Bath & North East Somerset Council

Working together for health & wellbeing

NHS
Bath and
North East Somerset

Health Impact Assessment

Bath & North East Somerset

Core Strategy Options Paper

September 2009

Version 1.0

Contents

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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 sections of the Core Strategy Options which have the potential to improve health and wellbeing. There are expressed more fully and explicitly in some of the area visions than others. This includes urban form as well as presence of infrastructure and facilities. There is limited detail provided in the Core Strategy Options, 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 for strategic sites.

The Riverside developments in Bath hold exciting potential for sustainable and healthy living, with good access to a variety of amenities and open spaces. There is also potential for these developments to benefit neighbouring areas in south west Bath which currently have some of the worst health outcomes in the district. Less concentrated development in Bath would appear to contribute to regeneration opportunities in town centres, and villages, throughout the rest of the district.

The good policy wording, in relation to health, seen in the vision for the new neighbourhood at south/south west Bath could be replicated for other areas, as appropriate to the local setting.

Option 2 for Keynsham appears to hold the best opportunities for regeneration, though the loss of green space for recreation at the Somerdale site may have a detrimental affect on physical activity and mental wellbeing of residents. These would need to be mitigated by ensuring good access to high quality open and green space through Memorial Park and other locations.

Midsomer Norton and Radstock town centre plans highlight a number of welcome intentions for regeneration and improving health and wellbeing. Option 2 appears to provide better opportunities for regeneration.

The extensive approach to promoting facilities in a wider range of villages in Option RA 2 appears to offer better access to facilities, close to home, to a wider range or people and may help prevent isolation or additional individual car journeys than the more selective Option RA 1.

Policy Issue Rural C could make more mention of community leisure facilities, for young and old people in rural areas, or at least reference to how improvements in Policy B towns, for example, may improve access to such facilities for people in rural villages.

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 Options paper for Bath and North East Somerset (B&NES) 2009-2026, using a process called health impact assessment. The background to both the Core Strategy and Health Impact Assessment are discussed in the sections below this one. The finished assessment will be provided to B&NES Council who are overseeing the production of the final version of the Core Strategy.

This assessment looks to consider the Core Strategy as it develops, and demonstrate that health considerations have been embedded in this process.

2   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 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 wellbeing[3]:

- 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

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

[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

- 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.
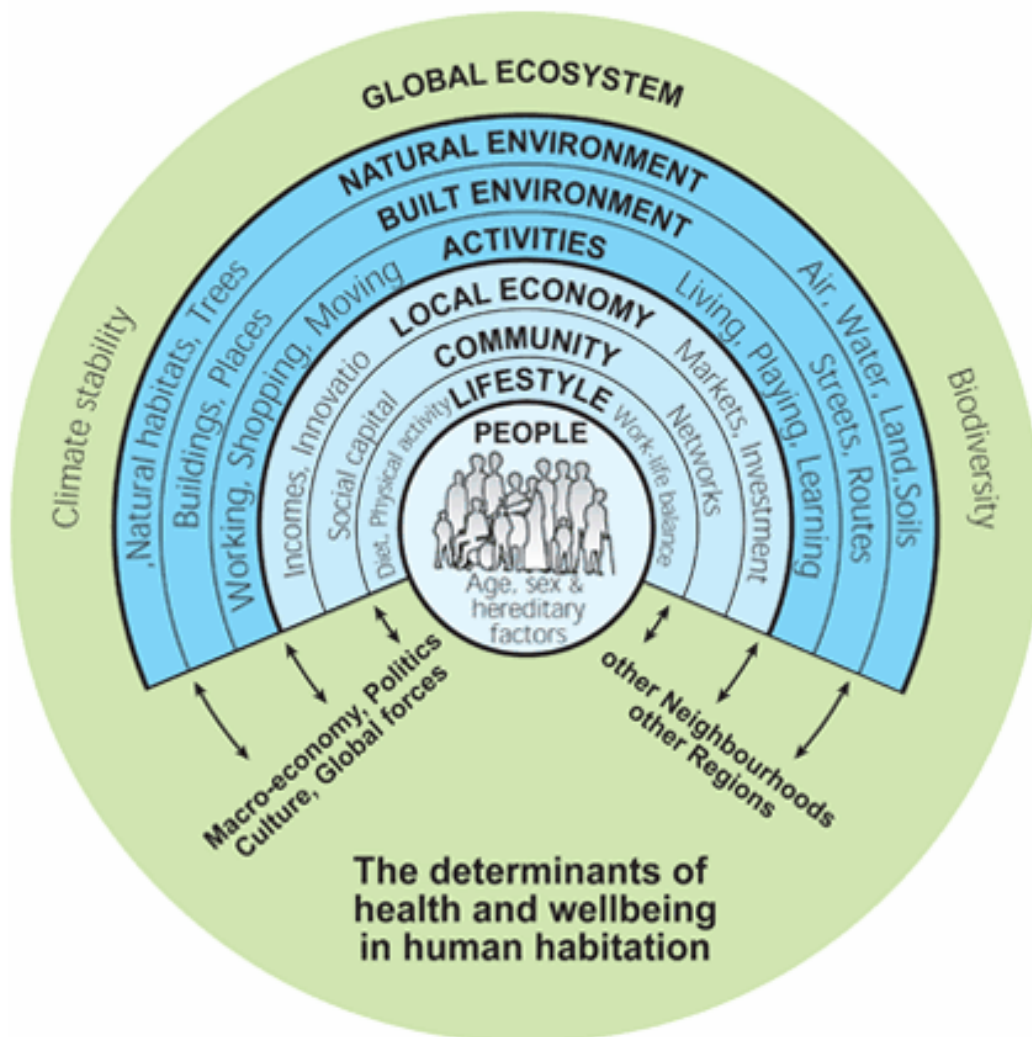

