Health Background Paper

September 2020

FAREHAM
BOROUGH COUNCIL

Contents

FAREHAM LOCAL PLAN

1.0   Introduction

1.1   The built and natural environment is a key determinant of health and wellbeing, and the relationship between planning and health is well established. Research suggests that 'the environment in which we live is inextricably linked to our health across the life course' and that the 'design of our neighbourhoods can influence physical activity levels, travel patterns, social connectivity, mental and physical health and wellbeing outcomes'[1]. Furthermore, health problems such as obesity, chronic heart disease, stress and mental health issues are shown to be intricately linked to the environments in which people live and work[2]. Planning in the broadest sense – from development management and infrastructure to the location of health and community services – can play a crucial role in creating environments that enhance people's health and wellbeing.

1.2   Addressing health inequalities and improving the health and wellbeing of the Borough's population, both physical and mental, are key priorities for Fareham Borough and Hampshire County Councils. This background paper has been prepared to assess the policies of the draft Local Plan 2037 and to ensure that the plan is supportive of and has a positive impact on the health and wellbeing of residents in the Borough. It provides an understanding of the latest evidence base and the reasoning for the policy approaches in the Plan.

1.3   This background paper references the following documents:
- Fareham Health Profile 2019 (Public Health England)
- Towards a Healthier Hampshire: A Strategy for Improving the Public's Health 2016-2021 (Hampshire County Council)
- Hampshire Planning and Public Health Position Statement
- Hampshire Joint Strategic Needs Assessment (JSNA) 2017 (Hampshire County Council)
- Emerging Strategy for the Health and Wellbeing of Hampshire 2019-2024 (Hampshire Health and Wellbeing Board)
- Fareham and Gosport CCG JSNA
- Fareham Mental Health and Wellbeing Index Summary (Hampshire County Council)

1.4   It is not the purpose of this background paper to repeat the findings of these studies, the aim is to identify key health issues for Fareham Borough and explore ways in which the Local Plan and Development Management processes can help address these priorities.

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[1] Public Health England (2017) *Spatial Planning for Health: An Evidence Resource for Planning and Designing Healthier Places*
[2] Royal Town Planning Institute (2014) *Promoting Healthy Cities: Why Planning is Critical to a Healthy Urban Future* (Planning Horizons No. 3, October 2014)

FAREHAM LOCAL PLAN

2.0　National Policy and Local Strategy

National Policy

2.1　In April 2013 the *Health and Social Care Act (2012)* gave upper tier and unitary authorities a new duty to improve the health of people in their area including encouraging healthier lifestyles and addressing health inequalities. The transfer of responsibilities from the National Health Service (NHS) to local government was intended to shift the emphasis from treatment towards a more preventative agenda which tackles the wider social determinants of health such as the environment, housing, education and employment. This duty falls within Hampshire County Council's responsibility, being the upper tier authority for the Borough and wider area.

2.2　As part of the Health and Social Care Act local areas had to establish multi-agency Health and Wellbeing Boards. The Boards are charged with producing the Joint Strategic Needs Assessment and a Joint Health and Wellbeing Strategy for their local areas.

2.3　National planning policy on health is set out in the National Planning Policy Framework (NPPF). Health and wellbeing are fundamental principles of planning and links to health can be found throughout the NPPF. For example, the significance of planning in terms of promoting health and wellbeing is illustrated by the 'Promoting Healthy and Safe Communities' section (Chapter 8) and the three dimensions (economic, social and environmental) to sustainable development (Paragraph 8).

2.4　The social objective of sustainable development includes an aspiration to support strong, vibrant and healthy communities by developing a well-designed and safe built environment, with accessible services and open spaces that reflect current and future needs and support communities' health, social and cultural wellbeing.

2.5　Paragraph 91 of the NPPF expands on this objective:

> Planning policies and decisions should aim to achieve healthy, inclusive and safe places which:
>
> a)　Promote social interaction, including opportunities for meetings between people who might not otherwise come into contact with each other – for example through mixed-use developments, strong neighbourhood centres, street layouts that allow for easy pedestrian and cycle connections within and between neighbourhoods, and active street frontages;
>
> b)　are safe and accessible, so that crime and disorder, and the fear of crime, do not undermine the quality of life or community cohesion – for example through the use of clear and legible pedestrian routes, and high-quality public space, which encourage the active and continual use of public areas; and
>
> c)　enable and support healthy lifestyles, especially where this would address identified local health and wellbeing needs – for example through the provision of safe and accessible green infrastructure, sports facilities, local shops, access to healthier food, allotments and layouts that encourage walking and cycling.

2.6   Other key sections of the NPPF include policies on transport (Chapter 9), making effective use of land (Chapter 11), design (Chapter 12), climate change (Chapter 14) and the natural environment (Chapter 15). These chapters reference the impact on public health in relation to provision of health facilities, sustainable transport, living conditions and pollution, demonstrating the wide-ranging links between health and planning.

2.7   National Planning Practice Guidance (PPG) supports the NPPF and highlights how positive planning can contribute to healthier communities. It states that "the design and use of the built and natural environments, including green infrastructure are major determinants of health and wellbeing. Planning and health need to be considered together in two ways: in terms of creating environments that support and encourage healthy lifestyles, and in terms of identifying and securing the facilities needed for primary, secondary and tertiary care, and the wider health and care system."

Local Strategy

2.8   Hampshire County Council as the upper tier authority responsible for local public health planning produce a Joint Health and Wellbeing Strategy and a Joint Strategic Needs Assessment for the county.

2.9   The key health and wellbeing issues for Hampshire are identified in the document entitled Towards a Healthier Hampshire: A Strategy for Improving the Public's Health 2016-2021.

2.10   The strategy highlights that Hampshire is a healthy place to live with residents having good life expectancy, benefiting from "good education and employment, good housing and a great environment" but there are still areas which could improve.

2.11   The key issues identified as affecting the county are:

- Ageing population
- Our healthy life expectancy is not keeping up with overall life expectancy. Women in particular are living longer in poor health
- Health inequality between most and least deprived communities
- Financial pressures are beginning to impact on services
- We are increasingly living in an uncertain and stressful environment, so we need to improve our mental health and access to mental health services.

2.12   The strategy sets out five public health priorities to address the identified issues:

- Healthy – Making healthy lifestyles the norm
- Happy – Good emotional wellbeing and mental health for all
- Resilient – Resilient and healthy children, young people and families
- Thriving communities – Making local places healthy and safe places
- Protect – Protecting health from avoidable harms

2.13   The strategy seeks to improve Hampshire's public health by focussing on prevention and early intervention to reduce the pressures on services when health problems arise and

taking action to help reduce the health inequality between different groups within communities.

2.14   The strategy is supported by the Hampshire Spatial Planning and Public Health Position Statement which gives details of actions that local authorities can take to improve the health and wellbeing of residents and the support that Hampshire County Council can provide to facilitate this. The actions include ensuring that the principles of health and wellbeing are enshrined in local plans and related documents, including involving public health colleagues at an early stage in plan development and using the Joint Strategic Needs Assessment as evidence for policy making.

