4. Health Impact Assessment Process.....	9
5. Health & Well-Being Profile of Bradford.....	11
6. Core Strategy DPD: Partial Review & Health Impact Assessment Approach.....	15
7. Next Steps	16
8. References.....	18
9. Tables 1 to 3: Framework for Evaluating Health Impacts of Core Strategy DPD: Partial Review & Site Allocations DPD	20
APPENDIX 1: LOCAL AUTHORITY HEALTH PROFILE 2018 - BRADFORD	64

About this Document & Consultation

What is this document?	This document sets out the scope for the Health Impact Assessment (HIA). The HIA is used to assess the impact of the 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 scope and direction 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:	<p>A number of other documents/assessment will support the preparation of the CSPR, including:</p> <p>Bradford Local Plan Core Strategy: Partial Review Scoping Report: Sets out the scope of the Bradford Core Strategy Partial Review (CSPR). It identifies which policies will be reviewed and the key issues relating to those policies. It also sets out the key considerations that the Council will need to take into account when identifying the possible options for addressing these issues, along with the evidence required to inform these options.</p> <p>Sustainability Appraisal (SA) (including Strategic Environmental Assessment) (SEA) – Scoping Report: The SA is used to assess the proposed plan to determine if it will help to achieve relevant environmental, economic and social objectives. The Scoping Report will set out the objectives and will include an updated section on baseline data.</p> <p>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.</p> <p>Equalities Impact Assessment (EqIA) – Scoping Report: The EqIA is used to assess the impact of the proposed policies on different groups in the community. At this stage the scoping report sets out the parameters which will be used to assess the plan.</p>
Timescale of consultation:	This consultation will begin on 11 January 2019 and end at 5pm on 22 February 2019 .
How to respond	<p>The consultation will be carried out in accordance with the Council's Statement of Community Involvement (SCI) and national guidance.</p> <p>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:</p> <ul style="list-style-type: none"> • Britannia House • Bradford City Library • Bradford Local Studies Library • Keighley Town Hall • Keighley Library

	<ul style="list-style-type: none"> • Shipley Library • Bingley Library • Ilkley Library <p>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.</p> <p>Email: planning.policy@bradford.gov.uk (Please title your email 'Core Strategy Partial Review')</p> <p>Post: Core Strategy Partial Review, Department of Place, Local Plans Team, 4th Floor, Britannia House, Bradford, BD1 1HX</p>
Enquiries	<p>If you have any enquiries regarding this consultation please contact the Local Plans Team.</p> <p>Email: planning.policy@bradford.gov.uk Phone: 01274 433679</p>
Confidentiality and data protection	<p>Data Protection Act 2018</p> <p>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.</p> <p>Local Plans Privacy Statement</p> <p>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/</p>

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 to 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 initial scoping 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 Health Impact Assessment will also serve to support the early stages of work on the Site 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 While the Core Strategy DPD – Partial Review and Site Allocations DPD are at their earliest stages, the purpose of this HIA is to ensure that the eventual policies/site allocations 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 HIAs have 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 initial scoping 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 development² 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.

¹ [National Planning Policy Framework \(2018\) – Chapter 8: Paragraphs 91 & 92](#)

² [National Planning Policy Framework \(2018\) – Chapter 2: Paragraph 7 to 9](#)

³ [National Planning Practice Guidance – Health & Wellbeing \(March 2014 onwards – updated July 2017\)](#)

- 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 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 Site 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.

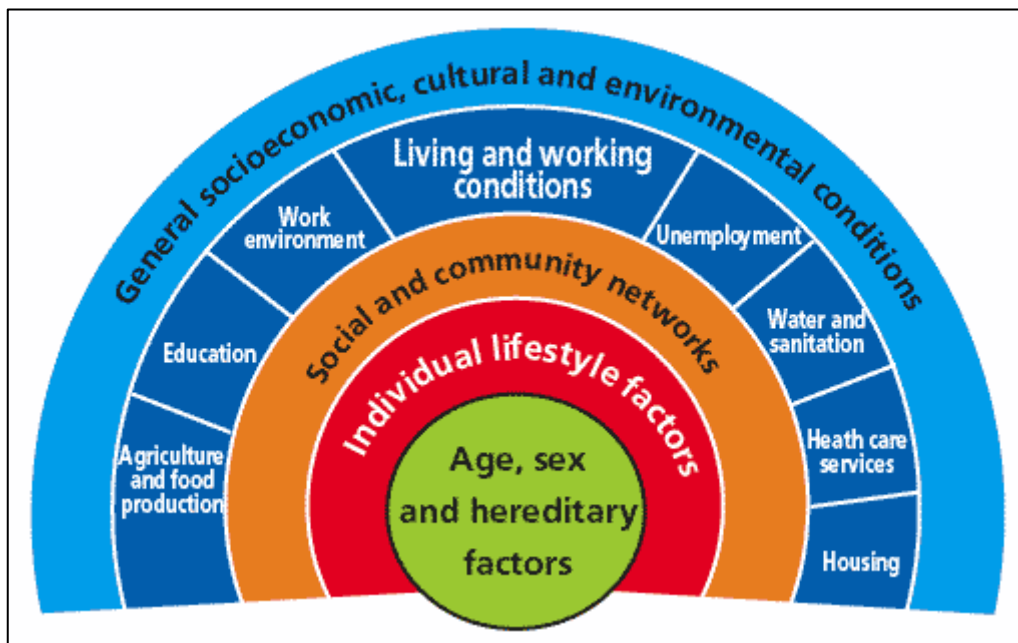


Figure 1: Policy Rainbow, Dahlgren G. & Whitehead M. (1991)

- 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*. The JSNA is in the process of being updated and is expected to be published by the end of January 2019.
- 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 we are born, live, work and socialise in have a significant influence on our 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:

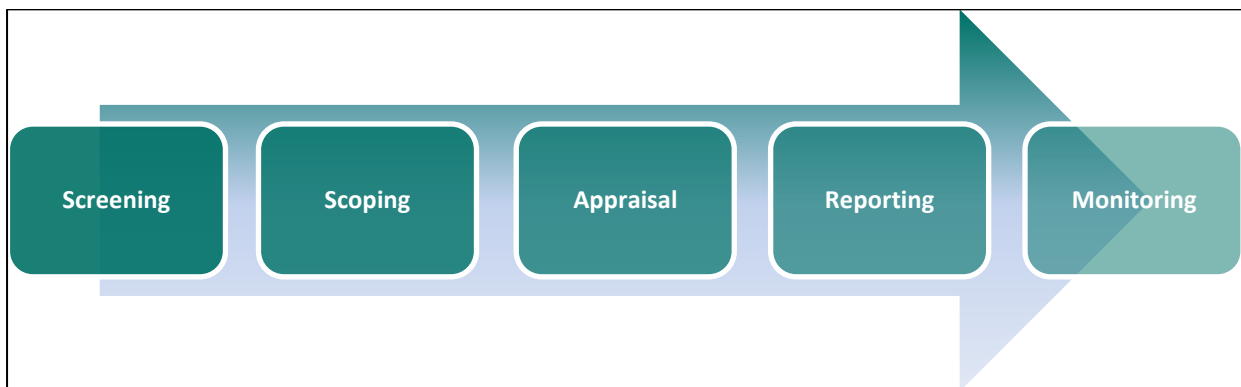


Figure 2: The HIA Process

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 the current stage of plan making it has not been considered necessary to fully appraise each issue being addressed and a more generalised approach has been taken. However, as work progresses, it is 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 Site Allocations DPD and the number of people 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 theme. 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 Annual Monitoring Report (AMR). Further information will be available as the partial review and Site Allocations 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 Manchester⁴. 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 2041⁵. 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 Slough⁶.
- 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

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)

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 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 2028⁸.
- 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 females⁹.

