

Fareham Local Plan – issues and options consultation

Additional information re: Health and Wellbeing

Introduction

The UK Faculty of Public Health (2010) defines public health as: “The science and art of promoting and protecting health and wellbeing, preventing ill-health and prolonging life through the organised efforts of society.” Public health activity can be divided into three domains – health improvement, health protection and health services. Public health policy in the UK usually refers to health protection, health promotion and the use of evidence in these areas, as well as preventative health services.

Local authorities have a statutory responsibility for public health, as set out in the Health and Social Care Act 2012. Local authorities have a duty to take such steps as they consider appropriate for improving the health of the people in their areas. Local authorities also responsibility for some public health services, like sexual health services and drug and alcohol misuse services, whilst primary care and dental services continue to be the responsibility of NHS Clinical Commissioning Groups (CCGs) and NHS England.

Local authorities’ public health role also includes ensuring that there are plans in place to protect the local population from health threats, including plans for emergencies, preventative measures such as immunisations and screening and monitoring the plans individual providers have in place. They are also required to provide CCGs with population health advice, for example supporting the development of joint strategic needs assessments. The management of these functions is led by the local authority’s Director of Public Health, in consultation with its Health and Wellbeing Board (comprised of Directors of Children and Adults Services, health commissioners, elected members of the local authority and other agencies).

Hampshire County Council’s Strategy for Improving the Public’s Health 2016-2021¹ has been developed to improve health across the county and outlines our vision and actions for improving the public’s health. The strategy sets an ambition to support healthy place-making locally, which is supported by the Hampshire Spatial Planning and Public Health Position Statement².

Planning and health

The links between health and the built and natural environment have long been established and the role of the environment in shaping the social, economic and environmental circumstances that determine health is increasingly recognised and understood.

An ever-increasing body of research indicates that the environment in which we live is inextricably linked to our health across the life course. For example, the design of our neighbourhoods can influence physical activity levels, travel patterns, social connectivity, mental and physical health and wellbeing outcomes.

However, it is important to recognise that the causal links between built environment and health are often complex, in that they are influenced by numerous, sometimes conflicting, factors.

¹ <http://documents.hants.gov.uk/public-health/TowardsahealthierHampshireastrategyforimprovingthepublicshealth2016-2021.pdf>

² <http://documents.hants.gov.uk/public-health/PublicHealthandPlanninginHampshirePositionStatement.pdf>

Although it is difficult to quantify, with precision, the impact of the built and natural environment on health, research does seem to consistently report that the majority of our health outcomes are explained by factors other than healthcare^{i,ii}.

In this document we have provided an introduction to some of the key public health issues for Fareham, and recommendations for planning.

Mental Health and Wellbeing

It is estimated that one in four adults will experience mental health problems. Mental illness is the single largest cause of disability in England. The economic cost of this alone is estimated to be £105 billion a year. Hampshire County Council have produced a Mental Health and Wellbeing Index which looks at a range of indicators.

Fareham North-West, Fareham South, Portchester East and Stubbington wards are score amongst the lowest 40% of wards. Although poor mental health is linked to areas of deprivation, there are lower than expected levels of mental wellbeing in Fareham West, Stubbington and Hill Head wards. Further information on the Wellbeing index can be found here:

<https://www.hants.gov.uk/socialcareandhealth/publichealth/mentalhealthwellbeing/fareham>.

Where someone lives will have a significant impact on an individual's wellbeing, including affordability, standard of homes, access to green spaces, and access to community assets and should be considered throughout policy development.

Environmental noise exposure is responsible for a range of health effects, including increased risk of ischaemic heart disease as well as sleep disturbance, cognitive impairment among children, annoyance, stress-related mental health risks, and tinnitus.³

WHO states that "Noise is an important public health issue. It has negative impacts on human health and well-being and is a growing concern." The WHO Regional Office for Europe has developed guidelines, based on the growing understanding of these health impacts of exposure to environmental noise. The main purpose of the guidelines is to provide recommendations for protecting human health from exposure to environmental noise originating from various sources: transportation (road traffic, railway and aircraft) noise, wind turbine noise and leisure noise.

http://www.euro.who.int/data/assets/pdf_file/0009/383922/noise-guidelines-exec-sum-eng.pdf?ua=1 pollution

A summary of the evidence on noise pollution, and summary recommendations, on noise pollution and health can be found at:

<http://ec.europa.eu/environment/integration/research/newsalert/pdf/47si.pdf>

Reducing traffic volumes reduces noise exposures, as well as air pollutants. Lower traffic values in neighbourhoods can generate other economic and social co-benefits such as higher property values and increased levels of pedestrian street activity and social interaction³.