2.15   The Hampshire Joint Strategic Needs Assessment (JSNA) provides detailed information on the health of the local population, both at county level and at district and borough level. The findings of the JSNA have informed Hampshire's Joint Health and Wellbeing Strategy and has four key strands:

- Starting Well – supporting every child to thrive and do well by helping them to feel safe and be physically and emotionally healthy
- Living Well – enabling people to live healthy lives and encouraging people to take action to stay healthy through access to information and support
- Ageing Well – enabling people to remain independent; have choice and control and timely access to high quality services
- Healthy Communities – ensuring people live in strong and supportive communities – targeting communities with greatest health inequalities.

2.16   In the Hampshire JSNA, the Hampshire Public Health Team have identified four ways in which the planning system can help improve public health:

- Green Space
- Transport
- Healthy Homes
- Healthy Neighbourhoods

2.17

Theme	Link to health	What can planning do
Green space	Increases physical activity Improves mental wellbeing Improves social connectedness Improves air quality	Open space standards Increase accessibility of green space Increase use of green space Urban planting
Transport	Road traffic accidents Active travel promotes physical activity Impact on social isolation Active travel reduces air pollution	Promote walking and cycling Road safety Reduce car use Connectivity
Healthy homes	Physical health (e.g. cold, damp) Mental health (e.g. overcrowding, noise) Social isolation	Housing design Housing mix Accessible design
Healthy neighbourhoods	Access to healthy/unhealthy food Access to education, healthcare, employment etc Fear of crime, social isolation etc.	Restricting unhealthy outlets Designing high quality public realm Provision of social infrastructure

Source: Hampshire Joint Strategic Needs Assessment

2.18   In addition to the 2016-2021 Strategy, Hampshire County Council consulted on The Emerging Strategy for the Health and Wellbeing of Hampshire 2019-2024 in February 2019. This draft strategy sets out the vision and key priorities for the next five years and outlines the key priority areas: Starting well, Living well, Ageing well and Dying well. This draft strategy will lead to a focussed annual business plan for each year.

3.0   Health in Fareham

Fareham's Health Profile

3.1   Public Health England publish an annual Health Profile for each district/unitary authority which measures a number of health indicators and compares them to the regional (South East) and national (England) figures. The Fareham Local Authority Health Profile 2019 states that "The health of people in Fareham is generally better than the England average. Fareham is one of the 20% least deprived districts in England, however 7% (1,275) of children live in low-income families. Life expectancy for both men and women is higher than the England average."

3.2   Figure 1 illustrates the average life expectancy in Fareham for males (at birth) is 81.3, which is slightly higher than the England average of 79.6. For women (at birth) in Fareham average life expectancy is 84.1 years of age, which is also slightly higher than the average life expectancy in England at 83.1.

Figure 1: Life Expectancy for Fareham

🔴 Significantly worse than England average
🟠 Not significantly different from England average
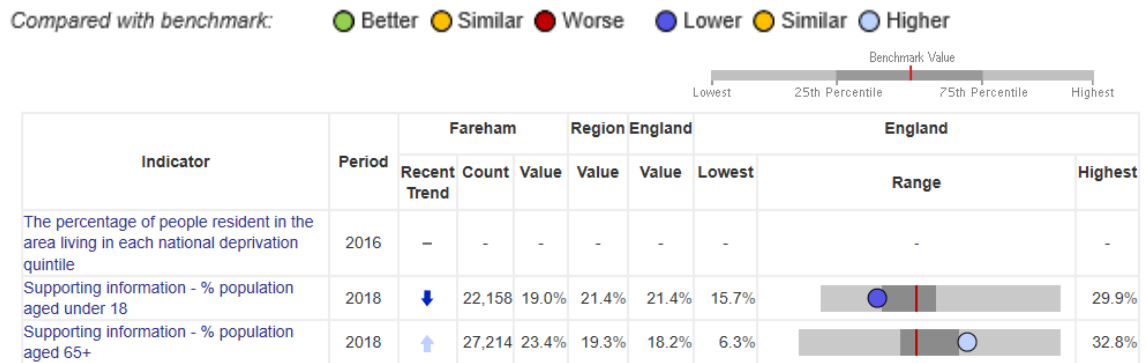🟢 Significantly better than England average
⚪ Not compared

Indicator	Period	Fareham			Region	England		England		Best
		Recent Trend	Count	Value	Value	Value	Worst	Range		
Life expectancy at birth (Male)	2015 - 17	–	-	81.3	80.6	79.6	74.2		🟢	83.3
Life expectancy at birth (Female)	2015 - 17	–	-	84.1	84.0	83.1	79.5		🟢	86.5
Under 75 mortality rate from all causes	2015 - 17	–	892	258	294	332	551		🟢	220
Under 75 mortality rate from all cardiovascular diseases	2016 - 18	–	178	50.0	59.0	71.7	124.6		🟢	39.1
Under 75 mortality rate from cancer	2016 - 18	–	413	116.3	123.6	132.3	190.3		🟢	94.8
Suicide rate	2016 - 18	–	23	7.4	9.2	9.6	20.7		🟠	4.2

Source: Public Health England, Public Health Profiles 2019

3.3   The Public Health Local Authority Profile provides information regarding the age breakdown of the Borough's population and how this compares to the England average. Figure 2 shows that the percentage of Fareham's population which is aged under 18 is almost 3% lower than the national average whereas the percentage of the population in Fareham aged 65 and over is more than 5% higher than the national average. The needs of an ageing population will have an impact on the health service requirements of the Borough.
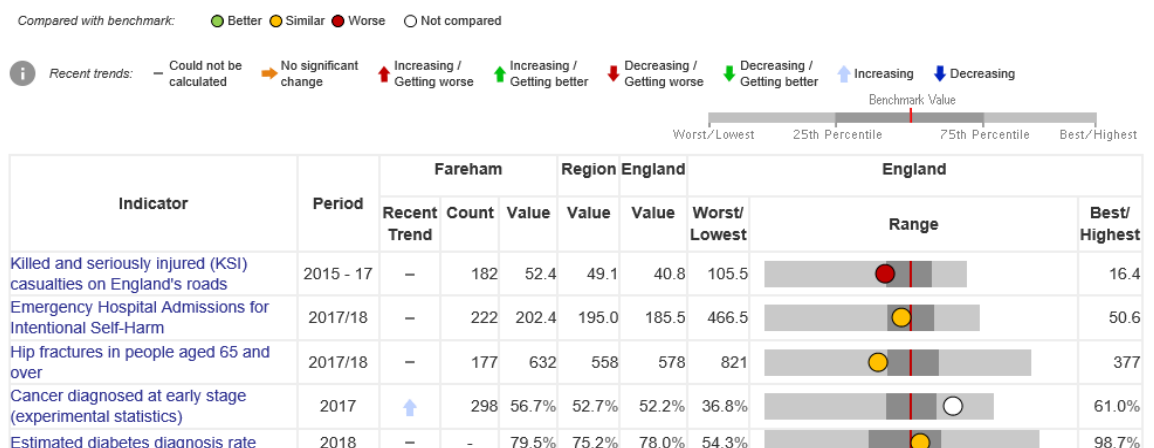
Figure 2: Fareham Population Ages

| Indicator | Period | Fareham | | | Region | England | | England | | |
		Recent Trend	Count	Value	Value	Value	Lowest	Range		Highest
The percentage of people resident in the area living in each national deprivation quintile	2016	–	-	-	-	-	-	-		-
Supporting information - % population aged under 18	2018	↓	22,158	19.0%	21.4%	21.4%	15.7%	● (blue)		29.9%
Supporting information - % population aged 65+	2018	↑	27,214	23.4%	19.3%	18.2%	6.3%	○ (light blue)		32.8%