Figure1   The Health Map.

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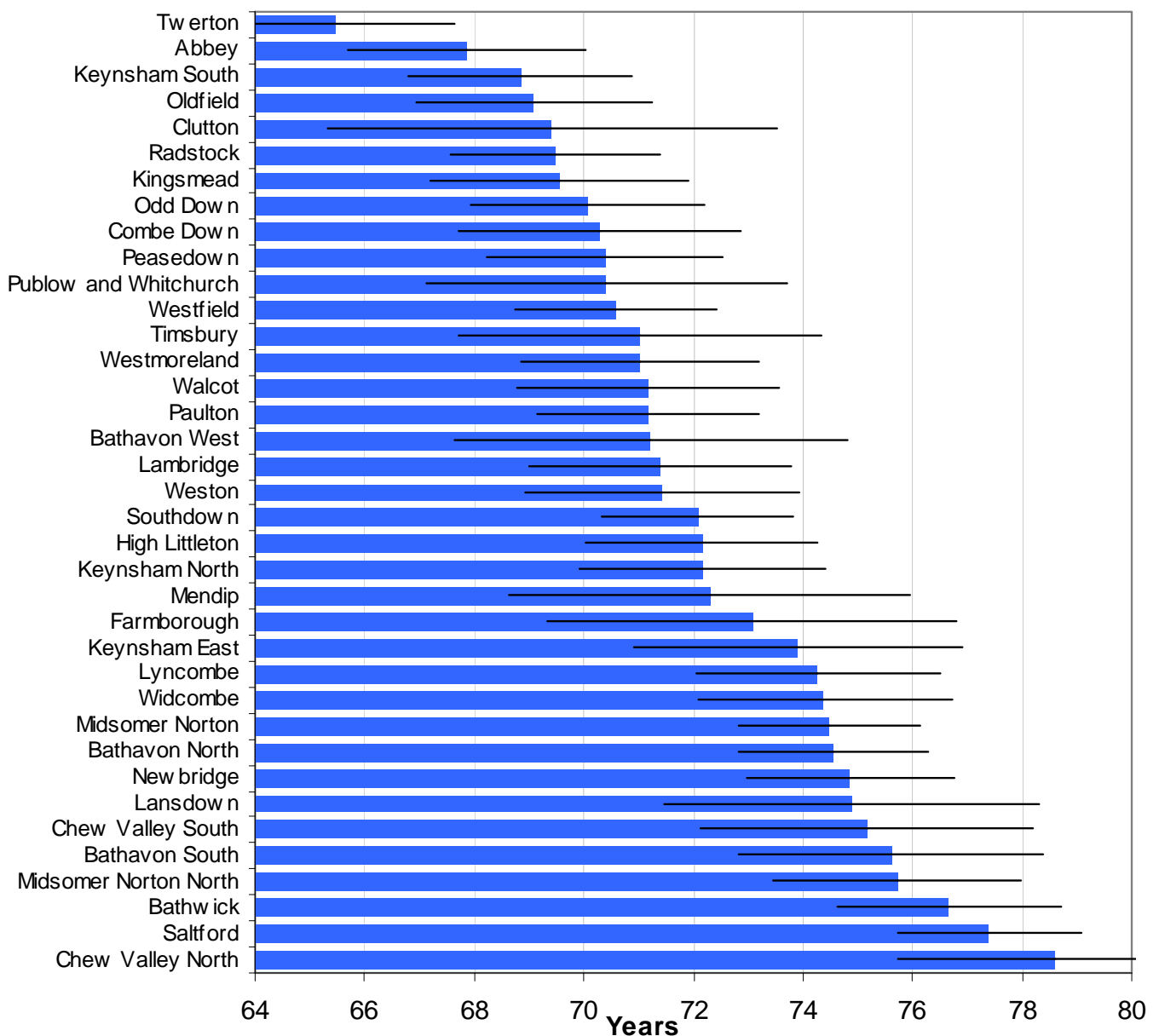
Figure 2 Healthy life expectancy for boys born in 2009 in BANES, by ward

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 (eg. 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.

