

Health Impact Assessment

Bath & North East Somerset

Core Strategy Paper

November 2010

Version: Final

This report was written by Sarah Scott and Helen Erswell, Public Health,
Health and Wellbeing Partnership, Bath and North East Somerset.

**To view the report in a different format or to send feedback please call 01225
831806**

Contents

1. Purpose	4
2. Context	4
3. Summary and Recommendations.....	4
4. Understanding health impact assessment	5
5. How the Core Strategy can influence health and health inequalities	8
6. Method used for this health impact assessment.....	9
7. Relationship to the Joint Strategic Needs Assessment (JSNA)	9
8. The NHS White Paper – Equity and excellence: Liberating the NHS	10
9. Sustainability Appraisal.....	11
10. Relationship to the Sustainable Community Strategy	11
Appendix 1 .. Health issues that are related to the built environment and that could be addressed by the Core Strategy	13
Appendix 2 Health impact assessment of the draft BANES Core Strategy.....	16

Executive summary

Health and wellbeing are positive attributes, rather than an absence of illness, and enable individuals and communities to thrive. The determinants of wellbeing include a number of economic, environmental and social factors which can all be influenced by the Core Strategy.

There are many current issues raised in the vision and objectives section of the draft Core Strategy which have the potential to improve health and wellbeing. These are expressed more fully and explicitly in some of the place based policies than others. This includes urban form as well as presence of infrastructure and facilities. There is limited detail provided in the draft Core Strategy, as is the nature of this high level document, and more robust plans on, for example, infrastructure delivery and for urban design that promotes healthy living will need to be developed in the Masterplanning process.

The place based policies highlight many positive examples of planning contributing to improving the health of population. The plans to link up cycling and walking routes and the promotion of active travel is welcome both for their benefits to health and as a contribution to cutting carbon emissions.

The plans for regeneration present some exciting opportunities for the development of sustainable and healthy living as well as for the provision for affordable housing throughout B&NES. The core policies reinforce this approach.

There are concerns however that the changing demographics of the area are not considered as fully as other issues have been. The population is aging in B&NES and that will have major implications for the types of homes needed as well as the location of amenities.

The Primary Care Trust will need to work closely with the council to look at health service requirements and capacity, specifically through the development of the B&NES Infrastructure Delivery Plan.

1. Purpose

This report aims to critically review the draft Core Strategy for Bath and North East Somerset (B&NES) 2006-2026, using a process called Health Impact Assessment (HIA). The background to both the Core Strategy and HIA are discussed in the sections below. This assessment looks to consider the Core Strategy as it develops, and demonstrates that health considerations have been embedded in this process.

2. Context

Responding to proposals to abolish the Regional Spatial Strategy, B&NES has commissioned studies in order to determine, at the district level, the level of growth that the Core Strategy needs to plan for. The evidence provided by these studies indicates that a lower level of growth is predicted and the urban extensions are no longer required. This HIA considers the health impacts of the changed strategy and builds upon the HIA of the Core Strategy Spatial Options document (2009).

The HIA team have had regular briefings on the Core Strategy as different policies have been developed. There have been regular briefings for the team from the planning policy team and an opportunity for there to be discussion of each strategy. The HIA team have also been able to meet with the Strategic Environmental Assessment team during those briefings. There has been a commitment to reviewing and responding to the different perspectives and comments all the way through the process to ensure that health has been integrated throughout.

3. Summary and Recommendations

The district wide vision makes reference to a number of issues that have the potential, perhaps indirectly, to improve health and wellbeing. However, there is little reference to health inequalities or demographic issues in the challenges that face the district and there is little explicit reference to action that might improve health and wellbeing, or reduce health inequalities in the objectives. Although these issues are covered in strategic objective number six.

The core policies include a number of issues that will benefit health and wellbeing, such as improved access to community amenities and cultural facilities, improved access to open and green space and good urban design to promote healthy living. The detail provided at district or sub-district level is very limited, as is the nature of this high level document, and this will need to be developed as part of local area Master planning.

There is a welcome commitment to combating climate change through a variety of activities through which there are clear health benefits.

- I. The vision for the district could include more explicit reference to the role of place making in improving health and wellbeing, and potentially using

regeneration opportunities to reduce health and social inequalities currently seen across the district.

- II. The Core Strategy could make specific reference to community safety and community cohesion and its positive impact on health, the local economy and the public realm.
- III. Marginalised groups should be specifically considered throughout the Core Strategy, these include older people, lower socio-economic groups, the disabled and those with sensory impairment.
- IV. The Core Strategy and subsequent plans need to consider the specific housing needs of the current and future B&NES population.
- V. The vision for Bath could include more explicit reference to improving health and wellbeing for the people living and visiting Bath.
- VI. The planning for the regeneration of Keynsham should consider the needs of the people living in the town and ensure that future job opportunities are appropriate for the skill levels within the town.
- VII. Access to health facilities needs to be considered more fully in both the Somer Valley and Rural Areas Place Based Policies.
- VIII. The Primary Care Trust will need to work closely with the council to look at health service requirements and capacity, in the development of the Infrastructure Delivery Plan.

The full details of the HIA can be found in appendix 2 which examines each policy of the core strategy in more detail.

This report was completed on an earlier officer draft version of the draft Core Strategy dated 27th September 2010. Since this report was written, the local authority have responded to several issues raised in it and their response is available alongside this document and the draft Core Strategy.

4. Understanding health impact assessment

Health impact assessment (HIA) is a process that can help identify the possible health impacts of a programme or policy. It aims to produce recommendations as to how the good consequences for health could be enhanced and how the bad consequences could be avoided or minimised. When doing this, the assessment looks not only at the overall population but also at which sub-groups benefit most and which groups benefit least. The assessment results in a set of evidence-based recommendations. These aim to highlight practical ways of enhancing the positive aspects of the proposal and minimising any negative impacts, in terms of improving health and reducing inequalities^{1,2}. It is also important to understand whether

¹ NICE (2004) Clarifying health impact assessment, integrated impact assessment and health needs assessment. http://www.nice.org.uk/niceMedia/documents/clarifying_hia.pdf

stakeholders or target populations have been consulted or involved in developing the policy and whether any potential impacts on health and wellbeing have been identified already.