Source: Public Health England, Public Health Profiles 2019

Illness and Ill Health

3.4   When analysing incidents of injuries and ill health in the Borough, Fareham is broadly in line with the national average in the majority of categories assessed, however it is noted that Fareham shows a higher incident of individuals who are killed or seriously injured on England's roads than the national average as illustrated in figure 3, 52.4 people per 100,000 are seriously injured or killed in this way compared to 40.8 nationally.

Figure 3: Injuries and Ill Health

| Indicator | Period | Fareham | | | Region | England | | England | | |
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range		Best/ Highest
Killed and seriously injured (KSI) casualties on England's roads	2015 - 17	–	182	52.4	49.1	40.8	105.5	● (red)		16.4
Emergency Hospital Admissions for Intentional Self-Harm	2017/18	–	222	202.4	195.0	185.5	466.5	● (yellow)		50.6
Hip fractures in people aged 65 and over	2017/18	–	177	632	558	578	821	● (yellow)		377
Cancer diagnosed at early stage (experimental statistics)	2017	↑	298	56.7%	52.7%	52.2%	36.8%	○ (white)		61.0%
Estimated diabetes diagnosis rate	2018	–	-	79.5%	75.2%	78.0%	54.3%	● (yellow)		98.7%

Source: Public Health England, Public Health Profiles 2019
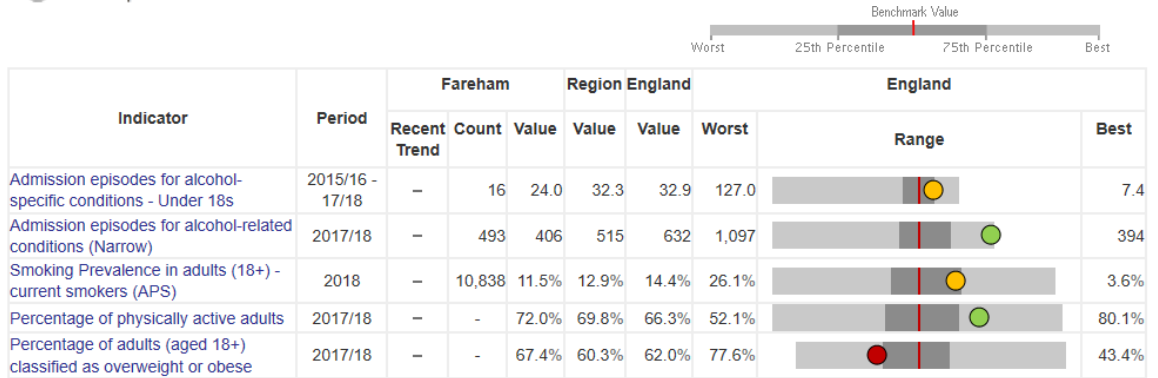
Behavioural Risk Factors

3.5   In the majority of Behavioural Risk Factors assessed by Public Health England, Fareham residents enjoy relatively good health, with the percentages for Fareham falling below the England average as shown in figure 4. Of note however, is the percentage of adults classified as overweight or obese. Fareham's figure of 67.4% being overweight or obese is almost 5% higher than the England average of 62%. Obesity is an increasing national issue, and one that will contribute to significant health impacts in individuals. 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. With regards to childhood obesity, the Public Health Local Authority Profile 2019 notes that "In Year 6, 14.4% of

children in Fareham are classified as obese, better than the average for England" being 20.2%.

Figure 4: Behavioural Risk Factors

- 🔴 Significantly worse than England average
- 🟡 Not significantly different from England average
- 🟢 Significantly better than England average
- ⚪ Not compared

Indicator	Period	Fareham			Region	England		England		
		Recent Trend	Count	Value	Value	Value	Worst	Range		Best
Admission episodes for alcohol-specific conditions - Under 18s	2015/16 - 17/18	–	16	24.0	32.3	32.9	127.0			7.4
Admission episodes for alcohol-related conditions (Narrow)	2017/18	–	493	406	515	632	1,097			394
Smoking Prevalence in adults (18+) - current smokers (APS)	2018	–	10,838	11.5%	12.9%	14.4%	26.1%			3.6%
Percentage of physically active adults	2017/18	–	-	72.0%	69.8%	66.3%	52.1%			80.1%
Percentage of adults (aged 18+) classified as overweight or obese	2017/18	–	-	67.4%	60.3%	62.0%	77.6%			43.4%

Source: Public Health England, Public Health Profiles 2019

Participation in Sport and Fitness Activities

3.6 Sport England's Active Lives Survey measures the number of people aged 16 and over who take part in sport and physical activity. In addition to sporting and fitness activities, the survey measures levels of walking, cycling for travel and dance.