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 years¹⁰.

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 district¹¹.

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 \(October 2015\)](#)

- 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 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 75¹².
- 5.10 We know 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 3¹³.

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 nationally¹⁴. 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 health¹⁵.
- 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

nationally¹⁶. 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 obese¹⁷ (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 practices²¹ and 150 pharmacies²². 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 of 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 For the partial review of the Core Strategy DPD, whilst the timetable is set out in the Local Development Scheme, approved in July 2018. The main policy review areas identified in the Core Strategy Scoping Report 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 There are also a number of other policies in the Core Strategy which may need to be amended as a consequence of the review of the strategic policies as set out

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 \(2018 to 2021\)](#)

above. This will mainly apply to the sub-area policies which set out the scale and distribution of new housing and employment development in those areas.

- 6.3 At this stage in the preparation of the Core Strategy Partial Review, the council has not set out any detailed policy options or specific approaches. **Table 1** (below) sets out a headline review of the considered scope of the core strategy 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 is yes, it is proposed that the emerging updated policies are evaluated against a range of local health priorities as set out in:
- Bradford & Airedale's Joint Health and Wellbeing Strategy (2018 to 2038); and
 - Public Health Outcomes Framework
- 6.5 The HIA will also identify possible mitigation measures and will make recommendations which will inform the development of the Core Strategy Partial Review. Table 2 sets out a headline framework to the policy evaluation.
- 6.6 For the Site Allocations DPD, the HIA will assess the impact of proposed sites and policies on the health and wellbeing of specific populations and specific places of the district using the identified priorities and outcomes above (See Table 3).

7. Next Steps

- 7.1 The Core Strategy DPD: Partial Review and Site Allocations DPD have the potential to influence the health of Bradford's communities and population in a positive way.
- 7.2 The Core Strategy DPD: Partial Review – Scoping, is the first 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).
- 7.3 The amended Core Strategy DPD will set the context for the preparation of the Site 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.

- 7.4 This HIA Scoping will be published alongside the Core Strategy DPD: Partial Review – Scoping 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. 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 \(2016\)](#)
- [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](#)

9. Tables 1 to 3: Framework for Evaluating Health Impacts of Core Strategy DPD: Partial Review & Site Allocations DPD

TABLE 1: HEALTH IMPACTS ARISING FROM CORE STRATEGY DPD: PARTIAL REVIEW - SCREENING

Core Strategy Policy/Issue	Does the policy area have a direct impact on health, mental health and wellbeing?	Will the policy have an impact on social, economic and environmental living conditions that would indirectly affect health?	Will the policy affect an individual's ability to improve their own health and wellbeing?	Will there be a change in demand for or access to health and social care services?	Is a Health Impact Assessment required?
THE PLAN PERIOD					
<p>The Core Strategy plan period currently runs from 2013 (the base date) and covers the 17-year period to 2030.</p> <p>The NPPF (paragraph 22) indicates that strategic policies should look ahead over a minimum 15- year period from adoption. The partial review will need to establish a new plan period to comply with this requirement.</p>	<p>The Local Plan must consider health and well-being, as set out in the NPPF throughout the plan period.</p>	<p>Yes – The Plan period will cover the five years of ‘Connecting People and Place’ – the District’s Joint Health and Wellbeing Strategy (JHWS) for 2018-2023. The Strategy sets a ten-year ambition to see a radical improvement in health and wellbeing and significant reduction</p>	<p>Yes – the form, distribution, quality, affordability and accessibility of housing, of neighbourhood amenities including distribution and quality of green infrastructure, nature and distribution of employment opportunities and the nature, type and range of travel</p>	<p>Yes – Health Impact Assessment should consider whether policies are likely to embed and maximise the gain for health and wellbeing, particularly in areas of poor health outcomes and health inequality over the plan period, in support of the priorities of the Joint Health and Wellbeing Strategy.</p>	<p>Policy framework (CS & Site Allocations) will need to consider health impacts especially in relation to the infrastructure of neighbourhoods, streets, travel networks, housing – as this provides the foundation for personal behaviour. It can support or constrain the everyday choices</p>

<p>Furthermore, the evidence used to justify the policy approach will have timescales that look beyond 2030, so it will be important that the policies in the plan reflect this information.</p> <p>The Council will need to consider the timeframes of the new evidence base when looking at the plan period. It will need to look at the pros and cons of having a shorter or longer plan period and how this fits with the Site Allocations DPD and other strategic issues such as the protection of the Green Belt and provision of Safeguarded Land.</p> <p>It is likely that the plan period will be aligned with the evidence base and would run for a 15 year period from the</p>		<p>in health inequalities. The JHWS has a particularly strong focus on developing healthy and happy places; recognising that the communities we are born, live, work and socialise in have a significant influence on people's health and wellbeing. The wider determinants or social determinants of health shape and constrain 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</p>	<p>arrangements all impact on individual's ability to improve their own health and wellbeing. For example, can people safely and easily walk from residential areas to local amenities, thereby increasing their levels of physical activity, supporting their mental wellbeing and reducing social isolation.</p>	<p>IDP becomes very important.</p> <p>Evidence base will need to reflect new time period.</p>	<p>people make about their lives for example, where and how to live, travel and work.</p> <p>Policies should seek to ensure health and wellbeing are embedded and enacted over the Plan period to seek maximum gain for health and wellbeing, particularly in areas of poor health outcomes, and health inequality.</p>
--	--	---	--	---	---

<p>anticipated date of adoption in 2020 to 2035.</p>		<p>and poor mental wellbeing. The partial review of the Plan can shape the approach and policies for the plan period, potentially enabling people to live longer lives with more years lived in good health.</p>			
--	--	--	--	--	--