When assessing the potential health impacts of a policy, it is important to take into account not just the direct determinants of health (such as smoking, being active or access to care facilities), but the wider determinants as well. The following is a list of some of the factors which have an indirect or direct effect on health and wellbeing³:

- opportunities for education and training
- financial security
- employment levels
- community safety
- community cohesion and social inclusion
- discrimination
- stress at home or at work
- housing conditions
- environmental factors such as noise, air or water pollution
- access to transport, services and facilities
- access to affordable healthy food
- lifestyle factors such as smoking, alcohol, diet and eating habits, exercise

Some of these factors are more closely under the control and choices of each individual whereas others are more remote. Education, income and social support can also positively or negatively mediate an individual's control over the factors influencing their health. These issues are shown in figure 1 below, known as the health map, developed by Hugh Barton and Marcus Grant at the World Health Organisation Healthy Cities team at the University of the West of England.

² APHO (2007) What is HIA? <http://www.apho.org.uk/default.aspx?RID=44530>

³ DH (2007) Health impact assessment: questions and guidance for impact assessment. http://www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Healthassessment/Browsable/DH_075625

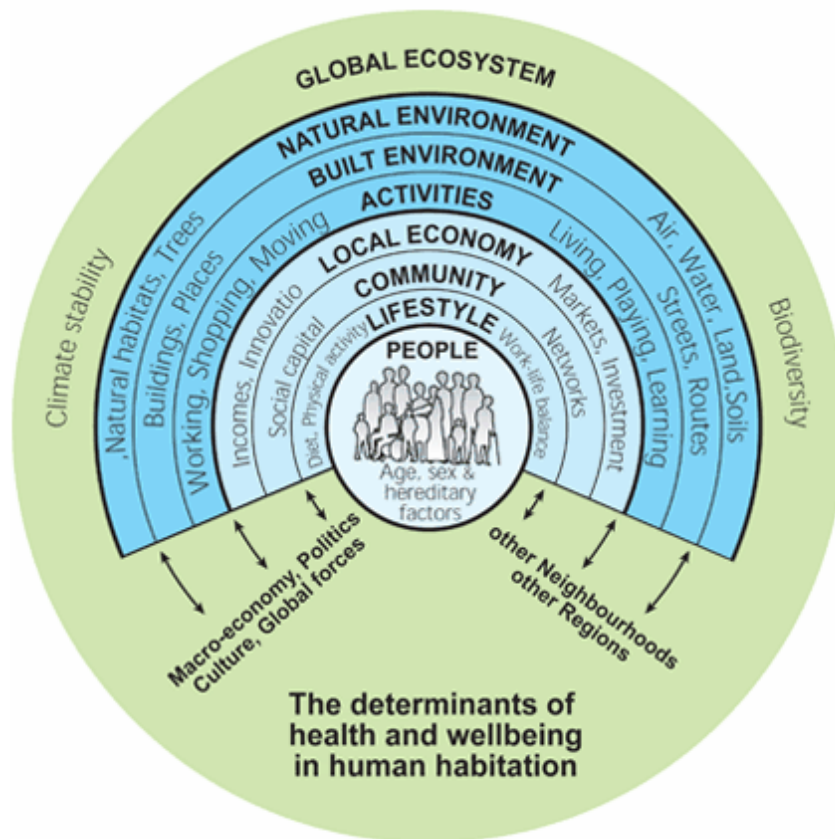


Figure1 The Health Map⁴.

The influence of these social factors on lifestyle choices in part explains the differences in health currently seen across different parts of BANES. Figure 2 shows on average how long a boy born in each ward of BANES today could expect to live in good health, before some sort of limiting long term illness begins.

⁴ Barton and Grant (2007) The health map. <http://www.uwe.ac.uk/ishe/healthmap/index.shtml>