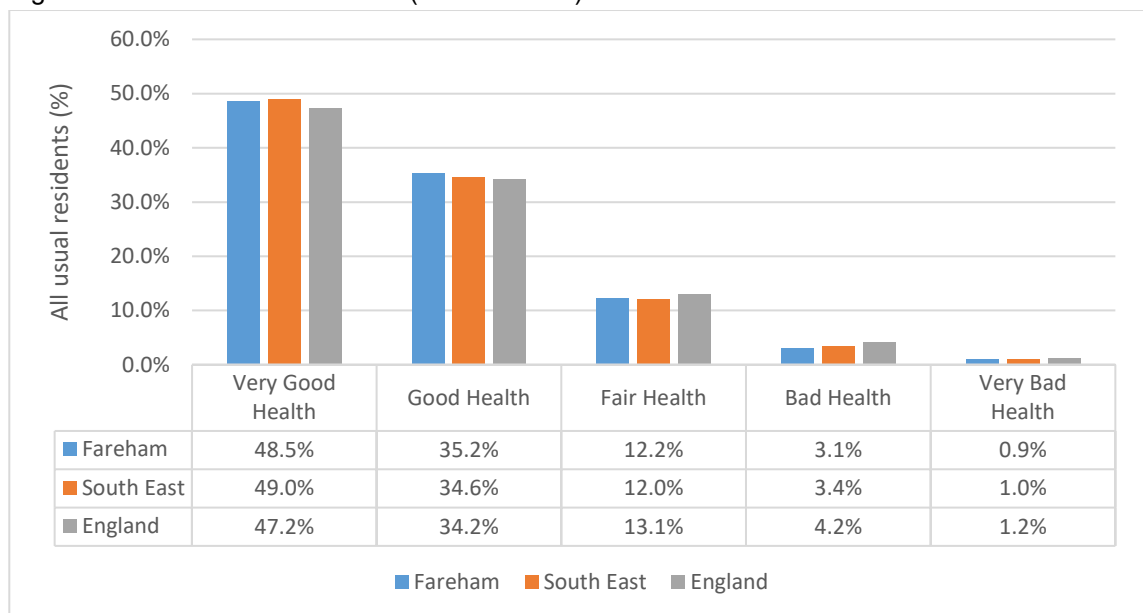Figure 5: Levels of Physical Activity in Fareham and England
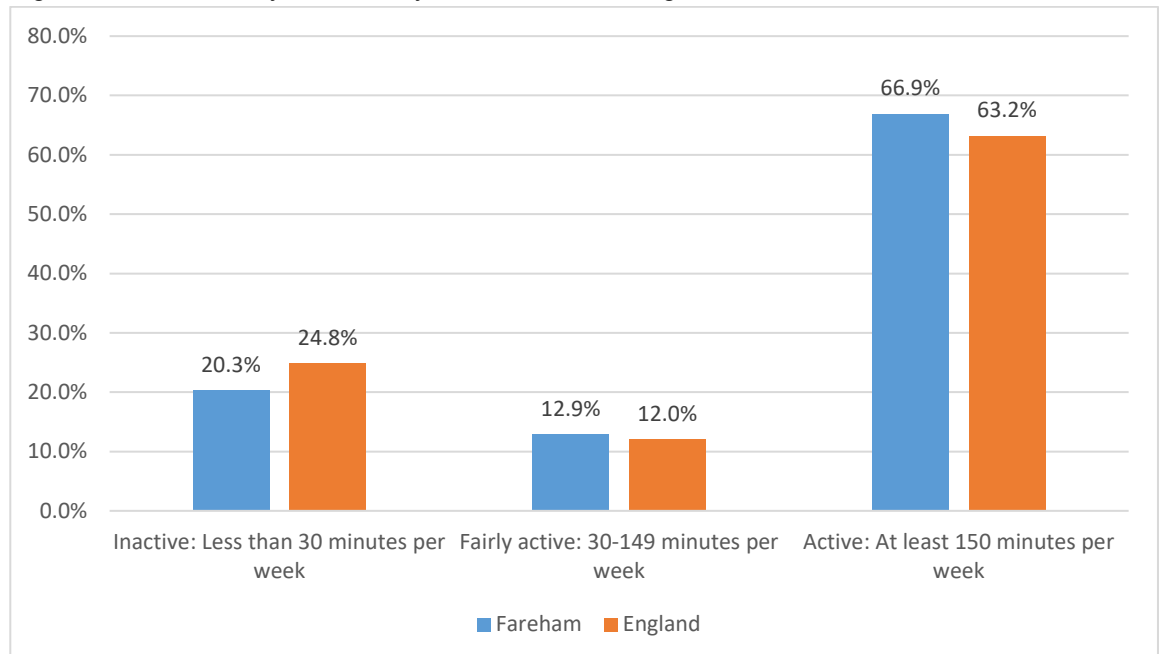
Source: Sport England – Active Lives Survey May 18/19

3.7   Figure 5 shows that Fareham has lower rates of inactivity compared to the rate for England, at 20.3% compared to 24.8%. The proportion of the population who are in the 'active' category is 3.7% higher than England at 66.9% compared to 63.2%. It should be noted however that the data collected relies on self-reported information and as such is recognised to result in some level of over-reporting, As such, it is likely that both national and local activity are lower than suggested.

3.8   Information gathered in the last census which took place in 2011 (see Figure 6) shows the percentage of people in very good health in Fareham Borough was 48.5% which is slightly lower than the figure for South East (49.0%) and slightly higher than for England (47.2%). Additionally, the percentage of people in good health in Fareham (35.2%) is higher than both the South East and England where the percentage of people in good health are 34.6% and 34.2% respectively. There is a low percentage of people in very bad health in Fareham, making up just 0.9% of the population.

Figure 6: General Level of Health (All Residents)

	Very Good Health	Good Health	Fair Health	Bad Health	Very Bad Health
■ Fareham	48.5%	35.2%	12.2%	3.1%	0.9%
■ South East	49.0%	34.6%	12.0%	3.4%	1.0%
■ England	47.2%	34.2%	13.1%	4.2%	1.2%

■ Fareham   ■ South East   ■ England

Source: Census, 2011

Mental Health

3.9   The Mental Health and Wellbeing Index available from Hampshire County Council Public Health Team states that "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." The index brings together a wide range of data sets covering topics including physical health, education, safeguarding, social capital, life satisfaction, infrastructure, the local economy and crime and using these indicators assesses the mental health and wellbeing of people and communities within each ward across the county.

3.10   Figure 7 illustrates the results of the mental health and wellbeing assessment in relation to Fareham. This was undertaken by Hampshire County Council as part of the Joint

Strategic Needs Assessment. The index shows that the western wards and Hill Head have among the highest levels of mental wellbeing in the county, whilst Fareham North-West and Fareham South are amongst the lowest 20%. The index of mental health and wellbeing generally draws a parallel with the Index of Multiple Deprivation, in that the drivers of deprivation are commonly also the areas which tend to register lower levels of feelings of wellbeing.