HOUSING

Policy HO1: District Housing Requirement

<p>Current Position: this policy sets out the overall housing requirement for the District for the period 2013 to 2030 - a minimum of 42,100 new dwellings which equates to a minimum of 2,477 dwellings per annum.</p> <p>This figure was based on demographic evidence including data from the</p>	<p>Likely impact on health and wellbeing – through undersupply of housing, particularly affordable housing which impacts on overall availability of good housing and the tenures that are available to medium-low income households. This</p>	<p>Given that the number of dwellings required in the Bradford District may change, a number of impacts are possible. These may result from both under-supply and over-supply. Under-supply may mean that affordable housing across the full range of tenures is in short</p>	<p>Core Strategy DPD: Partial Review – Our growing population and ambitions to grow the economy further is likely to mean greater demand for health services and facilities in areas where housing growth is planned to be concentrated.</p> <p>Where there is</p>	<p>Yes – in order to consider the balance between the need for additional housing to provide housing security, and to increase the supply of affordable housing with the potential impact on community amenities that support wellbeing.</p>	<p>Yes via the Site Allocations DPD – this will identify sites to meet the overall housing requirement in sustainable locations and should be subject to HIA in order to seek maximum gain for health and wellbeing, particularly in areas of poor health outcomes,</p>
--	---	---	---	--	--

<p>2011 Census and 2012-based population projections and 2008 and 2011 household projections. Market signals and evidence relating to economic growth was also used to inform the housing requirement. This approach was aligned with other Local Plans within the Leeds City Region.</p> <p>Issue: The revised NPPF indicates that the minimum number of homes needed in an area should be established in strategic policies and should be informed by a local housing need assessment, conducted using the standard methodology set out in national planning practice guidance (NPPG).</p>	<p>leaves some households insecurely or unsuitably housed and potentially over-reliant on the private rented sector, some of which is evidenced by the stock condition survey to be in poor quality and likely to have detrimental impact on health and wellbeing. Being insecurely housed and potentially at risk of homelessness is a source of stress and potential contributor to poor mental wellbeing.</p>	<p>supply, with impacts on health wellbeing. Over-supply may impact on safeguarded sites that currently provide local amenity value, such as green space or community assets, particularly in urban areas of high-demand and low land-supply.</p>	<p>potential for loss of community amenities with intrinsic value for health and wellbeing (such as urban green infrastructure) or that host activities that support health and wellbeing, this may increase demand for health and social care services.</p>		<p>and health inequality.</p>
--	--	---	--	--	-------------------------------

<p>The Government is currently consulting on a change to the standard methodology which was designed to identify housing need in a straightforward and transparent way. This is because the release of the 2016-based household projections showed a significant reduction in the amount of housing that is needed across the country and was considered incompatible with the Government's house building target and policies for housing growth.</p> <p>The local housing needs figure for Bradford is therefore likely to change when the revised methodology is finalised. It is therefore important to consider how this change will</p>					
---	--	--	--	--	--

<p>influence the review of Policy HO1.</p> <p>The NPPG indicates that there may be circumstances where a higher housing figure than that produced by the standard method may be considered. It states that the government is supportive of authorities who want to plan for growth and acknowledges that the standard method does not predict the impact that changing economic circumstances or other factors may have on local demographics.</p> <p>The final housing requirement²³ in an area may therefore be higher when such factors are</p>					
--	--	--	--	--	--

²³ The standard method will identify a minimum annual housing need figure. However, it does not produce a housing requirement. In setting the overall housing requirement the Council must also consider the extent to which the identified housing need (and any needs that cannot be met within neighbouring areas) can be met within the District over the plan period, including factoring in constraints such as protected designations, Green Belt and the availability and supply of land.

<p>taken into account.</p> <p>Some of the factors which can be taken into account when considering any uplift of the base housing need figure are:</p> <ul style="list-style-type: none"> • Growth strategies which identify that additional housing is needed to support economic growth in an area. • Planned strategic infrastructure improvements which would support the provision of new homes. • Previous delivery levels which have been above the minimum need figure and may show that there is a greater need for housing in 					
---	--	--	--	--	--

<p>the area.</p> <ul style="list-style-type: none"> • Findings from the Strategic Housing Market Assessment (SHMA) may identify additional housing need above and beyond that identified by the standard methodology. <p>The Council has ambitions for economic growth and will have to consider whether any uplift above the baseline housing needs figure is required and the scale of any uplift when setting the new housing requirement in Policy HO1.</p> <p>A range of economic and demographic evidence will need to be used to establish a local housing need figure for Bradford as well as taking account of the factors described above and the</p>					
---	--	--	--	--	--

revised evidence base					
-----------------------	--	--	--	--	--

Policy HO3: Distribution of Housing Development

<p>Current Position: Policy HO3 sets out the distribution of the housing requirement across the District:</p> <ul style="list-style-type: none"> • Regional City of Bradford = 66% • Principal Towns = 16% • Local Growth Centres = 12% • Local Service Centres = 6% <p>The distribution reflects the hierarchy of settlements established in Policy SC4, which directs the majority of growth to the Regional City of Bradford.</p>	<p>Potential Impacts on health – the policy on distribution of housing should be assessed in terms of the likelihood to deliver the housing that will meet housing needs in order to improve people’s wellbeing – by increasing and improving the general housing stock, meeting current shortfalls in affordable, accessible and adaptable housing, improving the quality of the overall housing stock. HIA should also consider the cumulative impact of housing distribution on the health of local</p>	<p>The right distribution of housing stock to meet current and future housing needs will enable more people to improve their individual health and wellbeing.</p>	<p>Growing population is likely to mean higher demand for health services and facilities in some areas.</p>	<p>The policy should be considered by commissioners for impact on demand for health and care services and the potential to identify sustainable sites to meet demand in some locations.</p>	<p>Health Impact Assessment should consider the policy to ensure that the need to improve health and wellbeing and reduce health inequalities are being considered in assessments of sustainability.</p>
--	--	---	---	---	--

<p>The policy also divides the requirement down to individual settlements. A number of factors and general principles were used to determine how the requirement should be distributed across the District. These included:</p> <p><u>General Principles</u></p> <ul style="list-style-type: none"> • Alignment with Core Strategy Vision and Objectives • Alignment with the Settlement Hierarchy • Maximising the Benefits of Development and Growth • Minimising the Impact on Critical Environmental Assets. <p><u>Other factors</u></p> <ul style="list-style-type: none"> • Transport and 	<p>populations and where and how any potentially negative health impact can be mitigated.</p> <p>Section 5.3.49 also refers to the decision at Core Strategy draft stage to address Transport links as they relate to housing development through the section on Transport and Movement - both key issues for health and wellbeing, meaning that this section should also be considered for HIA at least in as far as it relates to the policy on Housing Distribution.</p>				
--	---	--	--	--	--

<p>Infrastructure</p> <ul style="list-style-type: none"> • Population distribution • Land supply • Bradford Growth Assessment • South Pennine Moors Birds and Habitats Surveys • Flood Risk and the sequential approach • Maximising the use of previously developed land/minimising Green Belt release/Delivering affordable housing. <p>Key Issues:</p> <p>Any change to the overall housing requirement in Policy HO1 may, when combined with other evidence updates, lead</p>					
--	--	--	--	--	--

<p>to a change in the distribution. This may mean that some settlements will see a reduction in the amount of housing that needs to be provided whilst other settlements may see an increase.</p> <p>The findings from the new SHMA will be important to establish any changes to the distribution of housing.</p> <p>The availability and deliverability of land for new residential development will also be important considerations when assessing where new housing should be located. Data on housing completions since the start of the plan period will also need to be taken into account.</p> <p>Consideration will need</p>					
--	--	--	--	--	--