NICE have recently published guidance on outdoor air quality and health, including specific recommendations for planning, which can be found here:

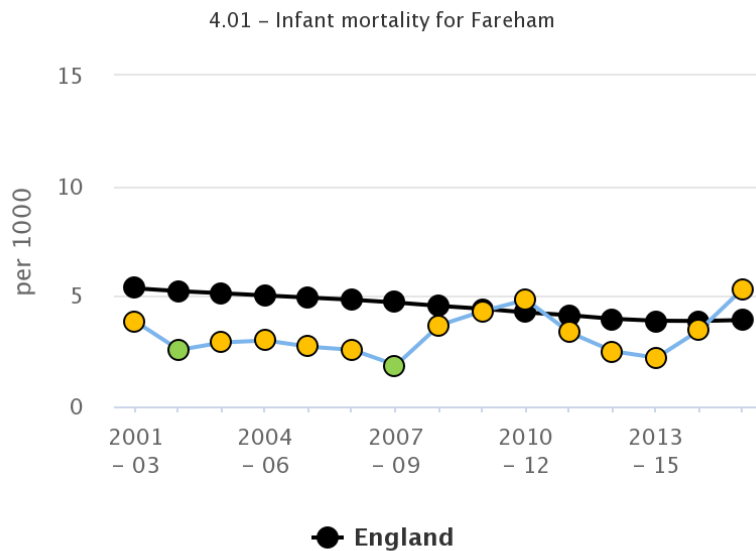
<https://www.nice.org.uk/guidance/qs181>.

³ <https://www.who.int/sustainable-development/transport/health-risks/noise/en/>

Infant Mortality

Infant mortality is an indicator of the general health of an entire population. It reflects the relationship between causes of infant mortality and upstream determinants of population health such as economic, social and environmental conditions. Deaths occurring during the first 28 days of life (the neonatal period) in particular, are considered to reflect the health and care of both mother and newborn.

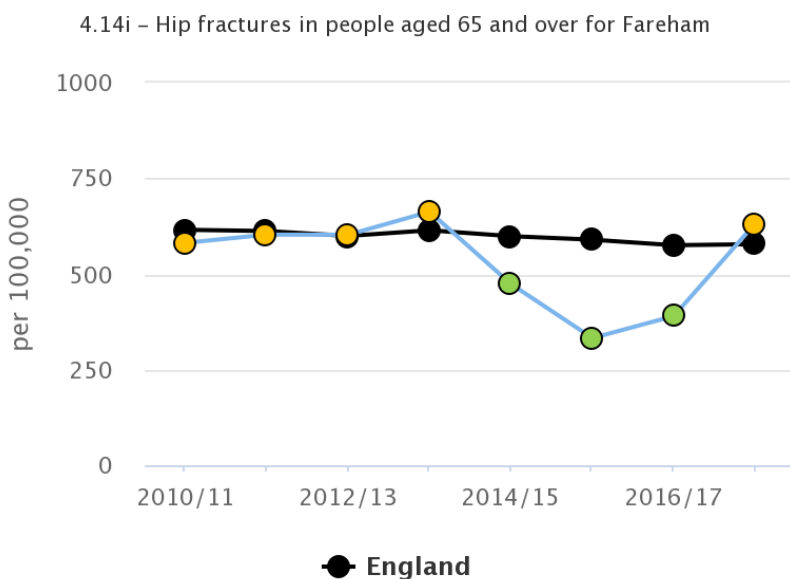
The three-year rolling average for infant mortality has risen from 2.2 per 1000 in 2013-15 to 5.3 per 1000 in 2015-17, against the steady improvement trend across England.



Hip Fractures

Hip fracture is a debilitating condition – only one in three sufferers return to their former levels of independence and one in three ends up leaving their own home and moving to long-term care. The National Hip Fracture Database reports that mortality from hip fracture is high⁴ - about one in ten people with a hip fracture die within 1 month and about one in three within 12 months.

The rate of hip fractures in people over 65 is increasing in Fareham. One way to reduce individual’s risk of falls is to keep active, including walking and active travel and ensuring homes are kept warm in the winter.