Figure 7: Fareham Mental Health & Wellbeing Index
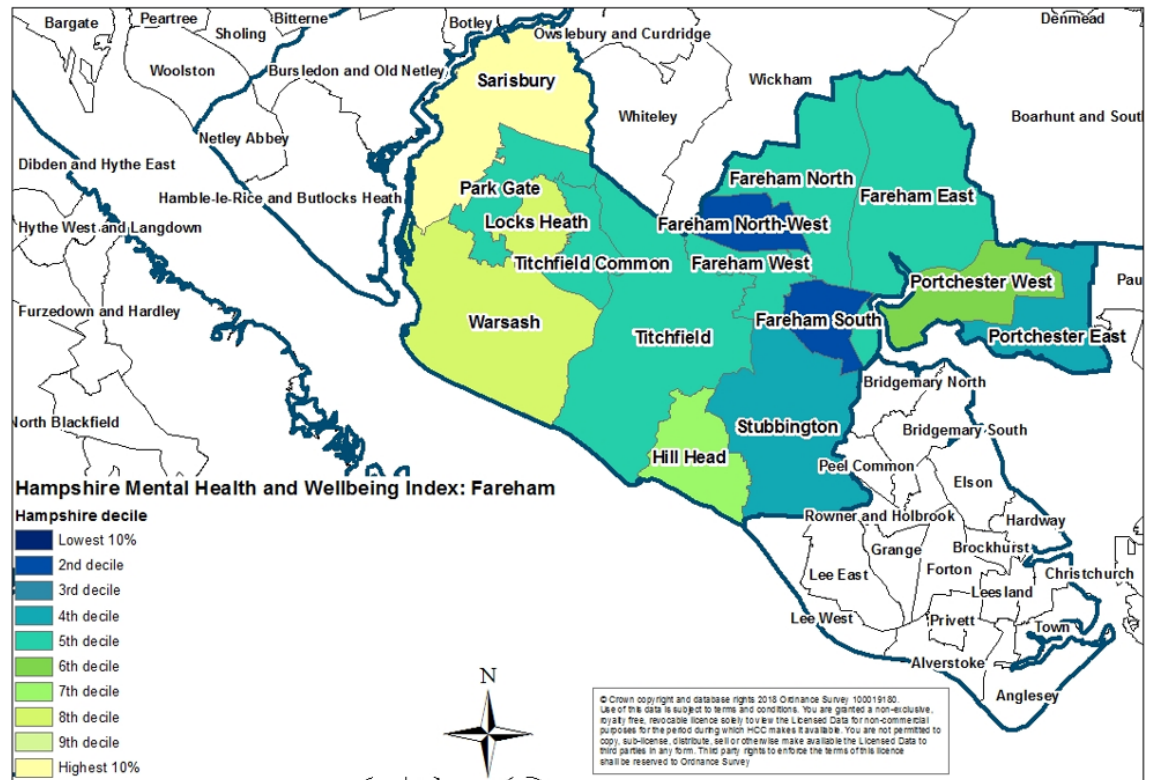
Source: Hampshire County Council

Index of Deprivation

3.11   Figure 8 maps the Index of Deprivation for Hampshire and shows that the Western Wards and Crofton Spatial Planning Areas are among the least deprived communities in the country, together with urban parts of Titchfield and Portchester. Fareham has pockets of more deprived areas, with communities in north-west and south Fareham most affected by deprivation. The Public Health Profile does note that "Life expectancy is 5.3 years lower for men and 5.1 years for women in the most deprived areas of Fareham than in the lease deprived areas."

Figure 8: Index of Multiple Deprivation

The 2015 Index of Multiple Deprivation

Income — Employment — Health & Disability — Education, Skills & Training — Barriers (Housing & Services) — Crime — Living Environment

The Indices of Deprivation is the collective name for a group of 10 indices that all measure different aspects of deprivation, although the most widely used of these is the Index of Multiple Deprivation (IMD). The IMD is a combination of the seven indices shown above to give an overall score for the relative level of multiple deprivation experienced in every neighbourhood in England. There are 32,844 areas (lower super output areas) in England. They are ranked with 1 most deprived.

Area (Number of LSOAs in each area are in brackets)	No. of LSOAs in the 10% Most Deprived areas in England (% of LSOA in brackets)	No of LSOAs in the 11%-20% Most Deprived areas in England (% of LSOA in brackets)
Hampshire & Isle of Wight (1,194)	46	68
Hampshire Economic Area (1,105)	44	57
Hampshire County area (832)	9	23
Isle of Wight (89)	2	11
Portsmouth (125)	16	12
Southampton (148)	19	22
Basingstoke and Deane (109)	0	0
East Hampshire (72)	0	0
Eastleigh (77)	0	1
Fareham (73)	0	0
Gosport (53)	2	6
Hart (57)	0	0
Havant (78)	6	12
New Forest (114)	1	1
Rushmoor (58)	0	2
Test Valley (71)	0	1
Winchester (70)	0	0

LSOA are census based population areas of between 1,000 and 3,000 residents.

Legend
Deciles (England Base)
1 10% most deprived
2 11% to 20%
3 21% to 30%
4 31% to 40%
5 41% to 50%
6 51% to 60%
7 61% to 70%
8 71% to 80%
9 81% to 90%
10 91% to 100%

Source Data: DCLG 2015

Hampshire County Council

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1. Winchester
2. Eastleigh
3. Southampton
4. Fareham
5. Gosport
6. Portsmouth

0 2 4 8 12 16 Miles
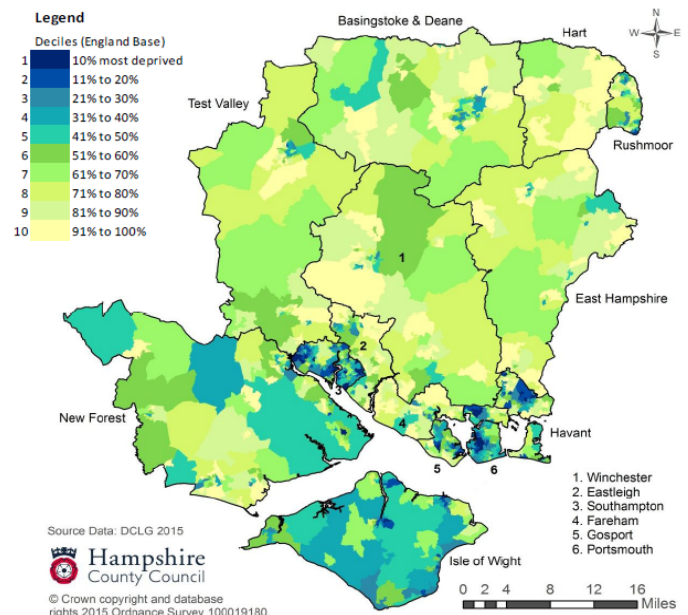
Summary

3.12   The evidence presents the key concerns for the Borough which include:

- Fareham has a good level of health, but inequalities exist between the most and least deprived areas of the Borough.
- There are difficulties in meeting the needs of an ageing population as, whilst people are living longer, they are not always healthy.
- Fareham's incidence of serious injury and deaths on the roads is higher than the national average.
- Adult obesity in Fareham is higher than the national average.

3.13   These issues will inevitably put increased pressure on services and therefore, there is a demonstrable need for people to take more responsibility for their own health so that the pressures are reduced and residents live longer, healthier lives.

4.0   Planning for Health & Wellbeing

Fareham Local Plan

4.1   Fareham Borough Council's current adopted Local Plan comprises of the following three parts:
- Local Plan Part 1: Core Strategy (August 2011);
- Local Plan Part 2: Development Sites and Policies (June 2015); and
- Local Plan Part 3: The Welborne Plan (June 2015)

4.2   Local Plan parts 1 and 2 will be superseded in due course by the Fareham Local Plan 2037.

4.3   When considering health in the preparation of the Draft Fareham Local Plan, the Council focussed on the four themes set out in the Hampshire JSNA being green space, transport, healthy homes and healthy neighbourhoods. This is highlighted by one of the key strategic priorities of the Publication Fareham Local Plan 2037 is to "create places that encourage healthy lifestyles and provide for the community through the provision of leisure and cultural facilities, recreation and open space and the opportunity to walk and cycle to destinations."

Evidence Base

4.4   The preparation of the local plan is supported by a number of documents which make up the plan's evidence base. Several of these documents help ensure that the issues highlighted by the JSNA and Health Profile are considered and addressed by the plan where appropriate.