<p>to be given as to whether there have been any changes to the factors used to determine the previous distribution in the Core Strategy, including any related changes in national planning policy, and whether these are of a level which would result in an alteration to the distribution.</p> <p>The new NPPF has revised the Government's position in relation to the use of Previously Developed Land (PDL). It places a stronger emphasis on maximising the use of brownfield sites. When looking at the distribution of new housing consideration will need to be given to the location of deliverable brownfield</p>					
--	--	--	--	--	--

<p>sites.</p> <p>This policy should be read in conjunction with Policy HO2 and there may be consequential impacts for Policy HO2, as the review progresses.</p>					
---	--	--	--	--	--

Policy HO4: Phasing the Release of Housing Sites

<p>Current Position: This policy set out the approach to the phased release of housing land within the District. The plan period is split into two phases and the policy requires the Site Allocations DPD to allocate sufficient land to meet 8/15 of the housing requirement in the first phase and 7/15 in the second phase.</p> <p>It also sets out the principles that should be</p>	<p>Potential health implications - there is a need to ensure that the supply of housing is matched with appropriate levels of health infrastructure that are delivered in a timely manner. This could include for example, green infrastructure, play facilities, active travel options and physical health facilities. A mismatch between the delivery and</p>	<p>Potential impact on health if phased housing delivery is not matched with appropriate levels of health infrastructure delivered at the right time.</p>	<p>Impact on individuals will depend upon level of disjuncture between phasing and delivery of health infrastructure.</p>	<p>The phasing of housing land release may have a significant impact on the demand for health and social care services.</p>	<p>Health Impact Assessment should consider the implications of phasing housing delivery in relation to the delivery of health services and facilities.</p>
---	---	---	---	---	---

<p>used in the Allocations DPD to trigger the release of land.</p> <p>Key Issues: The NPPF does not specifically require the phased release of housing land, although it is acknowledged that applications for large housing developments may include phasing plans to ensure the managed delivery of new homes to the market.</p> <p>The time periods and phasing of the housing requirement will need to be reconsidered looking at updated evidence from the SHLAA relating to the availability of sites and also looking at market demand. The phased release of housing land is one way to ensure the sustainable development</p>	<p>phasing of housing and community and health infrastructure may have local health impacts.</p>				
---	--	--	--	--	--

<p>of the District, however, it can also have implications on the housing market and these need to be carefully balanced.</p>					
---	--	--	--	--	--

Policy HO6: Maximising the Use of Previously Developed Land

<p>Current Position: This policy sets out the approach to delivering the maximum amount of housing on previously developed land (PDL). The policy sets an overall District wide target of achieving 50% of new housing on PDL. It also sets out more specific targets for the four settlement hierarchy tiers:</p> <ul style="list-style-type: none"> • Regional City of Bradford: 55% • Principal Towns: 50% • Local Growth Centres: 15% 	<p>Some PDL may be heavily contaminated and may not be suitable for housing development. Assuming significant areas of brownfield land could be de-contaminated there will be a need to balance the intensification and use of PDL with the provision of liveable well-designed spaces developments which provide not only housing but a full range of infrastructure</p>	<p>Intense over-development of brownfield sites may have a negative impact on the health and well-being of residents through cramped living conditions and limited access to recreation and green spaces.</p>	<p>There is potential for high density developments to reduce the options of individuals to access and use recreation and green spaces. More positively PDL development may be located near existing services and facilities which could be accessed via walking and cycling.</p>	<p>May lead to the concentration of new populations in geographical areas with a history of deprivation and potential pressure on health services and facilities.</p>	<p>Health Impact Assessment should review links between brownfield sites, social and health deprivation and potential pressures on existing services / facilities. Intensification of brownfield land use needs to be considered against positive options of supporting potentially well-located new developments and potentially negative over-intensification</p>
--	---	---	---	---	---

<ul style="list-style-type: none"> • Local Service Centres: 35% <p>Key Issues: The NPPF (paragraph 117) requires strategic policies to set out a clear strategy for accommodating objectively assessed needs, in a way that makes as much use as possible of previously developed land. The Government has increased the priority for reusing PDL in the new NPPF. However, it does not reintroduce a sequential approach to site selection and it must be acknowledged that it is likely that there will still need to be some Greenfield development to meet the housing requirement in Bradford</p>	<p>to support healthy living. The benefits of PDL development include potential sustainably located new development near existing services and facilities.</p>				<p>implications.</p>
---	--	--	--	--	----------------------

Policy HO8: Housing Mix

<p>Current Position: Policy HO8 looks to support the provision of a mix of housing to meet the needs of the District's population. It sets out the following strategic priorities for the types and sizes of housing that is needed:</p> <p>The NPPF requires that the housing needs of different groups in the community are assessed. It will be important to identify what types, sizes and tenures are required and which groups have a priority need.</p>	<p>The policy impacts directly on health and wellbeing in terms of ensuring that the mix of housing meets the health and wellbeing needs evidences in the JSNA and the range of housing needs that will be evidenced through the 2019 Strategic Housing Market Assessment and Housing Needs Study. The policy will help to address health and wellbeing issues related to imbalances in the housing supply and to address overcrowding and the requirements of groups with additional needs.</p>	<p>Yes – by ensuring:</p> <p>Sufficient provision of affordable homes across the District</p> <p>A range of housing options for older people and people with disabilities, combined with increased opportunity to remain in their own home for longer through sufficient provision of accessible and adaptable housing.</p> <p>A range of tenures are available in each area</p> <p>Mixed developments, allow the full-range of population groups to access housing in all locations</p>	<p>Yes – individual and individual family or household needs will be impacted by the available mix of housing by area.</p>	<p>A Housing Mix policy that adequately addresses health and wellbeing issues may contribute to reduction of demand on health and care services</p>	<p>Yes – to ensure that health and wellbeing issues are addressed and potential to improve health and wellbeing is maximised through policies on housing mix</p>
--	--	--	--	---	--

Policy HO9: Housing Quality					
Current Position: Policy	The housing quality	The policy should aim	Poor quality housing	Ensuring that the	HIA is required to

<p>H09 aims to ensure that new residential developments:</p> <ul style="list-style-type: none"> • Are high quality in terms of design and sustainable construction standards. • Are designed to be accessible and adaptable to support the changing needs of different groups of people. • Provide private outdoor space. • Provide suitable space standards appropriate to the type of home. • Provide adequate storage for bins, recycling and storage. <p>Key Issues:</p> <p>Local planning</p>	<p>policy addresses major impacts on health and wellbeing, from cold homes and fuel poverty, damp and mould, noise nuisance, risk of injury, mental wellbeing, lack of space, overcrowding. Better design that meets and preferably exceeds minimum quality standards will improve health and wellbeing, and enable better quality of life,</p>	<p>to ensure that the housing built in the next few years is of high enough quality to avoid the risks of poor quality housing (hard to heat, poorly ventilated, steep stairs and other fall risks, hard to adapt to changing needs) that cause injuries, poor respiratory and cardiovascular health impact on child development and wellbeing and adolescent mental health, impact on the health of people with additional vulnerability to these risk factors.</p>	<p>makes it much harder for everyone to maintain or improve their health and wellbeing but has particular impact on people with additional needs whether related to age or disability.</p>	<p>future housing stock is of consistently good and durable quality will help to reduce demand for health and care services.</p>	<p>ensure that the policy will deliver maximum gain for health and wellbeing and help to reduce health inequalities.</p>
---	---	--	--	--	--