3   The Local Development Framework and Core Strategy

The Local Development Framework (LDF) is a collection of policy documents produced by local authorities. It sets out the spatial planning framework for

managing development and change in each district over the next 20 years. The main document of the LDF is the Core Strategy. This sets out the vision and objectives and the strategy by which these will be delivered, with particular attention to the scale and location of future housing, employment and infrastructure[4].

The Core Strategy is important to health for two main reasons. Firstly, many of the factors that influence health and wellbeing are outside of the control of the National Health Service (NHS), but can be influenced by the Core Strategy. Secondly, as new communities grow in the district it will be important to ensure that there is access to high quality health services from the start. These factors require NHS planners to work with the Core Strategy team to be clear about existing health issues faced by different communities in B&NES, to identify requirements for future health services in new development locations and to raise awareness about future reconfiguration of existing facilities or sites.

At a national level, *Planning Policy Statement 1 – Delivering Sustainable Development* (PPS1)[5] sets out a range of key policies that are required in local development plans. These include:

- Improved access for all to health and community facilities and to service which promote health and well-being, such as open space, sport and recreation facilities
- Well-mixed and integrated developments which have well-planned public spaces that bring people together an provides opportunities for physical activity and recreation.
- As assessment of the impact of development on the social fabric of communities.
- An intention to reduce social inequalities
- Improved access to jobs, health, housing, education and community facilities.
- Delivering safe, healthy and attractive places to live
- Supporting the promotion of health and wellbeing by making provision for physical activity.

4   Sustainability Appraisal

PPS 12[6] 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 options paper and health has been considered. However, the scope and depth is inevitably constrained and so a more in-depth review has been

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[4] Healthy Urban Development Unit (HUDU) (2009) Integrating health into the core strategy: A guide for primary care trusts in London.
[5] Paragraph 3 and 16 of *Planning Policy Statement 1 – Delivering Sustainable Development*
[6] Planning Policy Statement 12: Local Spatial Planning (2008)

done in this health impact assessment. The health impact assessment should complement the sustainability appraisal rather than duplicate it.

5   Relationship to the Sustainable Community Strategy

A coordinating group of partners from business, public, community and third sector organisations has recently 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'
- The impact of recession on our economy

6   Relationship to the Joint Strategic Needs Assessment (JSNA)

Local councils and NHS Primare 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 (JNSA) should act as part of the evidence base for the Core Strategy. Relevant issues identified by the JSNA are summarised below:

- 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:

- o Twerton and Westmoreland in Bath
- o Paulton in the south of BANES
- o 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:

  - o 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.

7 How the Core Strategy can influence health and health inequalities

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 practice[7]. 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.

8 Current work to integrate health in to the Core Strategy

An initial workshop was held in Autumn of 2008 to review the draft high level vision and objectives. This included a variety of stakeholders from public and community sector organisations.

This was followed in early 2009 by two capacity building workshops on planning healthy neighbourhoods, led by the World Health Organisation Healthy Cities team at the University of the West of England. These included participants from across the Local Strategic Partnership, particularly people involved in developing the Core Strategy Options Paper and the Sustainable Community Strategy. The workshops included a walking tour of some of the potential sites, led by the council's Major Projects team followed by practical use of health impact assessment tools to review options for a draft urban extension in South East Bristol.

There has also been free access to online learning modules for health and spatial planning, available to people involved in the development of the Core Strategy.

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[7] HUDU (2009) *Integrating health into the core strategy: A guide for primary care trusts in London.*

9   Method used for this health impact assessment

The process for health impact assessment used in this report is policy appraisal. The Core Strategy is still at a relatively high level draft stage 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 Core Strategy Options. This is based on a mix of two frameworks developed by HUDU for assessing a Core Strategy from a health perspective[6,8] and has been adapted to fit the structure of the current draft BANES Core Strategy.

10   Summary of results of the health impact assessment

The district wide vision and objectives make 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.

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 and reduce fear of crime. The detail provided at district or sub-district level is very limited, as is the nature of this high level options document, and this will need to be developed as part of local area Masterplanning.

The vision for Bath could include reference to improving health and wellbeing and accompanying determinants. The Riverside developments in Bath hold exciting potential for sustainable and healthy living, with good access to a variety of amenities and open spaces. There is potential for these developments to benefit neighbouring areas in south west Bath which currently have some of the worst health outcomes in the district. Reducing the concentration of development in Bath would appear to contribute to regeneration opportunities in town centres, and villages, throughout the rest of the district.