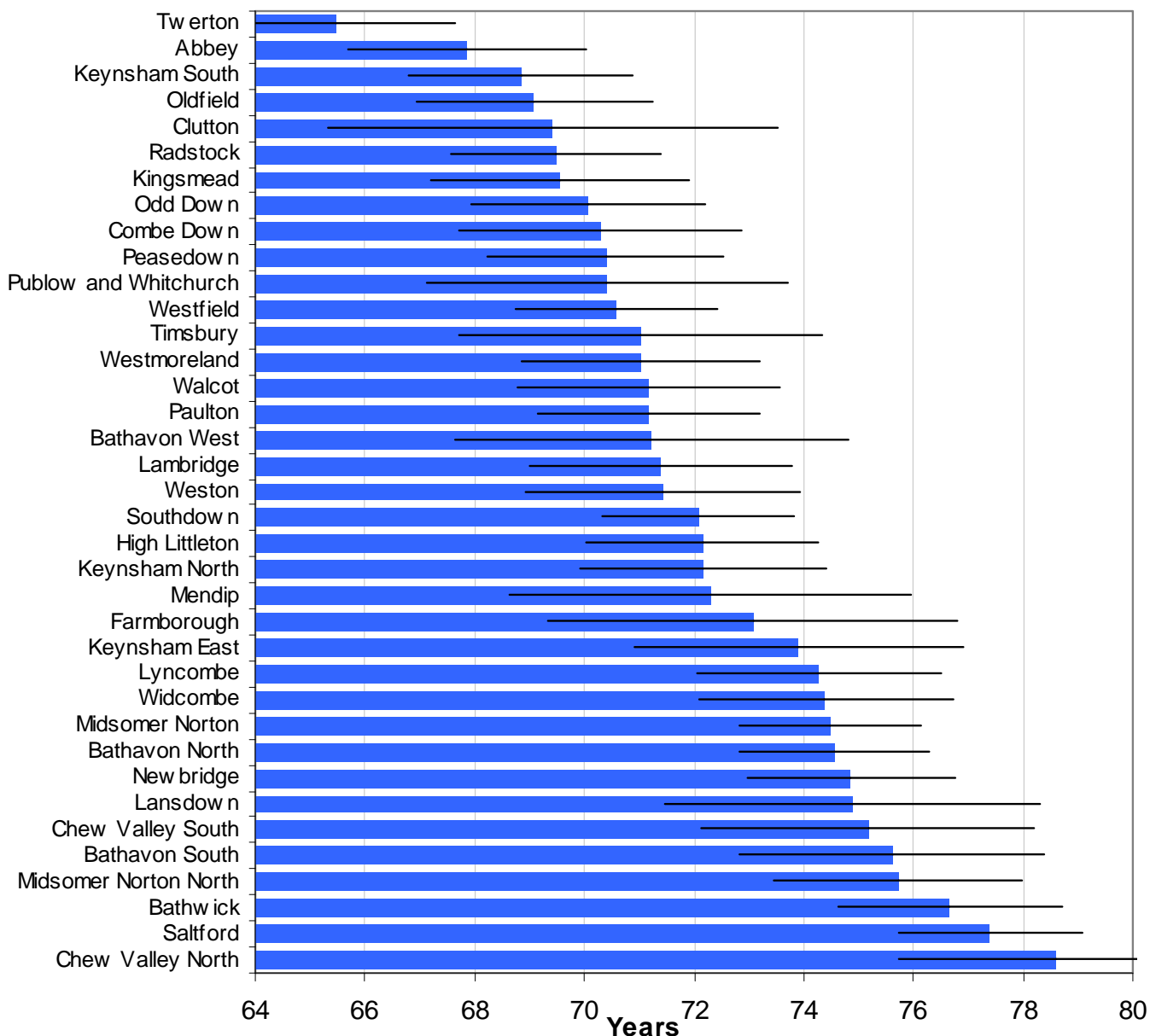


Figure 2 Healthy life expectancy for boys born in 2009 in BANES, by ward

Improving outcomes in the areas with the worst health requires targeted improvements in the wider social determinants of health (e.g. more people in work or training, less air pollution, etc), making it easier for people to make healthy choices (e.g. safe routes to schools for walking, good access to recreational facilities and parks, etc) and having good access to high quality care services. The Core Strategy can influence these issues and through its spatial nature can also help to reduce health inequalities, like the one shown in figure 2 above.

5. How the Core Strategy can influence health and health inequalities

Health inequalities are differences in health that are attributable, among other things, to a range of factors such as social class, age, gender, ethnicity and geography.

Social class is a strong predictor of health outcomes with people from lower socio-economic groups reporting worse health. These inequalities can only be tackled through a whole systems approach of which the Core Strategy is a key part.

The Core Strategy can help create healthy, sustainable communities through ensuring that planning fully considers the impact on the health of the population. By recognising the needs of specific populations who have worse health outcomes, the strategy can then go on to ensure that these groups have access to aspects of the physical environment that can improve their health and reduce inequalities. The Core Strategy can also ensure that there is equitable access to health services such as hospitals, clinics and GP surgeries and other services which help improve health such as leisure centres, youth centres, education and employment opportunities. The strategy can also ensure that development is sustainable and protects green spaces which are essential components for health.

The NHS London Healthy Urban Development Unit (HUDU) have set out key health issues that are related to the built environment with possible policy responses from spatial planning, based on widely accepted evidence and good practice⁵. The issues are caused by a network of factors and spatial planning is not solely responsible but does have a potentially important role to play when setting high level planning policy. The key issues, related pathways and possible planning responses are summarised in Appendix 1.

6. Method used for this health impact assessment

The process for health impact assessment used in this report is policy appraisal. The Core Strategy is a relatively high level document which makes it difficult to look at very precise effects for specific communities. Once the Core Strategy has become approved and more detailed local area action plans are being developed it could become appropriate to use other methods to inform health impact assessment including, for example, involvement of locally affected communities and technical modelling exercises that look at air or noise pollution.

A framework, set out in Appendix 2, has been used to assess the draft Core Strategy. This is based on a mix of two frameworks developed by HUDU for assessing a Core Strategy from a health perspective^{6,6} and has been adapted to fit the structure of the current draft BANES Core Strategy.

7. Relationship to the Joint Strategic Needs Assessment (JSNA)

Local councils and NHS Primary Care Trusts have a duty to produce a joint assessment of the broad health and social issues facing their area. The Joint Strategic Needs Assessment (JSNA) should act as part of the evidence base for the Core Strategy. Relevant issues identified by the JSNA are summarised below:

⁵ HUDU (2009) *Integrating health into the Core Strategy: A guide for primary care trusts in London.* http://www.healthyurbandevelopment.nhs.uk/pages/key_docs/key_documents_hudu.html

⁶ HUDU (2009) *Watch out for health. A checklist for assessing the health impacts of planning proposals.* http://www.healthyurbandevelopment.nhs.uk/pages/key_docs/key_documents_hudu.html

- Life expectancy is above average in B&NES and increasing each year.
- Death rates from coronary heart disease and cancer are lower than average
- Consequently, the population is expanding and is predicted to grow over the next two decades
- Growth will be fastest amongst the section of the population aged over 65 years.
- Residents of BANES generally enjoy good health and engage in healthy lifestyles
- However there are significant groups within the population who lead less healthy lifestyles, have worse than average health outcomes and earlier deaths. There is a difference of over 9 years in the life expectancy between the lowest and highest ward
- The many factors contributing to this situation are described in section 2 above. The most immediate factors are likely to be less healthy lifestyles and poorer engagement with health services. However, these are likely to be underpinned by a mix of more in direct factors such as education, income, community norms and differences in local environment and opportunities
- Particular areas where general health outcomes (all cause, all age mortality rates) are known to be worse than average for **women** include:
 - Twerton and Westmoreland in Bath
 - Paulton in the south of BANES
 - Farnborough, High Littleton, Mendip, Publow and Whitchurch in the rural west of BANES
- Particular areas where general health outcomes (all cause, all age mortality rates) are known to be worse than average for **men** include:
 - Oldfield and Twerton in Bath

It is worth noting that men experience shorter life expectancy and higher premature death rates than women, but that the difference between men in different communities is smaller and so only the two wards above are significantly worse than average.

8. The NHS White Paper – Equity and excellence: Liberating the NHS⁷

In July this year the Coalition Government published its vision for the future of the NHS. The paper has four key aims:

- Putting patients and public first
- Improving healthcare outcomes
- Autonomy, accountability and democratic legitimacy
- Cutting bureaucracy and improving efficiency

⁷ DH (2010) Equity and Excellence: Liberating the NHS.
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353

One of the key changes proposed in the White Paper is the transfer of PCT health improvement functions to local authorities and the abolishment of PCTs. There will be new statutory arrangements within local authorities that will establish health and wellbeing boards to take on the function of joining up the commissioning of local NHS services, social care and health improvement. This approach aims to allow local authorities to take a strategic approach and promote integration across health and adult social care, children's services, including safeguarding, and the wider local authority agenda.⁷

Whilst this approach has serious implications for the NHS, it also presents numerous opportunities for improved joined up working for the benefit of the local population, particularly with regard to the development and implementation of the Core Strategy.