<p>authorities can set additional technical requirements exceeding the minimum Building Regulations in respect of optional nationally described space, access and water standards for new homes.</p> <p>Space Standards - Nationally Described Space Standard.</p> <p>A single standard for minimum internal space requirements is set out by national guidance and applies across all tenures.</p> <p><u>Accessible Housing Standards</u></p> <p>In relation to accessible housing, national guidance states that if a council chooses to adopt additional standards in relation to accessible housing, then</p>					
---	--	--	--	--	--

<p>they can relate only to 2 categories, and a target percentage should be set for each category. These categories are;</p> <ul style="list-style-type: none"> • M4(2) Category 2: Accessible and adaptable dwellings • M4(3) Category 3: Wheelchair user dwellings. <p><u>Water Standards</u></p> <p>All new homes already have to meet the mandatory national standard set out in the Building Regulations (of 125 litres/person/day). Where there is a clear local need, local planning authorities can set out Local Plan policies requiring new dwellings to meet the tighter Building Regulations optional requirement of 110</p>					
--	--	--	--	--	--

<p>litres/person/day.</p> <p>The NPPG indicates a viability assessment should be carried out to ensure that policies (including additional housing standards) are realistic, and that the total cumulative cost of all relevant policies will not undermine deliverability of the plan.</p>					
---	--	--	--	--	--

Policy HO11: Affordable Housing

<p>Current Position: Policy HO11 aims to ensure that there is a sufficient supply of good quality affordable housing distributed throughout the district particularly to the areas of highest need. It establishes the affordable housing targets for different parts of the district. It indicates that the</p>	<p>Yes – lack of affordable housing can leave individuals and families unsuitably or insecurely housed, with major impact on both mental and physical health and wellbeing.</p>	<p>The policy should identify and promote the mechanisms most likely to deliver affordable homes at sufficient levels for different areas across the District.</p>	<p>Yes – by improving the housing situation of lower-income households which may have poorer health and wellbeing on average.</p>	<p>Delivery of high-quality, well-integrated affordable housing at sufficient levels for each area of the District and in ways that make it accessible to people with poor wellbeing should help to reduce demand for health and care services by improving long-term</p>	<p>Yes in order to ensure that affordable housing is delivered in ways that will maximise health and wellbeing gain, and reduce health inequalities. Affordable housing needs to be delivered at the same quality levels as market-housing and in</p>
---	---	--	---	---	---

<p>Council will negotiate with applicants to provide the following proportions of affordable housing on-site subject to viability:</p> <ul style="list-style-type: none"> • Up to 30% in Wharfedale • Up to 20% in towns, suburbs and villages • Up to 15% in inner Bradford and Keighley <p>Key Issues:</p> <p>There is a need to update the affordable housing policy to reflect national planning policy since the adoption of the Core Strategy.</p> <p>The NPPF (paragraph 34) indicates that plans should set out the contributions expected from development</p>				<p>health and wellbeing and reducing health inequalities.</p>	<p>socially inclusive ways in order to maintain and improve health and wellbeing.</p>
---	--	--	--	---	---

<p>including the levels and types of affordable housing. The NPPG indicates that such policy requirements should be informed by evidence of affordable housing need and a proportionate assessment of viability.</p> <p>Affordable housing requirements should be expressed as a single figure rather than a range, and that different requirements may be set for different types of sites or types of development. Subject to certain exemptions, the NPPF sets an expectation that at least 10% of homes on major development sites will be affordable.</p> <p>The definition of affordable housing has been revised in the new</p>					
--	--	--	--	--	--

<p>NPPF and now includes a broader range of affordable housing products, including starter homes and discounted market sales housing. It will be important to look at how this broader range of products can help to meet the affordable housing needs of Bradford's diverse population</p>					
--	--	--	--	--	--

Policy HO12 Sites for Travellers and Travelling Showpeople

<p>Current Position: Policy HO12 makes provision via policies and site allocations to deliver additional pitches for Gypsies and Travellers and plots for Travelling Showpeople for the period to 2030:</p> <ul style="list-style-type: none"> • 39 pitches for the gypsy and traveller 	<p>Yes – and in a section of the community with some of the poorest health and wellbeing outcomes.</p>	<p>Yes – through arrangements to make available a sufficient supply of safe, secure, appropriate accommodation.</p>	<p>Yes – ensuring that sites are safe and sustainable provides a baseline for individuals to improve their own health and wellbeing.</p>	<p>Yes – identification of safe, sustainable sites should consider access to health and care services, particularly given the level of health inequality experienced by this community.</p>	<p>Yes – in response to poor health outcomes and high levels of health inequalities experienced by this community.</p>
---	--	---	--	---	--

<p>communities;</p> <ul style="list-style-type: none"> • 7 pitches for transit accommodation • 45 pitches for travelling showpeople <p>Key Issues: There is a need to update this policy to take into consideration:</p> <ul style="list-style-type: none"> • The changing plan period (potentially to 2035); • Any changes to demographics and need requirements as established through the SHMA and Local Housing Needs assessment. 					
---	--	--	--	--	--

EMPLOYMENT

Policy EC1: Creating a Successful & Competitive Bradford District Economy within the Leeds City Region

Current Position: Policy	Employment and	The Local Plan has	The policy, in	Overall improvement	Yes – for example to
---------------------------------	----------------	--------------------	----------------	---------------------	----------------------

<p>EC1 sets the broad policy context for a competitive Bradford District to support economic prosperity. In particular it looks to support :</p> <ul style="list-style-type: none"> • the delivery of economic growth, restructuring and diversification; • the provision of Grade A office space in Bradford City Centre; • improving the links between job opportunities and skills development; • Modernising the manufacturing industries • A knowledge-driven economy • A more entrepreneurial 	<p>education have an important influence on health and wellbeing as they provide both social and psychological benefits and can have a positive impact on the long term health of the population.</p>	<p>the potential to contribute to improving health and wellbeing through education, job creation and retention, and reducing health inequalities over the long term. Higher levels of education and skills, secure employment status and access to good jobs are associated with better health and wellbeing outcomes on average.</p>	<p>conjunction with other strategies and policies will impact on individual's ability to improve their own health and wellbeing by providing a route into higher-level education and training opportunities and safe, secure, decent better-paid jobs.</p>	<p>in the economy may indirectly impact on demand for health and care services if the expected improvement in health and wellbeing becomes apparent within the plan period. There may be a further effect on demand for health and care services if the location of economic and employment opportunities act to change levels of demand for housing in particular locations.</p>	<p>consider the potential impact of employment zoning on the distribution of employment opportunities and to seek maximum gain for health and wellbeing, particularly in areas of poor health outcomes and health inequality.</p>
--	---	---	--	---	---