The vision for the new neighbourhood at south/south west Bath provides examples of good references to health or factors which are likely to support healthy lifestyles. These include access to local food production, sustainable transport, reference to high quality urban design supporting inclusion, safety and healthy lifestyles, reference to playing a role in supporting regeneration of relatively deprived areas in south Bath and reference to enhancing access to green space and the countryside, which will have benefits for physical activity and mental wellbeing. Option A appears

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[8] HUDU (2009) *Watch out for health. A checklist for assessing the health impacts of planning proposals.*

to hold the best potential for being realised and for contributing to health and wellbeing.

The vision for Keynsham includes reference to a number of issues that may contribute to improving health and wellbeing. Option 2 at first appears to be less health improving as some of the Somerdale and town centre green space will be developed but the additional investment available for regeneration and the continued commitment to urban design and green infrastructure appear to outweigh this.

The vision and objectives for the south east Bristol urban extension identify a number of issues that will contribute to health and wellbeing and attention has obviously been paid to health in developing the objectives. There are concerns about the viability of existing services in the Whitchurch area and the effect on current residents given the scale of change the new development would bring. There are some challenges with public transport and congestion in this area. There is little reference to public realm developments and urban green space for leisure.

Midsomer Norton and Radstock town centre plans highlight a number of welcome intentions including reducing fear of crime by creating a well designed urban environment, integrating safe walking and cycle routes with sustainable transport routes, creating new leisure and cultural facilities, a Town Park and even an explicit reference to reducing health inequalities. Option 2 appears to bring about greater opportunity for regeneration of community facilities and the public realm through increased development investment

The rural villages policy is an important step in ensuring the viability of these locations and potentially improving health and wellbeing through access to services and amenities. Option RA 2 (extensive) appears to offer better access to facilities, close to home, to a wider range or people and may help prevent isolation or additional individual car journeys than Option RA 1. Improved local facilities have a practical direct role to play in health and wellbeing but also provide a more indirect role in promoting social cohesion and community resilience.

Policy Issue Rural C could improve access to fresh foods in rural areas, though costs of some of these food stuffs may be prohibitive for some sections of the community. There could also be more mention of community leisure facilities, for young and old people in rural areas, or at least reference to how improvements in Policy B towns, for example, may improve access to such facilities for people in rural villages.

The Infrastructure Delivery Plan will be a key document in the success of the Core Strategy and the Primary Care Trust will need to work closely with the council to look at health service requirements and capacity.

11   Recommendations

1. The vision and objectives 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.

2. The vision and objectives for Bath could include more explicit reference to improving health and wellbeing.

3. Less concentrated development in Bath would appear to contribute to regeneration opportunities in town centres, and villages, throughout the rest of the district.

4. The good policy wording, in relation to health, seen in the vision for the new neighbourhood at south/south west Bath could be replicated for other areas, as appropriate to the local setting.

5. Option 2 for Keynsham appears to hold the best opportunities for regeneration, though the loss of green space for recreation at the Somerdale site may have a detrimental affect on physical activity and mental wellbeing of residents. These would need to be mitigated by ensuring good access to high quality open and green space through Memorial Park and other locations.

6. Midsomer Norton and Radstock town centre plans highlight a number of welcome intentions for regeneration and improving health and wellbeing. Option 2 appears to provide better opportunities for regeneration, though attracting the required level of employment may be a challenge.

7. The extensive approach to promoting facilities in a wider range of villages in Option RA 2 appears to offer better access to facilities, close to home, to a wider range or people and may help prevent isolation or additional individual car journeys than the more selective Option RA 1.

8. Policy Issue Rural C could make more mention of community leisure facilities, for young and old people in rural areas, or at least reference to how improvements in Policy B towns, for example, may improve access to such facilities for people in rural villages.

9. 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.

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 growing opportunities and reduce noise pollution	Reduce incidence of cardiovascular disease Increase life expectancy

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 Poor access to health services	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

Appendix 2 Health impact assessment of the draft BANES Core Strategy Options

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?	There is reference in the vision to all communities being safe, inclusive and healthy. 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?	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 1 proposes building homes that are energy efficient. Objective 4 focuses on housing numbers and affordability, but there is little mention of housing quality and the need to ensure adaptability to support independent living in older people.
Access to public services, including health services	Infrastructure identified as part of the vision for new development and a key part of objective 2.
Opportunities for physical activity	Close location of homes, employment, recreation and retail in Objective 1 could promote functional activity such as walking or cycling if the public realm is safe and promotes active travel. Objective 2 proposes proving for increase opportunities for sport, recreation and leisure pursuits. Objective 4 identifies the need to maintain and provide green infrastructure, though there is no explicit link to how this might promote health or active living.
Air quality, noise and neighbourhood amenity	Objective 1 proposes addressing the local causes of water, air, light and noise pollution
Accessibility and transport	Ease of movement is identified in the vision but there is no mention of sustainable or non-car transport. Objective 1 promotes location of housing development close to employment, recreation and retail. Objective 4 promotes connectivity between diverse, mixed-use settlements. Objective 6 promotes new development in a way that reduces the need to travel by car, which encourages walking and cycling and provides a better choice of integrated public transport. There could be more reference to action planned for existing communities.