⁴[https://www.nhfd.co.uk/20/hipfractureR.nsf/luMenuDefinitions/CA920122A244F2ED802579C900553993/\\$file/NHFD%20Report%202013.pdf?OpenElement](https://www.nhfd.co.uk/20/hipfractureR.nsf/luMenuDefinitions/CA920122A244F2ED802579C900553993/$file/NHFD%20Report%202013.pdf?OpenElement)

Overweight and obesity

Fareham’s rate of overweight and obesity is higher than the England average with 67.4% of adults aged 18+ classified as overweight or obese. Excess weight is a major risk factor for type 2 diabetes, cancer, heart disease and has a significant impact on quality of life, mental wellbeing and employment.

In simplified terms, obesity is a result of one regularly consuming more calories from food and drink than one burns through daily living. Maintaining a healthy diet and engaging in physical activity can therefore support healthy weight.

Physical activity and active travel

Data on physical activity⁵ for Fareham can be found in table 1 below.

Table 1 Physical activity in Fareham

Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared

Indicator	Period	Fareham		County & UA		England		England	
		Count	Value	Value	Value	Worst/Lowest	Range	Best/Highest	
Percentage of physically active adults	2017/18	-	72.0%	70.0%	66.3%	52.1%		80.1%	
Percentage of physically inactive adults	2017/18	-	14.9%	19.1%	22.2%	37.1%		10.5%	
Percentage of adults walking for travel at least three days per week	2016/17	-	20.1%	20.2%	22.9%	10.0%		43.6%	
Percentage of adults cycling for travel at least three days per week	2016/17	-	3.8%	3.8%	3.3%	0.3%		31.8%	
Percentage of physically active adults - historical method	2015	-	56.9%	60.9%	57.0%	44.8%		69.8%	
Percentage of physically inactive adults - historical method	2015	-	26.0%	24.7%	28.7%	43.7%		14.7%	
Percentage of adults doing 30-149 minutes physical activity per week - historical method	2015	-	17.2%	14.4%	14.3%	9.4%		20.7%	
Percentage of adults who do any walking, at least five times per week	2014/15	-	47.5%	48.7%	50.6%	37.7%		68.1%	
Percentage of adults who do any walking, at least once per week	2014/15	-	78.3	81.5	80.6	70.4		91.3	
Percentage of adults who do any cycling, at least three times per week.	2014/15	-	5.1%	5.5%	4.4%	0.2%		39.0%	
Percentage of adults who do any cycling, at least once per month	2014/15	-	20.3%	19.0%	14.7%	5.0%		58.0%	

As well as supporting healthy weight, physical activity can promote physical and mental health. Physical inactivity is a risk factor for conditions such as coronary heart disease and some cancers. Active travel (i.e. walking or cycling for all or part of a journey) also has wider social, economic and environmental benefits, including reduced traffic congestion.

Within development, attempts to prioritise pedestrians and cyclists through changes in physical infrastructure are associated with positive behavioural and health outcomes. For instance, the separation of cycling and pedestrian infrastructure from road traffic can encourage active travelⁱ. This can be supporting by ensuring developments apply a user

⁵ Data can be viewed at <https://fingertips.phe.org.uk/profile/physical-activity/data#page/1/gid/1938132899/pat/102/par/E1000014/ati/101/are/E07000087>

hierarchy which priorities first pedestrians, cyclists and users of public transport over other vehicles and users of private vehiclesⁱⁱ

Additionally, traffic calming measures, including speed humps, speed tables, cushions and roundabouts, are associated with increased walking behaviour and a reduced risk of pedestrian injury^{iii,iv}. Meanwhile, public realm improvements, such as street lighting, have been shown to increase physical activity participation among older adults and reduce the incidence of road traffic collisions¹⁷.

There is evidence that built environment strategies to promote physical activity can have a positive impact upon engagement in physical activity behaviours. For example, increasing access to playgrounds and recreational facilities is associated with increased walking among adolescents (Davison & Lawson, 2006; Rothman et al., 2003)

Active travel can be difficult to achieve in rural areas where residents live far away from local amenities and social services^v, emphasising the need for a presumption in favour of developments with good access to a range of local facilities, or that provision of new facilities is sought as part of a development. There is evidence supporting the principle that efforts to encourage behaviour change (i.e. switching from using private vehicles to public transport or active travel) amongst residents of new developments is more likely to succeed when all the necessary infrastructure is in place prior to the first occupation by residents.