<p>District</p> <ul style="list-style-type: none"> • Enhanced transport links between the regional airports (Leeds-Bradford and Manchester). • The potential of non-business class sector as key economic and employment generators. • Opportunities for business relating to the District's unique environmental assets. • ICT and communications infrastructure. <p>Key Issues: The NPPF requires planning policies to set out a clear economic vision and strategy which positively and proactively encourages</p>					
---	--	--	--	--	--

<p>economic growth, having regard to Local Industrial Strategies and other local policies for economic development and regeneration.</p> <p>The national and local economies are constantly changing and it will be important to identify the key drivers for change and ensure the policy approach is flexible to respond to any changes.</p>					
--	--	--	--	--	--

Policy EC2: Supporting Business & Job Creation

<p>Current Position: Policy EC2 supports the delivery of 1,600 new jobs in the District annually to 2030. This will be achieved through the allocation of at least 135ha of employment land over a range of</p>	<p>Employment and education have an important influence on health and wellbeing as they provide both social and psychological benefits and can have a positive impact on the</p>	<p>The Local Plan has the potential to contribute to improving health and wellbeing through creation and retention of safe, secure, decent better-paid jobs that will</p>	<p>The policy, in conjunction with other strategies and policies will impact on individual’s ability to improve their own health and wellbeing if it is able to provide safe, secure, decent</p>	<p>Creation of decent jobs may indirectly impact on demand for health and care services if the expected improvement in health and wellbeing becomes apparent</p>	<p>Yes – to seek maximum gain for health and wellbeing through job creation, particularly in areas of poor health outcomes and health inequality.</p>
--	--	---	--	--	---

<p>sites in the Site Allocations DPD; implementing major regeneration initiatives; and supporting and improving the vitality and viability of the City Centre.</p> <p>Key Issues: The NPPF indicates that significant weight should be placed on the need to support economic growth and productivity, taking into account both local business needs and wider opportunities for development.</p> <p>Updated local economic priorities will also need to be more effectively reflected in the policy position.</p>	<p>long term health of the population.</p>	<p>contribute to improving health and wellbeing and reducing health inequalities over the long term. Higher levels of education and skills, secure employment status and access to good jobs are associated with better health and wellbeing outcomes on average.</p>	<p>better-paid jobs and facilitate routes into such jobs for people living in areas of health inequality where health and wellbeing outcomes are poorer on average.</p>	<p>within the plan period. There may be a further effect on demand for health and care services if the location of economic and employment opportunities act to change levels of demand for housing in particular locations.</p>	
---	--	---	---	--	--

Policy EC3: Employment Land Requirement					
Current Position: Policy	Direct impact on	In addition to the	Consideration of the	Demand for health	Yes – to seek

<p>EC3 sets the employment land requirement for the District. It indicates that 135ha of land will be provided for employment use and that it should be distributed in the sub-areas as follows:</p> <ul style="list-style-type: none"> • City of Bradford = 100ha • Airedale Corridor = 30ha • Wharfedale Corridor = 5ha <p>The distribution of the employment land requirement was based on past delivery rates.</p> <p>Key Issues: The NPPF stipulates Local Plan policies should recognise and address the specific locational requirements of</p>	<p>physical and mental health and wellbeing is likely to relate to the intrinsic benefits of increased employment opportunities and the quality of those opportunities – pay and conditions, workplace health, safety and wellbeing.</p>	<p>intrinsic, direct benefits of increased employment opportunities, the policy to allocate sufficient land for current and future employment and skills opportunities will have an important direct influence on the long term health and wellbeing of the population by shaping where employment is located and linked to current settlements – this determines how easily people can reach their employment (travel time and cost), ease of active travel, healthy food offer on-site etc.</p>	<p>location of job opportunities, may enable individuals to improve their own health and wellbeing, particularly in areas of poor health outcomes and health inequality,</p>	<p>and care services in particular locations may alter if the location of economic and employment opportunities act to change levels of demand for housing in particular locations.</p>	<p>maximum gain for health and wellbeing through location of job opportunities, particularly in relation to areas of poor health outcomes and health inequality.</p>
---	--	---	--	---	--

<p>different sectors. This includes making provision for clusters or networks of knowledge and data-driven, creative or high technology industries; and for storage and distribution operations at a variety of scales and in suitably accessible locations.</p> <p>The new economic strategy sets out a series of key priorities and sectors, for which space for development and growth will be required.</p>					
---	--	--	--	--	--

Policy EC5: City, Town, District and Local Centres

<p>Current Position: This policy sets out the approach to ensuring that the vitality and viability of the network and hierarchy of centres</p>	<p>Access to convenient shopping and leisure facilities can play a positive role in physical and mental health. A balanced</p>	<p>The loss of local shops and services can lead to the further erosion of services and facilities and have a significant</p>	<p>The reduction and loss of shops and leisure facilities may have a negative impact on the ability of individuals to</p>	<p>May lead indirectly to greater demand for services / facilities through inactive lifestyles and/or poor</p>	<p>HIA will need to evaluate changing role and range of services and facilities within key centres.</p>
---	--	---	---	--	---

<p>in maintained and that the appropriate level of retail and leisure developments are directed to the most suitable locations.</p> <p>It sets out specific requirements for retail needs for the different levels of the retail hierarchy. It also sets out floorspace thresholds for when an impact assessment will be required for edge or out of centre developments.</p> <p>Key Issues: The NPPF indicates that planning policies should support the role that town centres play at the heart of local communities by taking a positive approach to their growth, management and adaptation.</p> <p>Accessible local shops</p>	<p>range of facilities are often required in centres to support economic vitality. The concentration of particular uses (such as fast food takeaways) can lead to negative local health implications.</p>	<p>impact on the health and well-being of local communities (particularly where other uses with negative health impacts are introduced). The NPPF explicitly highlights the positive role accessible local shops can play in supporting healthy and safe communities.</p>	<p>support a healthy lifestyle through reduced access to active leisure options and walkable local shops.</p>	<p>diets.</p>	
---	---	---	---	---------------	--

<p>can also play a positive role in providing the services that communities need and support healthy and safe communities. Planning policies should also support an appropriate mix of uses across an area, including shopping and leisure.</p>					
---	--	--	--	--	--

Policy SC7: Green Belt

<p>Current Position: Policy SC7 sets out the valuable role the Green Belt plays in supporting urban renaissance and transformation as well as keeping settlements separate and conserving the countryside. The policy also establishes the exceptional circumstances which</p>	<p>The policy has the potential to impact on health and wellbeing through the 2017 proposal to release Green belt land to accommodate around 11,000 dwellings s. 5.3.33</p>	<p>Yes - Assessment is needed to review and consider the policy particularly as the current proposals for Green Belt release are proposed to be “focused heavily on the main urban areas” s.5.3.34 where health inequalities are higher and where the role of green belt land and</p>	<p>The policy and subsequent allocations policy should be assessed for their general suitability in terms of likely impact on health and wellbeing, for example where Green Belt release might result in development that is highly car-dependent and/or</p>	<p>The current level of proposed release has the potential to impact on levels of demand for health and care services in affected locations.</p>	<p>HIA should assess the potential to reduce impact where Green Belt release could remove green vistas which have intrinsic health and well-being, or could restrict access and through-routes to, or remove, community amenities that support health and wellbeing.</p>
---	---	---	--	--	--