Key questions to be addressed	Information in draft Core Strategy
Social cohesion and community safety	Safe and inclusive communities are identified as part of the overall vision. Strategic objective 2 promotes integration of existing and new neighbourhoods.
Access to healthy food	The issue of local food production is raised in relation to a number of areas – for example the urban extensions and rural areas, however, this is not covered in the district wide vision and objectives.
Access to work	Regeneration of key towns with improved employment opportunities Objective 5 identifies the need to promote a diverse economy, strengthen the rural economy and provide new employment and training opportunities. There could be more reference to how these will help communities with low average incomes and skills or higher than average unemployment.
Climate change	This is the central challenge in the Core Strategy, this is reflected in the district wide vision and in headline objective 1.
District-wide spatial strategy options	Option 1 may be more sustainable in terms of transport and accessibility having a more Bath centred focus for development. New transport infrastructure will be required to ensure this doesn't add to existing car travel and carbon emissions. Limited opportunities for development in rural areas, focused only on most sustainable villages, may reduce regeneration opportunities outside of Bath city. There is reference to green infrastructure provision and flood mitigation in central Bath. No strategic health service requirements have been identified, this is an area that is likely to require further investigation through the Infrastructure Delivery Plan. Option 2 provides greater opportunities for housing growth, employment and regeneration in market towns of Keynsham, Midsomer Norton and Radstock, though most jobs still appear to be focused on Paulton and Peasedown St John as in Option 1. More homes available in rural areas to meet housing needs. More dependent on improvements in transport infrastructure in the rural South of BANES and the more dispersed growth may make travel to work by walking or cycling more difficult. Again, no strategic health service requirements have been identified, this is an area that is likely to require further investigation through the Infrastructure Delivery Plan.
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?	These are addressed in a number of different policies, but particularly by the policy on community services and facilities. There could be more mention of how the core policies will affect existing communities as well as new developments, though this is covered in more detail in some of the sub-district visions and objectives.
Housing	Housing policy provides good detail on providing sufficient affordable housing in developments. There could be more detail about quality of homes, including requirements for energy efficiency and adaptability for older people, though this is covered in part by policy on highest quality urban design (Lifetime Homes standard, Building for Life

Key questions to be addressed	Information in draft Core Strategy
	Standards, Code for Sustainable Homes levels).
Access to public services, including health services	Infrastructure provision policy identifies need to ensure access to services, based on an accurate assessment of need and with multiple sources of funding. Accessibility and transport policy supports access throughout the district where local provision is not possible. The council and 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.
Opportunities for physical activity	Infrastructure provision policy and green infrastructure policy identify need for green space, leisure and sports facilities
Air quality, noise and neighbourhood amenity	Neighbourhood amenity addressed by policy on Highest quality urban design. Little mention of air and noise pollution control, though the accessibility and transport policy highlights need to minimise impacts of transport on local communities.
Accessibility and transport	Infrastructure provision policy identifies need to consider transport needs Accessibility and transport policy highlights 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, though this is absent from the specific objectives in the policy.
Social cohesion and community safety	Infrastructure provision policy identifies need to consider cultural and community requirements to create sustainable communities. Policy for Gypsies, travellers and show people should improve access to accommodation sites, amenities and reduce potential for conflict with local populations. Highest quality urban design policy identifies need for development to attend to Secured by Design and Manual for Streets standards. Also states need for proposals to benefit the wider community, reducing anti-social behaviour, crime and the fear of crime. Community services and facilities policy promotes social interaction locally, though involvement in culturally appropriate opportunities and has the potential to build social cohesion, trust and wellbeing.
Access to healthy food	Covered by green infrastructure policy and in area based sections.
Access to work	Covered by policy on a prosperous economy, including diversity in type and locations of opportunities. Community services and facilities policy focuses on access to learning, training and skills.
Climate change	Climate change policy identifies need to manage flood risk. Policies around energy efficiency of new homes are included (Code of Sustainable Homes) although could be specific mention of how energy efficient homes and buildings could help both climate change and health. Same issue for switching from car use to more active forms of travel.
Bath	

Key questions to be addressed	Information in draft Core Strategy
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 is mentioned in the vision for Bath in terms of residents enjoying access to high quality health and recreational facilities to improve the liveability of existing neighbourhoods. There is also mention of water and wellbeing as a regeneration theme.

However, 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.

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.

The section preceding the vision mentions health and wellbeing but this mostly relates to sport.