9. Sustainability Appraisal

PPS 12⁸ sets out a requirement for sustainability appraisal, which includes the European Strategic Environmental Assessment Directive and which must be undertaken at each stage of the Core Strategy production process. To meet the requirement, there must be consideration of likely effects on human health. If the sustainability appraisal does not do this comprehensively then a separate health impact assessment should be carried out. A sustainability appraisal has been carried out for the draft Core Strategy and health has been considered. However, the scope and depth is inevitably constrained and so a more in-depth review has been done in this health impact assessment. The health impact assessment should complement the sustainability appraisal rather than duplicate it.

10. Relationship to the Sustainable Community Strategy

In 2009 a coordinating group of partners from business, public, community and third sector organisations developed an overarching strategy for B&NES, called the Sustainable Community Strategy. This identifies the long term vision for the area, until 2026, and the challenges that need to be addressed to achieve this vision. The Core Strategy is a key tool in the delivery of the Sustainable Community Strategy and therefore needs to align its own vision and objectives with it as well. The vision is that Bath and North East Somerset is a distinctive place with vibrant, sustainable communities where everyone fulfils their potential. The key issues to be addressed by the Sustainable Community Strategy are:

- The need for growth due to an increasing population
- The impacts of demographic change – particularly the ageing population and the need to ensure that future development and services will meet older people's needs
- The causes and effects of climate change
- Social and health inequalities between communities within B&NES
- A focus on 'thinking local'

⁸ Planning Policy Statement 12: Local Spatial Planning (2008)

- The impact of recession on our economy

Appendix 1 Health issues that are related to the built environment and that could be addressed by the Core Strategy

Health issue	Where the issue is located	Contributory factors from a planning perspective	Options for addressing issues	Health objectives
Poor mental health, including anxiety and depression	All communities but particularly those with higher levels of deprivation	Lack of green space Persistent noise Low physical activity Fear of crime High unemployment Cold and damp homes Flooding	Improve access to good quality open space Provide opportunities for physical activity Improve housing quality Set and enforce maximum noise levels Seek to reduce crime through good urban design Provide diverse local employment opportunities Minimise risk of flooding	Reduce prevalence of depression and anxiety
Obesity and type 2 diabetes	Rising rates in adults and children. All communities but particularly amongst more deprived neighbourhoods for women.	Low levels of physical activity Poor diet	Improve access to good quality open space Provide opportunities for physical activity Create active travel routes to schools, amenities and employment Improve access to fresh food amenities and growing opportunities	Increase levels of physical activity Reduce prevalence of obesity Reduce incidence of type 2 diabetes
Cardiovascular disease	Higher incidence and death rates in deprived areas	Low levels of physical activity Air and noise pollution Poor diet	Improve access to good quality open space Provide opportunities for physical activity Improve air quality Create active travel routes to schools, amenities and employment Improve access to fresh food amenities and	Reduce incidence of cardiovascular disease Increase life expectancy

			growing opportunities and reduce noise pollution	
Respiratory disease	A particular problem for people with respiratory conditions living adjacent to transport corridors	Vehicle emissions Exacerbation by climatic conditions	Control traffic and air quality levels Design buildings and public realm to minimise effects from excessive sun and heat Ensure homes are energy efficient and adequately warm in winter	Reduce air pollution Reduce fuel poverty Reduce emergency admissions to hospital for people with respiratory disease
Winter and summer mortality caused by extremes of hot and cold	Significant effects amongst older people	Poorly insulated and heated homes Poor cooling and shading Low incomes	Ensure homes are energy efficient and adequately warm in winter Provide shading through trees and cooling by water	Mitigate against seasonal peaks or troughs in temperatures Reduce excess winter and summer mortality
Unintentional injuries	Falls in older people Road and traffic injuries, particularly in more deprived groups	Household design and low quality public realm contribute to risk of falling High traffic speeds Community severance Street design and speed restrictions	Lifetime homes standards Adaptation of exiting housing stock Standards for walkability of neighbourhoods Home zones and high quality street design Traffic calming measures	Increase rates of independent living Reduce admissions to hospital due to falls Reduce pedestrian injuries amongst children Reduce rate of 'killed and seriously injured'
Access to high quality health and social care services	Rural areas, new developments, deprived communities	Lack of access misses opportunities to intervene early, prevent or reduce complications of disease, increases work absence and adds to health and social care costs	Ensure primary care provision continues to change in line with changing population size, location and composition Improve transport to key health services	Improve accessibility to primary health care Reduce inappropriate use of hospital emergency department
Health inequalities (the variation in outcomes between different areas or social groups)	More deprived areas but also amongst certain sub-groups	Worklessness Low income Low educational attainment Low quality neighbourhood design and facilities	Increase local employment opportunities Improve housing quality Improve access to health care and wellbeing services	Improve equity in access to opportunities and services Reduce the gap in health outcomes between different communities

		Poor access to health services		
--	--	--------------------------------	--	--

Appendix 2 Health impact assessment of the draft BANES Core Strategy

Key questions to be addressed	Information in draft Core Strategy
District-wide vision and objectives	
Do the vision and objectives address health in a spatial and locally distinctive way, by promoting healthier communities, addressing health inequalities and access to health services?	The vision makes reference to healthy urban centres, but does not refer to the district enjoying a healthy lifestyle in its entirety as mentioned in the Sustainable Community Strategy. However objective 6 specifically refers to contributing to a reduction in the health and social inequalities across the district, enabling healthier lifestyles and designing safe and secure streets and spaces. This has an implication not only of improving health but also an implicit suggestion of improving outcomes in areas with currently poor health.
Do the vision and objectives identify and respond to the health priorities in the Sustainable Community Strategy?	Objective 6 refers to a need to use regeneration opportunities that can contribute towards reducing health and social inequalities. However, there is still no reference to focusing on specific communities and/or protecting the vulnerable and/or supporting the disadvantaged. The challenges set out in the overall vision section are not yet consistent with those identified in the Sustainable Community Strategy. There is no reference to reducing health inequalities between communities within BANES and little reference to the demographic change occurring as part of overall growth (i.e. more older people).
Housing	Objective 5 focuses on meeting housing need and responding to changing need due to social and demographic change, with specific reference made to Gypsy and Travelling populations. However there is no reference to the quality of the housing provided and potential health impact.
Access to public services, including health services	Reducing the need to travel to essential services is mentioned in objective 1, but it does not specifically mention health services.
Opportunities for physical activity	<p>Objective 1 makes reference to the location and layout of new developments encouraging people to walk and cycle. This objective also mentions closer alignment of new homes, jobs, infrastructure and essential services, which could promote walking or cycling.</p> <p>Objective 2 identifies the need to maintain and enhance an accessible and multifunctional network of well linked green spaces but there is no reference as to how this could promote health or active living.</p> <p>Providing better pedestrian and cycle routes into and around the city and town in objective 4 would encourage physical activity and active methods of transport. This objective also seeks to ensure parks are well integrated</p>