<p>allow for land to be released from the Green Belt in order to deliver the longer term housing and jobs growth in the District.</p> <p>Key Issues: The NPPF emphasises that before concluding that exceptional circumstances exist to justify changes to Green Belt boundaries, the Council should be able to demonstrate that it has examined fully all other reasonable options for meeting its identified need for development. This includes:</p> <p>a. making as much use as possible of suitable brownfield sites and underutilised land;</p> <p>b. optimising the density of</p>		<p>green infrastructure in general may be important in supporting health and wellbeing.</p>	<p>poorly-connected to local amenities.</p>		
---	--	---	---	--	--

<p>development including whether policies promote a significant uplift in minimum density standards in town and city centres and other locations well served by public transport; and</p> <p>c. discussions with neighbouring authorities about whether they could accommodate some of the identified need for development, as demonstrated through the statement of common ground.</p> <p>The Council will need to work through a series of steps before concluding that there are exceptional circumstances to justify changes to the Green</p>					
--	--	--	--	--	--

<p>Belt boundary. The extent of any Green Belt release is also linked to the consideration of any revised housing and employment requirements and a partial Green Belt assessment.</p>					
---	--	--	--	--	--

Policy ID2: Viability

<p>Current Position: Part A of Policy ID2 details that where a variation to planning policy requirements or planning obligations is sought due to financial viability, a viability assessment must be submitted to the Council. Part B of the policy indicates that where a development is economically unviable consideration will be given to individual scheme viability in the</p>	<p>Health infrastructure will need to be taken into consideration as part of viability assessments.</p>	<p>At a headline level, unviable non-deliverable schemes can have a negative impact on local areas.</p>	<p>No specific detailed impact on individuals identified.</p>	<p>Neutral</p>	<p>Health infrastructure will need to be included fully within site viability testing.</p>
---	---	---	---	----------------	--

<p>determination of planning applications.</p> <p>Key Issues: The revised NPPF and NPPG place a strong emphasis upon viability being considered at the plan-making stage rather than through planning applications.</p> <p>NPPF Para 57 indicates that where up to date policies have set out the contributions expected from development, planning applications that comply with them should be assumed to be viable. It is up to the applicant to demonstrate whether particular circumstances justify the need for a viability assessment at the application stage. Contributions should include setting out the</p>					
--	--	--	--	--	--

<p>levels and types of affordable housing provision required, along with other infrastructure (such as that needed for education, health, transport, flood and water management, green and digital infrastructure).</p> <p>Furthermore, the weight to be given to a viability assessment is a matter for the decision-maker, having regard to all the circumstances in the case, including whether the plan and the viability evidence underpinning it is up to date, and any change in site circumstances since the plan was brought into force. All viability assessments, including any undertaken at the plan-making stage, should reflect the</p>					
--	--	--	--	--	--

<p>recommended approach in national planning guidance, including standardised inputs, and should be made available to the public.</p> <p>The updated NPPG also indicates that Plans should set out circumstances where review mechanisms may be appropriate, as well as clear process and terms of engagement regarding how and when viability will be reassessed over the lifetime of the development to ensure policy compliance and optimal public benefits through economic cycles.</p>					
---	--	--	--	--	--

Other Policies/New Policies and Issues

Policy HO5: Density of Housing Schemes

The delivery of density targets should not be at the expense of poor-quality housing and inadequate levels of public, green and recreational space. This policy has particular implications for public health, although density targets for specific sub-areas will be set through the Allocations DPD and area action plans. **Density targets will be reviewed as part of on-going work on site allocations and housing design standards.**

Potential New Policy / Policy Enhancement: Green Infrastructure for Play, Leisure and Active Travel

A fully developed Green Infrastructure strategy could have a beneficial impact on public health given its evidenced significance for wellbeing. A strategy and any subsequent policies should have a broader focus than formally designated Green Space, to cover informal green infrastructure, green vistas and street greening and to address a wide range of uses and benefits.

TABLE 2: HEALTH IMPACT ASSESSMENT FOR CORE STRATEGY DPD – PARTIAL REVIEW – POLICIES

Core Policy/Issue	Strategy	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

TABLE 3: HEALTH IMPACT ASSESSMENT FOR SITE ALLOCATIONS DPD – SITES & POLICIES

Site/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 Impacts	Potential	Key Evidence	Recommendations for policies



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

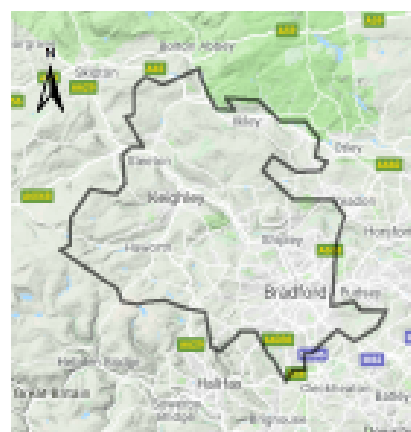
Life expectancy is 8.8 years lower for men and 7.5 years lower for women in the most deprived areas of Bradford than in the least deprived areas.**

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.



0km 6km 12km

Contains National Statistics data © Crown copyright and database right 2018
Contains OS data © Crown copyright and database right 2018
Map data © 2018 Google
Local authority displayed with ultra-generalised clipped boundary

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.

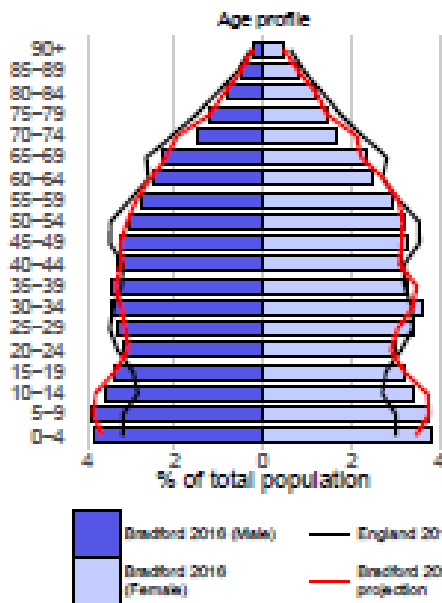
Local Authority Health Profiles are Official Statistics and are produced based on the three pillars of the [Code of Practice for Statistics](#): Trustworthiness, Quality and Value.