The food environment

Our food environment, especially the ready availability of food high in calories from supermarkets, takeaways, restaurants and cafes, is also considered to be a significant contributory factor for overweight and obesity.

Out-of-home food outlets such as restaurants, cafes and takeaways influence our dietary habits. Nationally, the proportion of meals eaten outside of the home is increasing, with more than one quarter (27.1%) of adults and one fifth of children now eating from out-of-home food outlets at least once a week².

Data published by Public Health England in 2017 show that fast-food outlets are more densely concentrated (i.e. greater number of outlets per 1,000 resident population) in areas of greater deprivation compared to more affluent areas. Meals eaten out of the home tend to be associated with larger portions, higher intakes of fat, sugar and salt and lower intakes of micronutrients than meals eaten at home².

Such concentrations of these establishment types may be contributing to the widening of health inequalities, as recognised in the Marmot Review³.

Greater access to takeaway outlets at home, work and on commuting routes has been associated with increased takeaway consumption⁴.

There is also a tendency for fast-food outlets to cluster around schools, increasing children's access to and opportunities for purchasing energy-dense, unhealthy food⁵.

Take-away prevalence in Fareham

To understand the potential impact of in takeaways in Hampshire, we have analysed Points of Interest (PoI) data from Ordnance Survey to look at how they are distributed by area, by deprivation and over time. Our data suggests that we have seen a growth in takeaways over the last four years, and the highest growth has been seen in areas of greatest deprivation. In Hampshire, the number of takeaway outlets per 1,000 resident population in the most deprived decile is almost four times greater than in the least deprived (average of 1.19 and 0.33 per 1,000 resident population, respectively).

According to the PoI method there are 75 hot food takeaways in Fareham. Figure 1 shows takeaway density by district. Although it would appear that Fareham has a relatively low density across the entire borough, Fareham’s hot food takeaways tend to be concentrated in the areas of greatest deprivation, as evident in Figure 2, which shows the density by ward-level across Fareham Borough.