Key questions to be addressed	Information in draft Core Strategy
	<p>into town centres thus providing a potential venue/setting for physical activity.</p> <p>Objective 6 specifically mentions enabling opportunities to lead healthier lifestyles and active modes of travel.</p>
Air quality, noise and neighbourhood amenity	<p>There is no reference to air quality or noise in the vision or objectives.</p> <p>There is a specific reference to protecting and enhancing neighbourhood services and facilities in objective 4 and an implied reference in objective 6 in relation to the timely provision of social and physical infrastructure including health, welfare, spiritual, recreational, leisure and cultural facilities.</p>
Accessibility and transport	<p>Accessibility and transport features prominently in the objectives, with specific references to reducing reliance on cars and increased use of public transport and active travel in objectives 1, 4, 6 and 7. However the focus is very much in the city and towns with one reference to promoting improved access to services in rural areas. There could be more reference to the accessibility issues specifically faced by rural communities, although this issue is referenced in the Rural Area Spatial Strategy.</p> <p>Objective 1 focuses on layout and location of homes, jobs and amenities so to increase accessibility and reduce reliance on cars.</p> <p>Objective 4 promotes better pedestrian and cycle routes into and within the city and towns.</p> <p>Objective 6 promotes active travel</p> <p>Objective 7 aims to deliver well connected places accessed by sustainable means of transport.</p>
Social cohesion and community safety	<p>Social cohesion and community safety are not identified as part of the overall vision. However there are a number of references to social cohesion, both explicit and implied within the following objectives.</p> <p>Objective 1 aims to site new homes, jobs and essential services more closely thus developing potential for social cohesion.</p> <p>Objective 4 aims to protect and enhance services in neighbourhood and village centres.</p> <p>Most of the activity under objective 6 would contribute to social cohesion.</p> <p>However there is no mention of integrating new and existing neighbourhoods. It also may have been useful to make specific reference to community safety and the potential role spatial planning can play. Community safety is broadly implied under objective 6 in relation to reducing health and social inequalities, but further emphasis could have been placed on this issue.</p>
Access to healthy food	<p>The issue of local food production is not mentioned in the district wide vision but is specifically stated in objective 6.</p>
Access to work	<p>Whilst it is very encouraging to see a desire to increase the number of jobs in managerial posts and knowledge</p>

Key questions to be addressed	Information in draft Core Strategy
	<p>intensive and creative industries there needs to be provision to allow residents to improve their skills to gain such jobs or a range of jobs available to meet all skill sets. Otherwise it is likely that health and social inequalities will at best remain and at worst widen.</p> <p>Regeneration of key towns and the rural areas with improved employment opportunities is mentioned throughout the district-wide vision, with specific reference made in objective 3.</p>
Climate change	This is the central challenge in the Core Strategy. This is reflected in the district wide vision and in objective 1. It is also implied in a number of the other objectives.
Bath	
Do the vision and objectives address health in a spatial and locally distinctive way, by promoting healthier communities, addressing health inequalities and access to health services?	<p>There is a clear commitment in this policy to improve the public realm and encourage walking and cycling, this will have obvious benefits for health. However this placed based policy does not address health in a spatial way or promote healthier communities or address health inequalities. There are mostly covered in strategic objectives and core policies so understandably there is minimal mention of health and health related issues in this section with the exception of green transport and flood management.</p> <p>However it is important to note that the general theme of the Bath Spatial Strategy appears to be Bath as a place to live, work and visit and not the people or the communities that make up Bath. It is recognised that Bath is a World Heritage Site and the positive implications that this has, nevertheless recognition has to be made of the people living within Bath and their health, social, cultural, environmental and spiritual needs.</p> <p>There is no explicit recognition of social and health inequalities existing in Bath city (for example a boy born today in Bathwick can expect to live 9 years longer than a boy born in Twerton) nor what role the Core Strategy could play in terms of regeneration and improving access to opportunities related to skills, education, housing, health and employment for those communities with the worst outcomes at present.</p> <p>The river corridor development appears to hold much potential, but there is little to say how this could benefit the neighbouring communities in south west Bath that experience some of the worst health outcomes in the city and are currently severed from the city by the Lower Bristol Road and the currently unwelcoming riverside.</p>
Housing	Strategic Objective 5 and the Housing Mix and Affordable Housing Core Policies specify the direction of travel with regards to future housing needs, and the Retrofitting Policy clearly states an intention to support the improvement of the energy efficiency of all existing buildings. However it would have been useful to have discussed these issues in relation to the Georgian housing stock in Bath and how the issue of retrofitting can be

Key questions to be addressed	Information in draft Core Strategy
	reconciled with regard to listed buildings and Bath's World Heritage Site status.
Access to public services, including health services	<p>The policy recognises the future need for development of the Royal United Hospital so to provide more efficient and accessible policies. However there is no reference to primary care health facilities or future needs with respect to the proposed development sites.</p> <p>The spatial strategy seeks to secure and enhance local centres with regard to the role they play in meeting everyday shopping needs and contributing to cultural and economic diversity.</p>
Opportunities for physical activity	<p>There are references to green infrastructure its role in recreational opportunities. There is frequent reference to the public realm and movement system improvements that are planned in the context of reducing reliance on cars, but little reference to improving health and wellbeing which are one of the aims of the Public Realm and Movement Strategy.</p> <p>The Bath Transport Package discusses creating a more pedestrian and cycle friendly city which will provide further opportunities for physical activity.</p>
Air quality, noise and neighbourhood amenity	<p>The Bath Transport Package section discusses improvements in public transport and measures to divert traffic away from the town centre this will have a positive effect on air quality.</p> <p>There is no mention of noise and its implications for health in this section of the Core Strategy.</p> <p>The spatial strategy seeks to secure and enhance local centres with regard to the role they play in meeting everyday shopping needs and contributing to cultural and economic diversity.</p>
Accessibility and transport	<p>There is reference to the need to improve transport infrastructure and its impact on the public realm. There is a welcome clear commitment to improving the public realm and wider Bath areas to improve opportunities for walking and cycling. However reference to this could also include health benefits, as well as the currently mentioned environmental benefits.</p>
Community safety and social cohesion	<p>Most of this policy appears to focus on Bath as a place to live, work and visit rather than the people living within it.</p> <p>There is little mention of which parts of the community use the city centre, particularly cultural and leisure activities. There could be reference to how public realm changes or community safety changes could help older people, people with learning difficulties or sensory impairments use the city centre more independently and safely.</p>
Access to healthy food	<p>Access to local food is not mentioned specifically, however access to local amenities and everyday shopping needs are mentioned with regard to securing and enhancing their potential.</p>
Access to work	<p>There are numerous references to creating employment opportunities through re-development. However in order</p>