4.5   An Open Space Background Paper was written in 2017 to review the existing open space provision within the Borough and provide a robust assessment of needs and deficiencies. The study looked at a variety of open space typologies to provide a more accurate assessment of the types of open space which are available and identify those typologies which are most needed to support both existing communities as well as planned new areas of housing.

4.6   The Fareham Playing Pitch Strategy[3], produced in accordance with Sport England approved methodologies and guidance, assesses existing provision in terms of quality, quantity and accessibility and provides recommendations for future provision. The study provides a comprehensive picture of playing pitch provision in the Borough and more importantly, identifies opportunities for improvement. The strategy considers both formal and informal sport, recreation and leisure opportunities.

4.7   The Indoor Facility Study was commissioned alongside the Playing Pitch Strategy to provide an assessment of the needs for indoor sports facilities. It guides future provision of indoor sports facilitates to serve existing and new communities in Fareham Borough.

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[3] Available at: www.fareham.gov.uk/planning/publicationplanevidence.aspx

4.8   Together these documents provide a comprehensive overview of open space, sport and recreation facilities in the Borough and inform policies in the draft Local Plan 2037. Such facilities make an important contribution towards the health and wellbeing of communities.

4.9   As well as the formal requirements associated with new development which are set out in the Planning Obligations Supplementary Planning Document[4], opportunities to improve both the physical and mental wellbeing of the Borough through informal activity and social interaction, should be considered in the Local Plan. Such activities are often undertaken in local halls/centres, collectively referred to as community facilities. Through Policy R4: Community and Leisure Facilities, the local plan seeks to encourage healthy lifestyles through the provision of leisure facilities, through the protection of existing facilities and provision of new or extended facilities where an identified need is established.

4.10   Accompanying the Local Plan 2037, the Infrastructure Delivery Plan[5] (IDP) considers the infrastructure that may be required to support future development and meet the needs of current and future residents, with a particular focus on education, emergency services, flood defences, green infrastructure, health, social infrastructure, transport and utilities. It assesses the infrastructure needs of each individual settlement and for the Borough as a whole, excluding the new garden village at Welborne.

4.11   The Infrastructure Delivery Plan (IDP) is a 'live' evidence document and will be kept up-to-date to reflect any changes in circumstances regarding the requirement for infrastructure. It forms an integral part of the evidence base supporting the Draft Local Plan 2037 and meets part of the requirement for delivery strategies to accompany the production of local plans as set out in the NPPF and Planning Practice Guidance.

4.12   In terms of healthcare, the requirements for increased GP surgery capacity are determined in partnership with the Fareham and Gosport Clinical Commissioning Group (CCG), who carried out an extensive Joint Strategic Needs Assessment published in 2017. The assessment takes account of the projected future housing and economic growth to be delivered through the Local Plan 2037.

4.13   The Council has and will continue to liaise regularly with the Fareham and Gosport CCG and Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups as part of Council's duty to co-operate with public bodies as set out in the Localism Act 2011, Section 110[6]. The meetings enable the Council and CCG to assess the needs and priorities for additional GP surgery capacity in relation to the proposed preferred development strategy of the Draft Local Plan. This liaison and assessment informs the Infrastructure Delivery Plan.

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[4] http://www.fareham.gov.uk/planning/local_plan/obligationsandaffordablehousing.aspx
[5] Available at: www.fareham.gov.uk/planning/publicationplanevidence.aspx
[6] http://www.legislation.gov.uk/ukpga/2011/20/section/110

4.14   The CCG has identified a number of changes which primary care has undergone in recent years which they take into account when planning the infrastructure requirements for the future, including:

- Social prescribers attending patients in their homes or community spaces;
- Improvements in technology creating the ability for clinical pharmacists to conduct medicine reviews remotely;
- Chronic conditions are often managed by health professionals with additional skills and enhanced training such as specialist practice nurses and physician associates; and
- Primary Care Networks have developed nationally, sharing resources and bringing together shared roles within GP practices.

5.0 Green Space

Open Space

5.1 The NPPG states that "Open space should be taken into account in planning for new development and considering proposals that may affect existing open space… It can provide health and recreation benefits to people living and working nearby".

5.2 "Evidence increasingly suggests that people with access to quality green space are healthier. Being outside can promote mental wellbeing, relieve stress, overcome isolation, improve social cohesion and alleviate physical problems so that fewer working days are lost to ill health."[7] Open space provides a platform for community activities, social interaction, physical activity and recreation, as well as reducing social isolation, improving community cohesion and positively affecting the wider determinants of health. One study showed that respondents living closest to parks were more likely to achieve recommended physical activity levels and less likely to be overweight or obese." (Institute of Health Equity (2014) Natural Solutions to Tackling Health Inequalities.) In order for open spaces to work effectively, they need to be attractive, safe and easy to get to.

5.3 Hampshire County Council produced a 2019 research summary report[8] into Green Space Planning and Health which reinforces the findings that the presence of green spaces is associated with reductions in mortality, this reduction is linked to increased physical activity and reduced mental stress as shown in Figure 9.

Figure 9: Theoretical Pathways to Health Outcomes
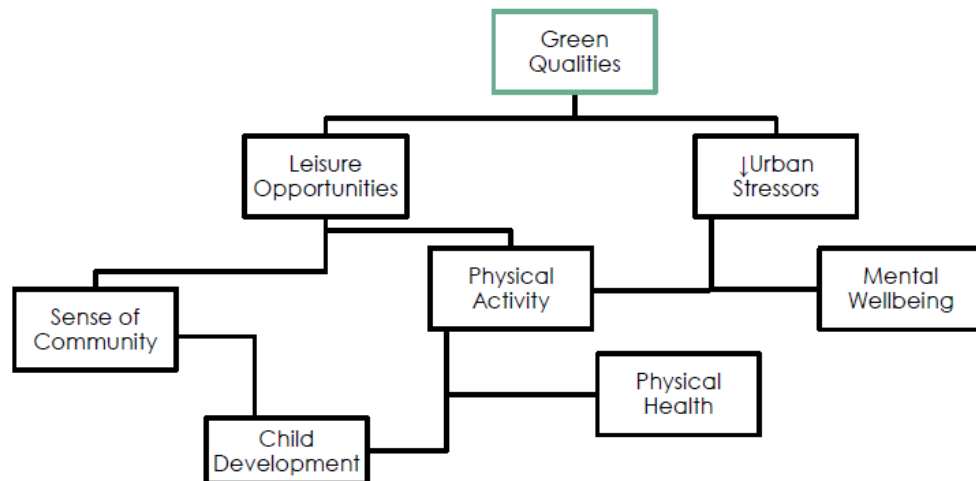
Source: Hampshire County Council Greenspace Planning & Health Research Summary

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[7] CABE. Future health: sustainable places for health and wellbeing - Summary 2009: https://webarchive.nationalarchives.gov.uk/20110118110739/http://www.cabe.org.uk/files/future-health.pdf

[8] https://documents.hants.gov.uk/public-health/GreenspacePlanningandHealth.pdf

5.4   Within the Borough there is a wide range of multi-functional recreational, amenity and natural greenspaces. An Open Space Background Paper[9] has been prepared as part of the evidence base for the Draft Local Plan in order to review the existing open spaces within the Borough and to identify where shortfalls in public open space may exist. The Local Plan includes policy NE9: Green Infrastructure which requires development proposals to provide integrated green infrastructure and policy NE10: Provision and Protection of Open Space ensures that new residential development will provide open space to meet the needs of new residents.