Figure 1

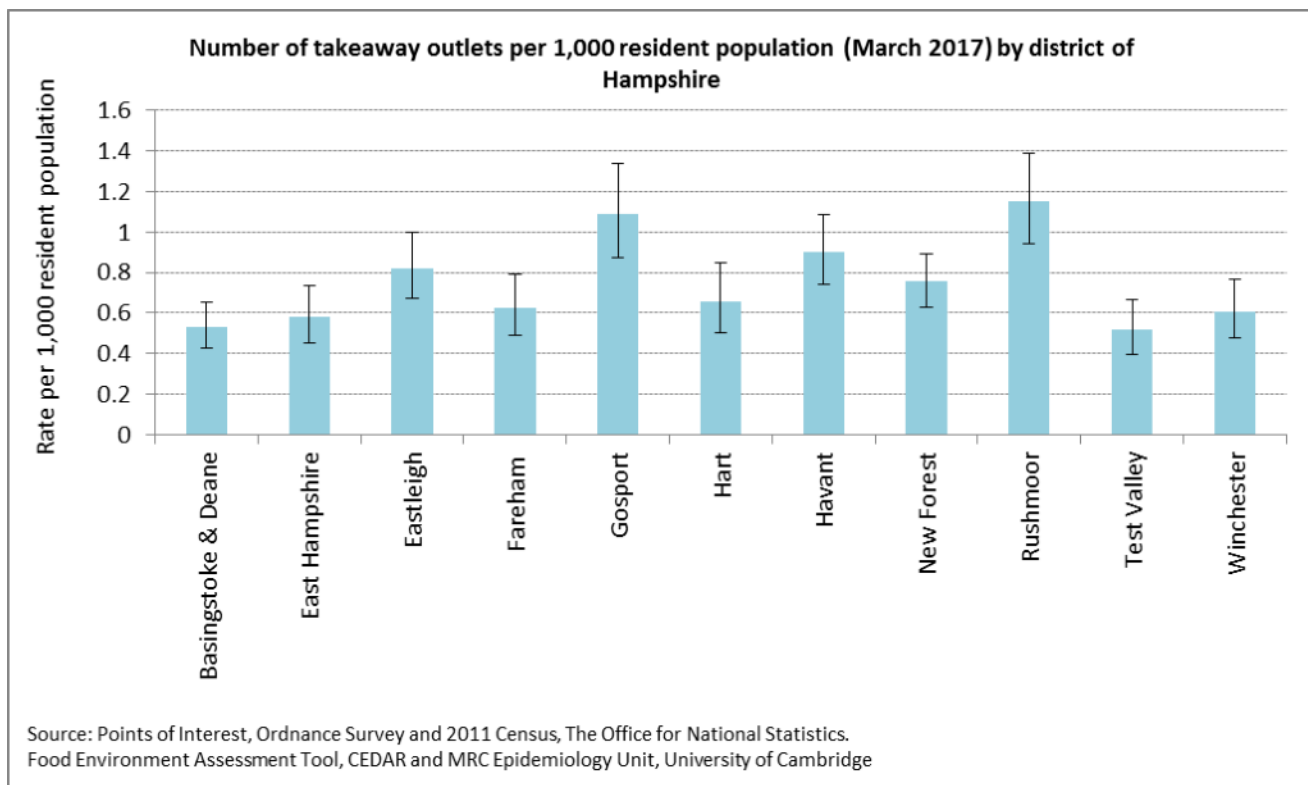
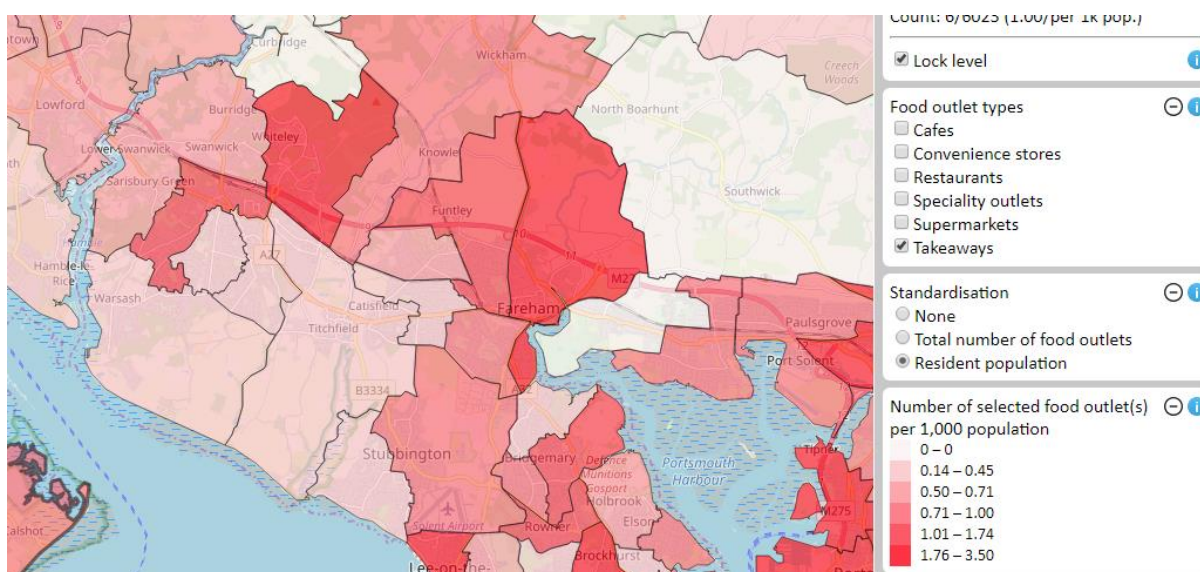


Figure 2



ⁱ Fraser, S.D., & Lock, K. (2011). Cycling for transport and public health: a systematic review of the effect of the environment on cycling. *European Journal of Public Health*, 21 (6), 738-743.

ⁱⁱ Manual for Streets (2007).

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/341513/pdfmanforstreets.pdf

ⁱⁱⁱ Rothman, L., Buliung, R., Macarthur, C., To, T., & Howard, A. (2014). Walking and child pedestrian injury: a systematic review of built environment correlates of safe walking. *Injury Prevention: Journal of the International Society for Child and Adolescent Injury Prevention*, 20 (1), 41-49.

^{iv} Cairns, J., Warren, J., Garthwaite, K., Greig, G., & Bamba, C. (2015) Go slow: an umbrella review of the effects of 20 mph zones and limits on health and health inequalities. *Journal of Public Health (Oxford, England)*. 37 (3), pp.515-520.