Key questions to be addressed	Information in draft Core Strategy
	not to increase health inequalities it should be noted that a range of employment opportunities may be needed to suit those of all skill levels.
Climate change	Reference is made to the flood risk management in the central area and western corridor.
Keynsham	
Do the vision and objectives address health in a spatial and locally distinctive way, by promoting healthier communities, addressing health inequalities and access to health services?	Health has been considered in the plan and there has been clear consideration given to green transport and infrastructure, linking up green spaces and preserving the natural environment for recreation and relaxation. Health is also promoted through provision for affordable housing and affordable warmth. Much thought has gone into preserving the distinct identity of Keynsham, stopping it morphing into Bristol or Bath as well as recognition of its heritage. However, inequalities are not addressed beyond affordable housing.
Housing	There is mention of the affordable housing shortage and the plan to increase housing includes provision for affordable homes.
Access to public services, including health services	A healthcare centre recently opened in Keynsham which could meet the needs of the increased population
Opportunities for physical activity	There is mention of the existing opportunities for physical activity and a commitment to continue with this provision in some form i.e. the leisure centre. There are also intentions to use the existing green spaces in the area such as the river areas for active recreation. There are plans to link the town more with active transport routes throughout Keynsham into Bristol and Bath, including onto the main cycle path between the 2 cities.
Air quality, noise and neighbourhood amenity	Traffic on the high street has been identified as a problem for air quality but there doesn't appear to be any significant plans to challenge this. Plans to attract more people to the town centre will surely exacerbate this without plans to increase public transport but the active travel options may help. The air quality may also dissuade people from using active routes into Keynsham. Plans to increase the evening economy could lead to an increase in noise, alcohol consumption and anti-social behaviour.
Accessibility and transport	There is mention of the problems transport presents to Keynsham with the lack of trains between Keynsham and Bristol and Bath. Work has been identified to improve the station. There are good intentions to link up existing routes – cycling and walking including a pedestrian bridge.
Social cohesion	There are good references to ensuring there is a town centre and market place which can enhance community cohesion. Aspirations to bring more professional/managerial jobs into the area may threaten social cohesion as manual workers are excluded from work opportunities and the resulting changes to the local economy.
Community safety	Plans to extend the evening economy in Keynsham have implications for community safety which will need to be fully considered in detail. There are opportunities for improving safety through extending the night time economy as well as risks.

Key questions to be addressed	Information in draft Core Strategy
Access to healthy food	There is reference to having a farmers market in the town centre. However, this is unlikely to provide affordable food for the majority of the population, especially those on a lower income. However, the changes to the retail units, making them bigger to attract high quality, national retailers could mitigate against this.
Access to work	<p>There are major changes imminent to the employment profile of Keynsham with the closure of a major employer in Cadbury. There a plans to attract more jobs to the area through redevelopment of the infrastructure and plans to diversify the employment base. However, this has some risks for the more vulnerable members of the community who may not be in a position to take employment with the new managerial type jobs. Also, the closure of Cadbury will cause problems beyond unemployment which are neither acknowledged nor addressed such as the knock on effect on the rest of the economy as well as increased social exclusion. There is also an increase in stress and depression in communities affected by the loss of such an employer and this will impact on the take up of health services.</p> <p>There are welcome plans to improve transport links and through increasing the housing stock to ensure that there is a range of opportunities in the town for people who can live and work in the same place.</p>
Climate change	There are plans to provide some district heating which can be useful in reducing carbon emissions. However flood risk is clearly an issue for some of this site.
Somer Valley	
Do the vision and objectives address health in a spatial and locally distinctive way, by promoting healthier communities, addressing health inequalities and access to health services?	This strategy makes reference to improving levels of walking and cycling and of the need to improve public transport. It also acknowledges that more employment, social and cultural facilities lead to greater self-containment. However health issues are not mentioned explicitly in this spatial strategy, but as mentioned previously they are discussed in the strategic objectives.
Housing	The Core Strategy identifies an imbalance between employment and housing in the Somer Valley. A great deal of housing has been approved previously in the area so any new housing must meet strict criteria that it provides economic benefit. There are plans to ensure that there is some affordable housing and housing is restricted in some areas to preserve the natural environment. High levels of youth homelessness have been identified yet there are no plans to mitigate against this nor is there provision for different types of housing reflecting the aging population.
Access to public services, including health services	Whilst there is mention of the local hospital, Paulton is the only NHS hospital and the new facility is a private hospital which will not met the health needs of the residents.
Opportunities for physical activity	There are plans to increase access to local heritage and green spaces as well as plans to improve the cycle

Key questions to be addressed	Information in draft Core Strategy
	network.
Air quality, noise and neighbourhood amenity	In Midsomer Norton the poor pedestrian links are identified as a problem and traffic reduction is a key principle. Radstock also is identified in having traffic problems which has a major impact on pedestrians. Developing the green infrastructure of the town is seen as a key priority to counterbalance the traffic.
Accessibility and transport	Transport is an issue for the Somer Valley with little public transport provision. However, this is recognised and there are intentions to improve the bus network to addresses some of these problems. Active travel is considered throughout and there are plans to encourage more walking and cycling through a range of measures. There will include greater provision for cyclists in Radstock. There are some contradictions in wanting to reduce traffic flow whilst providing better access to car parking which may undermine efforts to get people to cycle or walk.
Social cohesion	Social cohesion is partially addressed through the bringing in of more employment, meaning less out-commuting. Current social cohesion is mentioned as a strength of the local community.
Community safety	Community safety is not mentioned in the plan.
Access to healthy food	There are plans to increase the amount of shopping done in the towns and villages to reduce out of town commuting.
Access to work	Access to work has been identified as a problem with too little additional investment bought into the area. Plans to address this include restricting new housing developments, encouraging and developing the tourist infrastructure and safeguarding current jobs. There are also plans to retain the retail areas in the villages in this area and discourage out of town shopping. More details are in the economic plan.
Climate change	There are numerous mentions of polices and plans that support the reduction of carbon emissions, through transport to preserving the natural environment. The plans for housing and economic development do not address the problems of carbon emissions nor is there mention of the development and use of greener, cleaner technologies. This area is at risk of flooding.
Rural areas	
Do the vision and objectives address health in a spatial and locally distinctive way, by promoting healthier communities, addressing health inequalities and access to health services?	The vision document references the need for there to be access for all to facilities, affordable housing and sustainable and appropriate development. There is a focus on preserving the character of the villages and hamlets.
Housing	There is a lack of affordable housing in the rural areas, exacerbated by the aging population. The strategy recognises the need to provide affordable housing but that this has to be balanced against the need to retain the unique village's character etc. There are plans to build small scale developments in areas which have the