Recreation and Play

5.5   Community Facilities such as community centres, sports facilities and libraries can all provide a positive impact on both physical and mental wellbeing, through the provision of regular organised activities and social interaction.

5.6   Opportunities for social interaction are vital for tackling loneliness. Feeling lonely often is linked to early deaths – on a par with smoking or obesity. It's also linked to increased risk of coronary heart disease and stroke; depression, cognitive decline and an increased risk of Alzheimer's. It's estimated that between 5% and 18% of UK adults feel lonely often or always[10]. The impact of loneliness can have a significant impact on public sector resources.

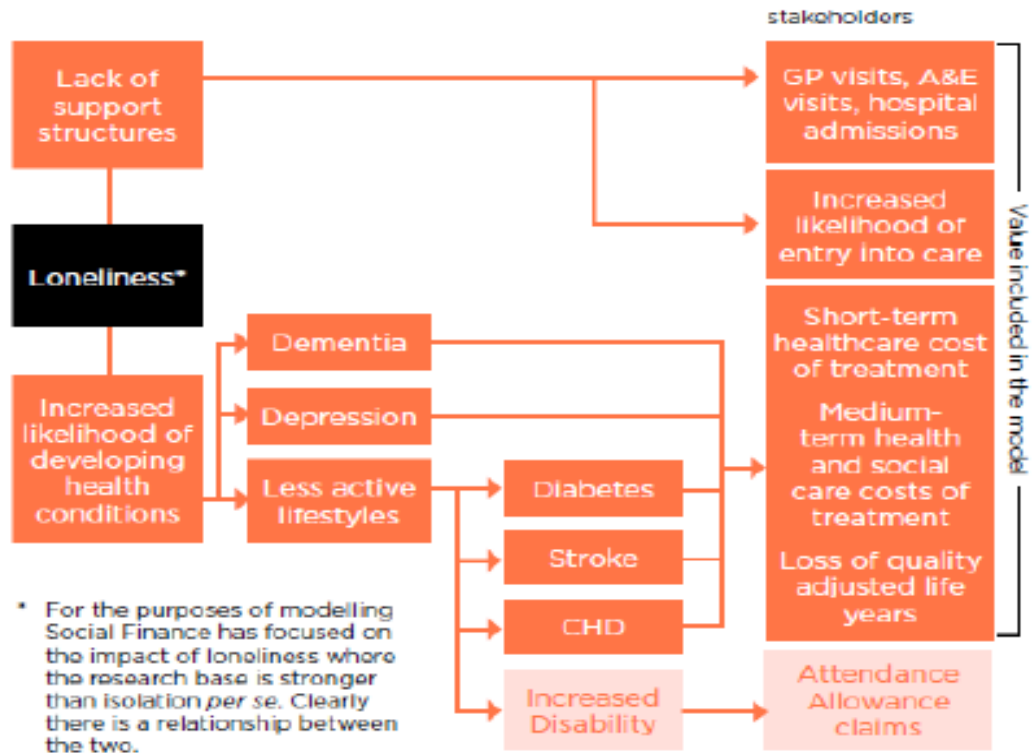Figure 10: The impact of loneliness on public sector resources.[11]

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[9] http://www.fareham.gov.uk/PDF/planning/local_plan/DraftLocalPlanEvidenceBase/EV39-OpenSpaceStudy2017.pdf
[10]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/750909/6.4882_DCMS_Loneliness_Strategy_web_Update.pdf
[11] Investing to tackle loneliness: A discussion paper. The Centre for Social Action Innovation Fund. https://www.socialfinance.org.uk/sites/default/files/publications/investing_to_tackle_loneliness.pdf

stakeholders

Lack of support structures

GP visits, A&E visits, hospital admissions

Increased likelihood of entry into care

Loneliness*

Increased likelihood of developing health conditions

Dementia

Depression

Less active lifestyles

Diabetes

Stroke

CHD

Increased Disability

Short-term healthcare cost of treatment

Medium-term health and social care costs of treatment

Loss of quality adjusted life years

Attendance Allowance claims

Value included in the model

*   For the purposes of modelling Social Finance has focused on the impact of loneliness where the research base is stronger than isolation *per se*. Clearly there is a relationship between the two.

5.7   The Borough benefits from a good provision of sports facilities and community facilities which are identified in the Playing Pitch Strategy[12]. The draft Local Plan supports opportunities for recreation and play through and policy R4: Community and Leisure Facilities and policy NE10: Provision and Protection of Open Space. These policies are designed to ensure that the provision of community facilities meets the needs of residents; developments provide green infrastructure which is accessible to the community; and open space is provided and protected throughout the Borough.

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[12] Available at: www.fareham.gov.uk/planning/publicationplanevidence.aspx

6.0   Transport

Active Travel

6.1   In Working Together to Promote Active Travel[13] Public Health England say "Walking and cycling are good for our physical and mental health. Switching more journeys to active travel will improve health, quality of life and the environment, and local productivity, while at the same time reducing costs to the public purse. These are substantial 'win-wins' that benefit individual people and the community as a whole."

6.2   National planning policy sets out a clear approach to promoting healthy and safe communities including the use of active travel modes and sustainable transport methods. It sets out that planning policies should "enable and support healthy lifestyles, especially where this would address identified local health and wellbeing needs – for example through the provision of safe and accessible green infrastructure…and layouts that encourage walking and cycling."

6.3   The infrastructure chapter of the draft local plan supports active travel, in particular policy TIN1: Sustainable Transport which requires development to protect and where possible enhance access to public rights of way, pedestrian links and cycle routes.

Sustainable Travel

6.4   Part of the Hampshire JSNA looks at social isolation and loneliness. The assessment[14] reports that social isolation and loneliness lead to an increased use of health and social care services and a person's built environment and the availability of transport services may impact on social isolation.

6.5   Policy TIN1: Sustainable Transport in the draft local plan seeks to ensure that new development provides maximum flexibility in the choice of travel modes and promotes sustainable and active travel modes.

Safe Travel

6.6   The Hampshire JSNA notes that the higher than national average incidents of road traffic deaths or serious injury in the county may be "an artificial effect of the high-density traffic routes through these areas and the relatively low rural populations". To address this, Policy TIN1: Sustainable Transport in the draft local plan seeks to offer maximum flexibility in the choice of travel modes, reducing the need to travel by motor vehicle. It requires development to provide safe access to the highway network, protecting and, where possible, enhancing access to public rights of way, pedestrian links and cycle routes.