Follow [@PHE_uk](https://twitter.com/PHE_uk) on Twitter

* rate per 100,000 population

** see page 3

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 16	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

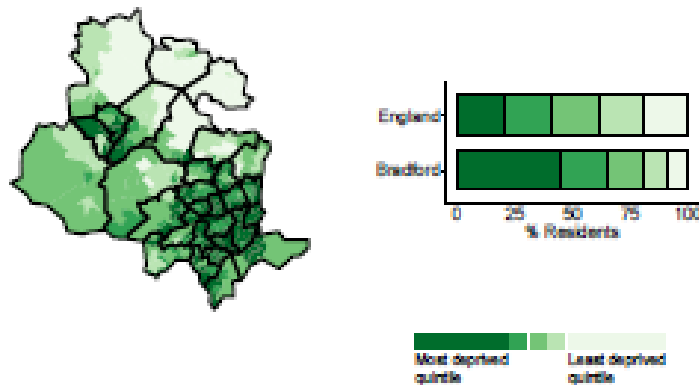
Deprivation

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 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.



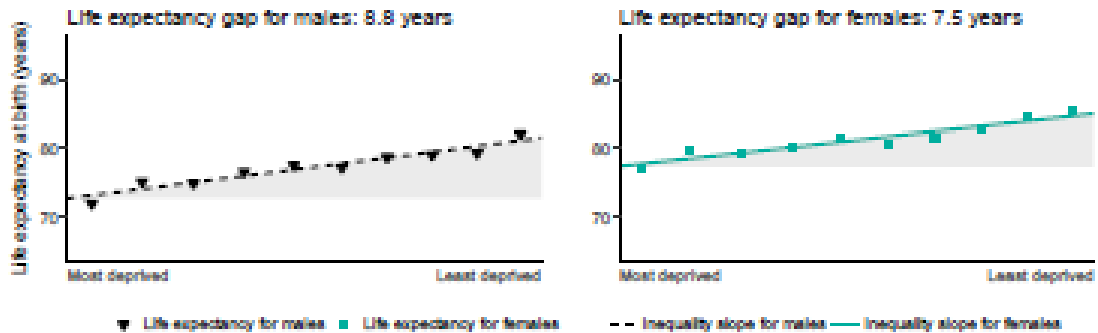
Local

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

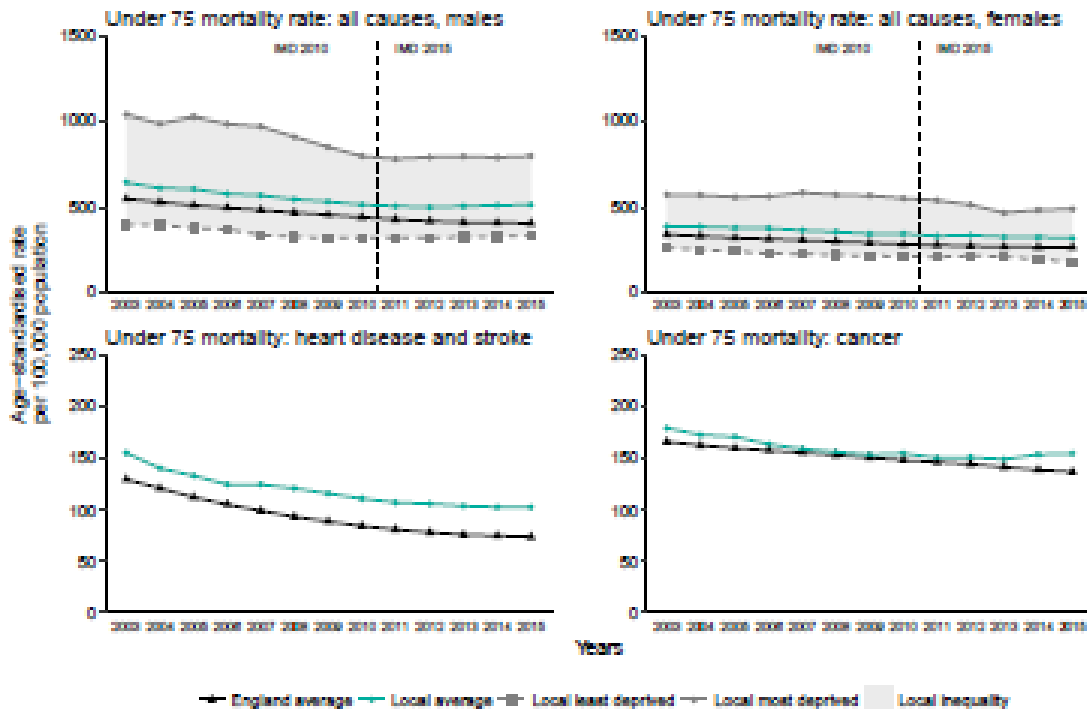
Health inequalities: life expectancy

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 2004. 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.

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	●	86.5
	3 Under 75 mortality rate: all causes	2014 – 16	4,802	413.4	333.8	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	1,745	154.7	136.8	185.3	●	99.1
	6 Suicide rate	2014 – 16	122	9.2	9.9	15.3	●	4.6
Injuries and ill health	7 Killed and seriously injured on roads	2014 – 16	570	35.8	39.7	110.4	●	13.5
	8 Hospital stays for self-harm	2016/17	1,221	223.9	185.3	578.9	●	50.8
	9 Hip fractures in older people (aged 65+)	2016/17	471	510.8	575.0	654.2	●	304.7
	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	●	98.3
	12 Dementia diagnoses (aged 65+)	2017	4,218	81.3	67.9	45.1	●	90.8
Behavioural risk factors	13 Alcohol-specific hospital stays (under 16s)	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	606.4	1,151.1	●	368.2
	15 Smoking prevalence in adults (aged 16+)	2017	73,882	18.9	14.9	24.8	●	4.6
	16 Physically active adults (aged 16+)	2016/17	n/a	63.7	66.0	53.3	●	76.8
	17 Excess weight in adults (aged 16+)	2016/17	n/a	63.7	61.3	74.9	●	40.5
Child health	18 Under 16 conceptions	2016	218	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
Inequalities	22 Obese children (aged 10–11)	2016/17	1,837	23.7	20.0	29.2	●	8.8
	23 Deprivation score (IMD 2015)	2015	n/a	33.2	21.8	42.0	●	5.0
Wider determinants of health	24 Smoking prevalence: routine and manual occupations	2017	n/a	31.8	25.7	49.7	●	5.1
	25 Children in low income families (under 16s)	2015	27,105	21.8	16.8	30.5	●	5.7
	26 GOSEs 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	●	60.5
	28 Statutory homelessness	2016/17	68	0.3	0.8		●	
	29 Violent crime (violence offences)	2016/17	16,238	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	●	266.8
	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.health-profiles.info

Indicator notes types

1, 11 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 15 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 16 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 – % 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@hpa.gov.uk

You may re-use this information (not including logos) free of charge in any format or medium, under the terms of the Open Government License. To view this license, visit www.nationalarchives.gov.uk/foi/about/open-government-licence/

The wording in this publication can be made available in other formats such as large print. Please call 01274 433679.

Local Plan Team
City of Bradford Metropolitan District Council
4th Floor
Britannia House
Broadway
Bradford BD1 1HX

Telephone: (01274) 433679

Email: planning.policy@bradford.gov.uk

Website: www.bradford.gov.uk/planningpolicy