Health is mentioned in the objectives in relation to access to health services. Improving health and wellbeing (through the variety of direct and indirect influences on health) is not identified as part of the vision or as an objective – even though it is a key component of the sustainable community strategy. |
Housing	No explicit mention of ensuring adaptability of housing stock for ageing population
Access to public services, including health services	Recognition of the need for new development to contribute to investment in social infrastructure and community facilities.
Opportunities for physical activity	Reference to green infrastructure and role in recreational opportunities. There is frequent reference to the public realm and movement system improvements that are planned, but little reference to improving health and wellbeing which are one of the aims of the Public Realm and Movement Strategy.
Air quality, noise and neighbourhood amenity	Reference to the Bath Package and the need to improve air quality in relation to transport emissions. Reference to improving the liveability of local neighbourhoods.
Accessibility and transport	Reference to the need to improve transport infrastructure, though little explicit mention of active transport, including walking and cycling instead of, or as part of, car and public transport journeys. Reference to this could also include health benefits as an aim, as well as the currently mentioned environmental benefits.
Community safety and social cohesion	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.
Access to healthy food	
Access to work	Improving access to a variety of work opportunities is included.

Key questions to be addressed	Information in draft Core Strategy
Climate change	
Options for Bath	
	Putting most office growth in central area maximises opportunities to use public transport and walking. Realities of absorptive capacity and MOD not coming forward mean that some dispersal probably required and could be useful, especially if linked to a new development area in south bath or south west bath – which both have slightly higher levels of deprivation than other areas of the city (for example, Twerton, South Down, Rush Hill, Fox Hill, Odd Down, Coombe Down).
	Kingsmead currently has poor health and social outcomes. Regeneration in this area could benefit local residents but will need to tie in with Local Regeneration and Development Plans that have health and social aspects well integrated in their aims and objectives.
	River Corridor Zone development in Western Riverside seems to present a good opportunity for mixed-use, reasonably high density living that could allow good access to amenities locally and in the city centre, via walking and cycling, especially if the potential for the riverside to act as a green corridor in and out of the city is realised. Access to this high quality open and natural space is also likely to be good for the mental health and wellbeing of residents living nearby.
	River Corridor Zone development in the Lower Bristol Road/Twerton Riverside has the potential to benefit communities in Twerton, Southdown and Whiteway who currently experience some of the worst health and social outcomes in BANES. Using a minimum concentration approaching in the city centre and therefore more growth in this outer area of Bath has potential positive and negative impacts on health. The potential for more bulky goods retailing in this area, could bring new jobs, that would be accessible to all parts of the community. This would be in combination with the protection of existing light industry (albeit with a possible close relocation). However, there would need to be caution about possible increases in heavy goods delivery to such areas with accompanying noise and air pollution and traffic congestion. The development of 'retail shed' type sites can lead to 'pods' hanging off main roads, which are impermeable and don't allow access to either riversides or areas adjacent to them. This encourages people to use cars in the area for daily travel or specific shop visits rather than walking or cycling (notwithstanding the fact that some visits to these stores will obviously require cars for buying heavy goods).
	More could be mentioned of how the Riverside Developments could benefit surrounding communities in Southwest Bath in particular who are currently severed from the city centre by the Lower Bristol Road and who

Key questions to be addressed	Information in draft Core Strategy
	currently experience poor health and social outcomes.
	Newbridge Option 2 (releasing land for housing and displacing industrial uses to location out of the city) could have a benefit of reducing traffic levels in the inner city area but may increase total journey mileage for people working and visiting these sites, with negative impacts on carbon emissions.
	The outer neighbourhoods
	Focus on maintaining vitality and viability of 'local centres' and facilities is good, particularly for older people and will encourage physical activity and social cohesion.
	The suggestion of a small food store in Upper Oldfield Park may help retail provision in the south of Bath but further mapping to identify areas with little or no provision around the city would be a helpful step, particularly in terms of access to amenities and fresh foods.
	There is helpful reference to the potential role of a southerly urban extension in improving social infrastructure deficiencies in the south western neighbourhoods.
	There is helpful mention of acute hospital trust capacity and plans. There could be reference to primary care provision and the implications of new developments in the Riverside area for existing facilities or plans for new ones.
New neighbourhood at south/south west 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?	Includes an aim to promote sustainable living, access to local food production, sustainable transport.
	Reference to high quality urban design supporting inclusion, safety and healthy lifestyles.
	Reference to play a role in supporting regeneration of relatively deprived areas in south Bath.
	Reference to enhancing access to green space and the countryside, which will have benefits for physical activity and mental wellbeing.
	The approach to not splitting development seems well justified, and greater critical mass may enable more

Key questions to be addressed	Information in draft Core Strategy
	innovative and sustainable development and critical mass required for services and infrastructure.
Housing	Covered with reference to all sectors of the community.
Access to public services, including health services	Objectives set out need for a wide range of services and facilities for new and existing communities.
Opportunities for physical activity	Reference to excellent pedestrian, cycling and public transport connections within the community and adjoining areas and also to employment, services and other facilities.
Air quality, noise and neighbourhood amenity	
Accessibility and transport	Reference to excellent pedestrian, cycling and public transport connections within the community and adjoining areas and also to employment, services and other facilities.
Social cohesion	
Community safety	Reference made to urban design promoting safety. No detail at this stage, but reference made to more detail in Masterplanning stage.
Access to healthy food	
Access to work	
Climate change	Reference made to minimising impact of extreme weather events such as flooding and heat waves.