Key questions to be addressed	Information in draft Core Strategy
	infrastructure in place to support additional housing and where there is broad community support.
Access to public services, including health services	<p>It is identified that there is a disparity of provision of facilities. However, the Core Strategy is committed to supporting community facilities such as shops and transport by locating development only in places where there are sufficient facilities to support the development. There is also provision for the development of community facilities where they are appropriate to the character of the location.</p> <p>Access to health and education services is not mentioned.</p>
Opportunities for physical activity	Opportunities for physical activity are not mentioned in the policy for the rural areas. However, there is reference to maintaining the rural nature of the area (therefore access to green spaces) and improving public transport in the areas which could decrease reliance on the car. However, there is no mention of cycling and cycle paths which could be part of the transport infrastructure of the rural areas.
Air quality, noise and neighbourhood amenity	These are not mentioned in the policy.
Accessibility and transport	There is poor access to public transport, leading to isolation for those without private transport. There are plans to at least maintain the current levels of public transport and plans to improve 2 of the bus routes serving some of the villages.
Social cohesion	In line with new government proposals, new developments of a small scale will be permitted with consent of the community. Parish councils will have a key role which can help foster community cohesion, however there is a risk if there are serious, divisive issues.
Community safety	There is no mention of community safety issues in the policy.
Access to healthy food	There are references to ensuring that there are shops in each community for people to access.
Access to work	Access to work is an issue in rural areas and the policy attempts to allow small scale developments in appropriate places subject to strict criteria. There is a recognised gap in broadband provision in rural areas which can restrict people's access to work.
Climate change	
Core policies	
Do the core policies address health in a spatial and locally distinctive way, by promoting healthier communities, addressing health inequalities and access to health services?	<p>These are addressed in a number of different policies.</p> <p>The infrastructure policy states that social, physical and green infrastructure will be retained and improved for existing communities. This will not only support the promotion of healthier more cohesive communities but also help prevent any inequalities in health developing between new and existing communities. This approach lends itself to locality based communities rather than different social or ethnic communities.</p>
Housing	Housing is now covered by two policies – housing mix and affordable housing.

Key questions to be addressed	Information in draft Core Strategy
	<p>The housing mix policy makes specific reference for the need to provide homes that meet the needs of older people, disabled people and those with other special needs. Thus reflecting the changing demographic of the B&NES population and their future housing needs.</p> <p>The affordable housing policy seeks to address the significant need for affordable housing in B&NES not only aiming to provide additional housing but also a mix of tenures.</p> <p>Improving the energy efficiency of existing homes is covered by the retrofitting existing buildings policy although it is not clear what support will be available for those on low incomes to retrofit energy saving measures to their homes. This is of particular importance as B&NES in the 2010 Health Profile had the highest number of excess winter deaths in England and poor insulated homes are thought to be a major contributing factor.</p> <p>The sustainable construction policy details how new housing developments can maximise their energy efficiency and reduce their carbon foot print as much as possible.</p> <p>The environmental quality policy encompasses high quality design and historic buildings. It acknowledges the importance of assessing the ability of historic built environments to tackle fuel poverty/climate change. It also states that housing schemes should meet the Building for Life gold standard.</p>
Access to public services, including health services	<p>The infrastructure provision policy's delivery plan will identify needs in relation to health care services, open and green space and secondary education. It also states the council will work with partners and communities to ensure there is adequate provision for health. The infrastructure policy also makes reference to the working in partnership to retain and improve social, physical and green infrastructure for existing communities.</p> <p>The council and the PCT will need to work together to produce detailed, mapped estimates of future care service requirements based on needs. Different models are available to support this work and will be an important aspect of ensuring the robustness of the infrastructure development plan.</p> <p>Specific reference to improved access to services is made in the Gypsies, Travellers and Travelling Show People policy by identifying suitable long term sites. This is positive step to helping to reduce the health inequalities experienced by these groups. However is useful to identify other specific groups who may experience difficulty accessing public services and therefore suffer from health inequalities, for example people with learning difficulties, older people, those living on benefits.</p> <p>The aims of the Joint Local Transport Plan are detailed in this section and whilst they do not make specific reference to improving access to services, employment etc, they do specify other health outcomes. For example</p>

Key questions to be addressed	Information in draft Core Strategy
	<p>there is a welcomed continued emphasis on reducing car dependency and working towards walking, cycling and use of public transport. The positive impacts on the public realm, climate change and on obesity and maintaining a healthy weight were also mentioned. In addition the Strategic Objective number 7 does state a desire to promote improved access to services especially for rural or more remote communities where health inequalities due to access issues can be wider.</p>
Opportunities for physical activity	<p>The green belt, infrastructure provision and green infrastructure policies all make reference to ensure adequate provision of open, green space and outdoor recreation. There is mention of adequate leisure facilities for residents which could refer to opportunities to both in and out door physical activity.</p>
Air quality, noise and neighbourhood amenity	<p>The issue of air quality is discussed in relation to the Joint Local Transport Plan. The district has two air quality management areas in Bath and Keynsham and the policy expresses a need to transform transport and movement within the District if the national and European air quality targets are to be achieved. Improving the air quality in these areas will also have a positive impact on the health and well-being of residents and visitors to these areas as well as tackle climate change.</p> <p>There is no reference to noise or its impact on health.</p> <p>The Centres and Retailing and Infrastructure core policies make reference to developing and maintaining existing neighbourhood amenities. The infrastructure core policy specifically mentions a need to work with local communities to ensure that adequate and accessible provision of amenities is made for existing and new communities.</p>
Accessibility and transport	<p>The infrastructure provision policy identifies the need to consider transport needs of new developments.</p> <p>The aims of the Joint Local Transport Plan (JLTP) as stated in the core policies section do not specifically mention improving access but this issue is covered in Strategic Objective number 7. The JLTP highlights a need to need to strengthen public transport throughout district and promote walking and cycling. Also identifies health and quality of life as important components of transport policy.</p>
Social cohesion and community safety	<p>The need to consider cultural and community requirements to create sustainable communities is inferred in the infrastructure provision policy where it identifies the need to ensure there is adequate social, physical and green infrastructure to meet current and future needs. The Core Strategy goes on to state that successful community facilities will be integral to the vibrancy of communities across the District. It is encouraging to see the strategy embracing the need for community cohesion.</p> <p>The policy for Gypsies, Travellers and Show People should improve access to accommodation sites, amenities</p>