^v Active Living Research (2015). Promoting Active Living in Rural Communities.

http://activelivingresearch.org/sites/default/files/ALR_Brief_RuralCommunities_Sept2015.pdf

Hampshire County Council Public Health response

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Section; Introduction

Issue- It would be useful to provide some data on the health and wellbeing of the residents of Fareham. This is available through the Public Health England Health Profiles <https://fingertips.phe.org.uk/profile/health-profiles/data#page/1/at/101/are/E07000087> and shows, for example, that Fareham has levels of excess weight in adults that are significantly higher than the national average.

Recommendations- Use robust health data (from Public Health England) to set context of the health and wellbeing status of the Borough's population.

Section; Vision and key strategic priorities

Issue- We welcome the inclusion of strategic priority 7 around creating places that encourage healthy lifestyles. However, we would like to see this priority running more strongly as a thread throughout the Local Plan which could be achieved by translating it into a Strategic Policy on health and wellbeing. We also welcome the emphasis on the needs of an ageing population in priority 8 (see further comments under Chapter 5).

Recommendations- Develop a Strategic Policy on health and wellbeing. Examples of health policies in Local Plans include Policy 3.2 in the London Plan https://www.london.gov.uk/sites/default/files/the_london_plan_2016_jan_2017_fix.pdf and Croydon's Strategic Policy 5.2 <https://www.croydon.gov.uk/sites/default/files/articles/downloads/localplan-adopted.pdf>

Section- H2

Issue- We support the Borough's intention to provide affordable housing as this can contribute to efforts to tackle health inequalities, as long as affordability criteria are not set too high. We note, however, that the requirement for 30% affordable housing on large sites is lower than the 40% in the existing Local Plan.

Recommendations- Change requirement for affordable housing to 40% on large sites.

Section- H4

Issue- As mentioned in the draft Local Plan, the ageing population is a significant issue in Fareham as it is nationally. It would be useful to give consideration to forecasts of the older population in the Borough in addition to just using the 2011 Census figures as in para 5.31. For instance, the latest HCC Small Area Population Forecasts show that by 2023 a quarter of the population will be aged over 65. Therefore, whilst we support the requirement to build 15% of new homes to Category 2 Standards, we would suggest that the council should be more ambitious and set a higher percentage in order to secure more lifetime homes for the population.

Recommendations- Set a higher percentage requirement for homes built to category 2 standards.

Section H8

Issue- We welcome the provision for secure and easily accessible cycle parking/storage mentioned throughout the draft Local Plan. However, we want to be sure that this will apply to all new developments including, for example, the creation of HMOs where currently cycle parking provision is not explicitly mentioned.

Recommendations- Ensure easily accessible, secure cycle parking/storage is required for all developments including HMOs.

Section R3

Issue- Para. 7.17 highlights the potential issues of hot food takeaway outlets but fails to mention the negative impact of such outlets on the food environment and potentially on health outcomes such as obesity. As already noted, Fareham has a higher than average rate of overweight and obese adults.

Obesity is the outcome of a complex web of social, cultural, environmental, biological and psychological influences. Therefore, no single intervention will resolve the obesity issue. Instead we need a range of actions across the whole system – restriction of hot food takeaways is one part of the jigsaw. Maps on the number and rate of hot food takeaways is available and could be used to inform a policy on restricting such outlets - see 'Food Mapping' worksheet.

Recommendations- Consider a policy restricting new hot food takeaways

Section CF6

Issue- We support the proposals around open space provision and particularly the emphasis on improving quality and accessibility where it is not possible to increase the quantity.

Section INF2

Issue- We welcome the development of an Active Travel Strategy for Fareham and would be pleased to contribute to this.

Recommendations - Partnership with Public Health Team on development of Active Travel Strategy.

Section- implementation and monitoring

Issue- We welcome your proposal to expand the number of indicators being monitored and would suggest that you incorporate some health and wellbeing indicators in order to monitor progress towards strategic policy 7. The Public Health Outcomes Framework www.phoutcomes.info provides a good source of data on a range of validated indicators and we would be happy to work with you on which indicators would be appropriate to include.

Recommendations- Include health and wellbeing indicators in monitoring.

Other comments- Private outdoor space. As per discussions during the meeting with Public Health and Fareham Borough Council on the 25th June 2019, FBC may wish to include a policy that sets a requirement for private outdoor space. Such policy has already been successfully included within other local plans within Hampshire. Rushmoor Borough Council is a good example. See page 124, policy DE3 "Residential Amenity Space Standards".

<https://www.rushmoor.gov.uk/CHttpHandler.ashx?id=19935&p=0>

Recommendations- Include requirements for private outdoor space, including minimum sizes for balconies.