Options for the new development at south/south west Bath

Option A: West of Twerton	Positives

Good transport links via bus and close to cycle path between Bath and Bristol.

There could be ways to create links with surrounding neighbourhoods with currently low levels of amenities, leisure activities.

Mixed use employment, living development with excellent access to A4 and bus routes. And less congestion as outside city centre. Mixed use, if retail as well could provide for local living.

Good opportunities for access to green space and local food production.

Negatives

There is a concern that this site would become isolated because of the steep natural valley of Newton Brook. |

Key questions to be addressed	Information in draft Core Strategy
	Regeneration opportunities with surrounding areas would be hard to realise.
Option B: Odd Down /south Stoke Plateau	Positives Opportunities for regeneration helping surrounding areas. Good access to green space and food growing. Reference to bus and active transport links to city centre. Negatives Potential strain on existing services in adjoining area unless new facilities built, but this has not been mentioned. Unemployment and transport links more problematic, making this a less sustainable location. Some concern about land instability. Impact on local ecological and historical environment are obviously a broader concern for this site.
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?	There are welcome references to improving health, particularly through enabling increased walking, cycling and public transport, access to green space and the river, access to high quality buildings and spaces for community and cultural activities and access to local health care and sporting facilities.
Housing	
Access to public services, including health services	An infrastructure plan is being developed. A new primary health care park has been opened during 2009.
Opportunities for physical activity	
Air quality, noise and neighbourhood amenity	
Accessibility and transport	

Key questions to be addressed	Information in draft Core Strategy
Social cohesion	
Community safety	
Access to healthy food	
Access to work	Reference to new opportunities, though careful planning highlighted as necessary to ensure Keynsham/Somerdale opportunities complement rather than threaten and that both complement opportunities in Bath centre.
Climate change	Flood risk is clearly an issue for some of this site.
Options for Keynsham	
Option 1	This is district wide option A (minimal development outside of Bath) and provides greater opportunities for a range of factors that could support healthy lifestyles and wellbeing. The number of jobs is slightly less than Option 2. Slightly less housing. Public realm, leisure and cultural opportunities would be available, though developer contributions would be less due to limited employment/housing growth. Somerdale could play an enhanced role in providing green infrastructure for the town. There will be more opportunities for public space and waterways recreation in central area due to less intensive development. Development would be concentrated in the central strategic site, enabling access by train, bus, walking and cycling.
Option 2	Greater number of houses. No mention of mix to ensure it meets existing housing needs. Access to green space at Somerdale would be reduced, though still possible and developments to Memorial Park still possible. Opportunities for public realm, leisure and cultural developments, and more developer contributions due to greater housing and employment development. Development would be concentrated in the central strategic site, enabling access by train, bus, walking and cycling. Better opportunities for employment (office and retail) development (around 240 extra jobs).
South east Bristol urban extension	
Do the vision and objectives address health in a spatial and locally distinctive	There are references to improving health, particularly through mixed use development with a range of services and employment opportunities, the potential for active transport within the area and to access the surrounding

Key questions to be addressed	Information in draft Core Strategy
way, by promoting healthier communities, addressing health inequalities and access to health services?	area and most specifically the vision that the neighbourhood will be an exemplar development that promotes healthy lifestyles. Reference is also made to a network of connected high quality green infrastructure for recreation and leisure and the need to use design that will meet the needs of all in the community and provide a safe and healthy environment. Infrastructure to be provided at an early stage as new housing develops.
Do the vision and objectives identify and respond to the health priorities in the Sustainable Community Strategy?	
Housing	
Access to public services, including health services	Maximising development around the Whitchurch location would provide a greater density of people and opportunities for developing facilities and services and public transport in this area. Nonetheless, there would need to be significant expansion of facilities given the significant increase in population size. A new hospital is being developed in South Bristol and primary care provision may need further development in the Whitchurch area. There will be insufficient numbers to support a secondary school resulting in daily commuting out of the area.
Opportunities for physical activity	Some existing sports and recreational facilities, but the very significant increase in population would require expansion of these facilities.
Air quality, noise and neighbourhood amenity	Little reference to public realm developments and urban green space for leisure. There is a concern about the potential for impacts on air quality and noise from new transport developments.
Accessibility and transport	Public transport is currently poor and the main road from Bristol congested. Aspirations for major transport improvements are highlighted and would be an important requirement, potentially threatening the viability of the site in the event the transport package was not successfully delivered. Potential for redevelopment of a disused railway track bed to provide a green link from the Bristol urban area out to the new neighbourhood. This could be a linear park enabling safe walking and cycling.
Social cohesion	There would need to be careful consideration of how this development would complement other regeneration activities occurring in south Bristol as part of the Bristol Core Strategy.
Community safety	
Access to healthy food	
Access to work	The option doesn't give a clear indication of new employment opportunities. A concern is that without sufficient local provision this will lead to a significant level of out commuting and reduce local vibrancy, creating a dormitory town.
Climate change	
Midsomer Norton and Radstock	
Do the vision and objectives address health in a spatial and locally distinctive	No health issues mentioned in the challenges faced by the area.