Key questions to be addressed	Information in draft Core Strategy
	<p>and reduce potential for conflict with local populations, by providing criterion by which suitable locations can be identified. It acknowledges there is a national and local shortage of authorised sites, also stating there are currently no authorised sites in B&NES and no sites allocated in the B&NES Local Plan</p> <p>There is no reference in the Core Policies or supporting text of the potential role of urban design in reducing anti-social behaviour, crime and fear of crime. Whilst there is clear commitment to community cohesion it would be useful for the Core Strategy to reflect the potential impact these issues can have on health and well-being.</p>
Access to healthy food	This is inferred in the green infrastructure policy.
Access to work	<p>Although there is no core policy covering the economy the Core Strategy does identify local issues affecting access to employment such as the impact of the recession, scarcity of resources, an aging population, competition from overseas and a loss of jobs from traditionally strong sectors. And whilst the strategy mentions the potential employment opportunities for the higher than average number of residents educated to degree level it is important that a range of employment is available to suit all skill levels in an effort to reduce inequalities in health.</p>
Climate change	<p>The retrofitting of existing buildings and sustainable construction for new build policies contain a very clear steer with regard to increasing energy efficiency and reducing carbon footprints in relation to the built environment.</p> <p>Renewable energy targets and district heating policies inherently contribute towards mitigating climate change</p> <p>The green infrastructure policy may also help to support local responses to climate change. The environmental quality policy encompasses high quality design. It acknowledges the importance of assessing the ability of historic built environments to tackle climate change.</p> <p>The issue of flood risk management is mentioned in this section, as there is in an increased risk of flooding associated with climate change and certain areas of the B&NES are prone to potential problems with flash flooding. The national planning policy statement sets the direction of travel for this issue.</p>
Implementing the Core Strategy	
<p>Has an infrastructure plan for health services been developed, including:</p> <ul style="list-style-type: none"> • the scale, location and timing of new development • the sources of funding, including 	

Key questions to be addressed	Information in draft Core Strategy
Section 106 contributions <ul style="list-style-type: none"> • Responsibilities for delivery? 	
Monitoring	
Have clear indicators been set for monitoring progress in health improvement?	The draft Core Strategy contains a section on the monitoring and review. However it is incomplete and it is not possible to determine whether clear indicators have been set for monitoring progress in health improvement.
Is the Primary Care Trust involved in this process?	There is a good ongoing relationship between the relevant departments within the council and the primary care trust.

B&NES Council's response to the Health Impact Assessment

In line with the iterative nature of the assessment, and in order for recommendations to be taken on board in the draft Core Strategy (Publication Version), the appraisal was completed on an earlier officer draft version of the draft Core Strategy (dated 27th September 2010).

The following table illustrates the steps that the Council have taken to address the key issues raised in the Health Impact Assessment.

Key recommendations from NHS B&NES	B&NES Local Authority Response
The vision for the district could include more explicit reference to the role of place making in improving health and wellbeing, and potentially using regeneration opportunities to reduce health and social inequalities currently seen across the district.	The Vision in the draft Core Strategy Publication Version now includes reference to improving health & wellbeing across the District. Strategic Objective 6 plans for development that enables healthier lifestyles and wellbeing. It also promotes regeneration opportunities that can contribute to a reduction in the health and social inequalities across the District. This is also drawn out in the High Quality Design section of the Core Policies.
The Core Strategy could make specific reference to community safety and community cohesion and its positive impact on health, the local economy and the public realm.	This has been picked up in the High Quality Design section of the Core Policies and in the Core Policy on Environmental Quality.
Marginalised groups should be specifically considered throughout the Core Strategy, these include older people, lower socio-economic groups, the disabled and those with sensory impairment.	<p>Marginalised groups have been considered throughout the Core Strategy and in the various stages of consultation. There are references throughout the document to the groups highlighted, examples include:</p> <ul style="list-style-type: none"> -demographic change (including ageing population) as a key strategic issue - the need for new retail units to be 'be fully accessible for disabled people' in the Keynsham strategy - a specific approach for socio-economic groups in terms of the affordable housing policy. <p>There has also been ongoing involvement of disabled groups in the development of the Core Strategy.</p>
The Core Strategy and subsequent plans need to consider the specific housing needs of the current and future B&NES population	The Core Strategy is based on evidence which includes a Strategic Housing Market Assessment, this is a study which reviews the existing housing market in an area, considers

	the nature of future need for market and affordable housing and informs policy development.
The vision for Bath could include more explicit reference to improving health and wellbeing for the people living and visiting Bath.	Reference to improved health and well being is considered in the District –wide Vision (as it relates to the whole of B&NES) and objective 6 and is not repeated in each place based vision to avoid repetition.
The planning for the regeneration of Keynsham should consider the needs of the people living in the town and ensure that future job opportunities are appropriate for the skill levels within the town	The strategy has been based on improving the availability of suitable jobs for Keynsham residents. In policy KE1, the strategy aims to attract Higher Value Added jobs to reduce the number of Keynsham residents who need to travel outside of Keynsham to find suitable work.
Access to health facilities needs to be considered more fully in both the Somer Valley and Rural Areas Place Based Policies	The Infrastructure Core Policy and Infrastructure Delivery Plan will address issues of new and existing infrastructure, including health facilities.
The Primary Care Trust will need to work closely with the council to look at health service requirements and capacity, in the development of the Infrastructure Delivery Plan.	Agreed. The working relationship is strengthened through incorporation of the PCT into the Council.