Key questions to be addressed	Information in draft Core Strategy
way, by promoting healthier communities, addressing health inequalities and access to health services?	More employment, social and cultural facilities leading to greater self-containment. Mention of realising their potential for high levels of walking and cycling. Good connections through public transport.
Housing	There is reference to providing a mix of housing types and facilitating community support.
Access to public services, including health services	
Opportunities for physical activity	Access to leisure opportunities through the Town Park in Midsomer Norton. No mention for Radstock. Green infrastructure is mentioned in relation to landscape and environmental quality but no mention of how this might support physical activity for leisure or day to day journeys by foot or bicycle.
Air quality, noise and neighbourhood amenity	
Accessibility and transport	
Social cohesion	
Community safety	
Access to healthy food	
Access to work	
Climate change	
Options for Midsomer Norton and Radstock	
Option MNR 1	Regeneration of town centre. Creation of a Town Park providing opportunities for leisure, recreation, social interaction. Opportunity to link the National cycle Network route through the Town Park, promoting opportunities for physical activity for leisure or travel. Information about strategic sites Midsomer Norton Town Centre There are welcome references to a variety of issues that would improve local health and wellbeing including reducing fear of crime by creating a well designed urban environment, integrating safe walking and cycle routes with sustainable transport routes, creating new leisure and cultural facilities and a Town Park and even an explicit reference to reducing health inequalities.

Key questions to be addressed	Information in draft Core Strategy
	Radstock Town Centres

There are welcome references to a variety of issues that would improve local health and wellbeing including reducing fear of crime by creating a well designed urban environment, integrating safe walking and cycle routes with sustainable transport routes, integrating green infrastructure, creating new leisure and cultural facilities and a Town Park, promoting mixed use development around the city centre that can enable people to have good access to a range of amenities through walking and cycling and even an explicit reference to reducing health inequalities.

Limited housing and employment growth reduces potential for public realm and community facility improvement, including the Town Park.
New jobs will be a challenge requiring public support and intervention (details of what required from that are not provided). |
| Option MNR 2 | Appears to do everything Option MNR 1 does, and more. Viability of regeneration and improvement to public realm and community facilities appears to be greater due to greater potential for developer contributions. Viability of attracting the proposed level of employment is unclear.

Regeneration of Midsomer Norton and Radstock is a central component of the overall BANES vision and so Option MNR 2 appears to fulfil that intention better than Option MNR 1.

The intention of the strategic sties to be mixed use with homes, jobs, community and social facilities is welcome. |
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?	Good reference to providing access to facilities for all, with increased walking and cycling and more sustainable travel options. Important given the isolated nature of some villages and current reliance on private car use.
Policy Issue Rural A	Option RA 2 appears to offer better access to facilities, close to home, to a wider range or people and may help prevent isolation or additional individual car journeys. Improved local facilities obviously have a practical direct role to play but also provide a more indirect role in promoting social cohesion and community resilience.
Policy Issue Rural C	The suggestion of encouraging local food production and retailing could improve access to fresh foods in rural

Key questions to be addressed	Information in draft Core Strategy
	areas, though costs of some of these food stuffs may be prohibitive for some sections of the community. There could be more mention of community leisure facilities, particularly for young people in rural areas, or at least reference to how improvements in Policy B towns, for example, may improve access to such facilities for people in rural villages.
Implementing the Core Strategy	
Has an infrastructure plan for health services been developed, including: • the scale, location and timing of new development • the sources of funding, including Section 106 contributions • Responsibilities for delivery?	The Core Strategy refers to an Infrastructure Delivery Plan which will be developed and will address these key themes mentioned in the question. It is not clear when this plan will be produced. There are also infrastructure and delivery requirements set out in the options but not yet any specific plans for achieving these.
Monitoring	
Have clear indicators been set for monitoring progress in health improvement?	There is no information in the draft Core Strategy Options paper concerning ways of monitoring achievement of the vision and objectives for the district and its component towns and villages. This could be developed as part of the sustainability appraisal process or as part of a separate delivery document.
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.