Air Quality

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[13]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/523460/Working_Together_to_Promote_Active_Travel_A_briefing_for_local_authorities.pdf
[14] http://documents.hants.gov.uk/corprhantsweb/2017-07-04SocialIsolationandLonelinessinHampshireHF000014384094.pdf

6.7 It is recognised that air quality is a major environmental factor that can affect human health and PPG states that Local Plans should seek opportunities to actively improve air quality through plan-making and development management decisions.

6.8 Public Health England produced a report on the estimation of costs to the NHS and social care due to the health impacts of air pollution[15] in which they state that "Air pollution is the leading environmental cause of early death – contributing to the equivalent of 5% of all deaths globally. Long term exposure to air pollution is estimated to have an effect equivalent to 29,000 deaths a year in the UK."

6.9 Two air quality management areas (AQMAs) have been identified in the Borough and the Council have taken steps to address this, details of which can be found in the Air Quality Action Plan[16]. It is essential for the Council to identify measures to reduce the nitrogen dioxide emissions across the Borough and make improvements to local air quality.

6.10 Local air quality improvements can be achieved through good practices, careful design of neighbourhoods and enabling easier access to public transport, active travel or other sustainable transport choices. Policy NE8: Air quality requires all major developments to actively demonstrate that proposals will minimise emissions and contribute to the reduction of impacts on local air quality. It requires that development positively contributes to the delivery of the Council's Air Quality Action Plan and makes provision for the charging of plug-in or ultra-low emission vehicles.

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[15]
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/708855/Estimation_of_costs_to_the_NHS_and_social_care_due_to_the_health_impacts_of_air_pollution_-_summary_report.pdf
[16] http://www.fareham.gov.uk/PF/licensing_and_inspections/HCU-170130_FarehamAndGosport16.pdf

7.0   Healthy Homes

Specialist Housing, Accessible & Adaptable Homes

7.1   Fareham has an ageing population. Whilst the age profile of Fareham broadly follows that found nationally, the area has a higher proportion of older residents, (with 23.0% aged over 65, compared to 18.0% nationally).   Furthermore, the ONS 2014-based Subnational Population Projections for England (May 2016) project that the population of Fareham Borough will increase by 13,400 between 2016 and 2037 to 129,200 persons. The growth will be primarily due to the increase of the over 65 age group, which will rise by 12,900.

7.2   PPG says that "The need to provide housing for older people is critical. People are living longer lives and the proportion of older people in the population is increasing. Offering older people a better choice of accommodation to suit their changing needs can help them live independently for longer, feel more connected to their communities and help reduce costs to the social care and health systems."

7.3   Although the ability to require new housing to meet Lifetime Homes was removed by the Government in 2015, this has been replaced by Building Regulation Technical Standards. While some of the standards are optional, Part M sets out a range of measures which, if implemented, will help make homes more accessible and adaptable for a wide range of people, including older people.

7.4   Given the rate at which the population of Fareham is aging, ensuring new homes are adaptable to the needs of the elderly is a key priority.

7.5   The draft Local Plan recognises the growing need for adaptable and specialist housing provision and addresses the housing requirements of an aging and less able population in the Housing Chapter. Policy HP7: Adaptable and Accessible Dwellings requires that a percentage of new dwellings are provided at category 2 and category 3 standards. Policy HP8: Older Persons' and Specialist Housing Provision ensures that specialist and older persons housing is provided in locations which are accessible and sustainable and provide suitable parking and services. In addition, Policy HA44: Sheltered Housing – Land South of Cams Alders identifies a specific site to meet the demand for sheltered housing for Housing Register applicants within the Fareham South ward.

Space Standards

7.6   The size of a home can have a significant impact on quality of life and mental wellbeing. A lack of space can affect day to day needs such as storage space and space to work, play, exercise and entertain friends and family. The government introduced an optional nationally described space standard in March 2015. Planning Practice Guidance states that "Local planning authorities will need to gather evidence to determine whether there is a need for additional standards in their area and justify setting appropriate policies in their Local Plans." The Council undertook a review of applications for new dwellings in the Borough and although most dwellings are being built in consistency with the space standard, there were discrepancies. The Council therefore introduced Policy D5: Space Standards, which requires all new dwellings, extensions, subdivisions and conversions

meet the nationally described internal space standards. This will ensure that future development provides sufficient internal space for basic activities and needs, essential for quality of life and social well-being.

8.0 Healthy Neighbourhoods

8.1 Chapter 8 of the NPPF – Promoting healthy and safe communities, states planning policies and decisions should aim to achieve healthy, inclusive and safe places which promote social interaction, are safe and accessible and enable and support healthy lifestyles.

8.2 In their report "Health on the High Street" The Royal Society for Public Health[17] assessed the impact of high streets on the public's health and wellbeing in 2015, with a further update in 2018. The reports look at the "Richter Scale for Health" being the impact of different high street outlets on health, and identifies the types of businesses which can have either a negative or positive impact on the health of a community.

Figure 11: Richter Scale for Health

OUTLET	TOTAL Richter scale score	1. Healthy/ healthier choices	2. Social interaction	3. Access to services and advice	4. Mental wellbeing
Leisure centres	7	2	2	1	2
Health services (dentists/opticians/GPs)	6	2	0	2	2
Pharmacies	5	2	0	2	1
Health clubs	5	2	1	0	2
Libraries	4	1	1	1	1
Museums and art galleries	3	0	1	0	2
Vape shops	3	1	1	0	1
Pubs and bars	2	-1	2	0	1
Cafés & coffee shops	2	-1	2	0	1
Convenience stores	0	-1	0	0	1
Empty shops	-1	0	0	0	-1
Tanning shops	-1	-2	0	0	1
Off-licences	-2	-2	0	0	0
Fast food outlets	-2	-2	0	0	0
Bookmakers	-2	-1	0	0	-1
High cost credit outlets	-4	-2	0	0	-2

* For vape shops this is 'healthier' rather than 'healthy'
Source: The Royal Society for Public Health

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[17] RSPH Health on the High Street - https://www.rsph.org.uk/uploads/assets/uploaded/dbdbb8e5-4375-4143-a3bb7c6455f398de.pdf

8.3   In 2018 Public Health England published a report called Healthy High Streets – Good place-making in an urban setting[18]. The report concludes that "Built environment interventions on the high street that support health can contribute to local economies, encouraging footfall, increasing the time people spend on the high street, and promoting the development and sustainability of local businesses. Improved local economies impact on local health outcomes through a variety of mechanisms – increasing access to employment, raising incomes, and improving housing and environmental conditions and health-promoting goods and services".

Food environment

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

8.5   The Local Government Association report 'Tipping the scales – case studies on the use of planning powers to restrict hot food takeaways'[19] states that England has one of the highest rates of unhealthy weights of other western countries and the rate of obese people is expected to double in the next 40 years. The report also states that people exposed to the highest number of takeaways are 80 per cent more likely to be obese and 20 per cent more likely to have a higher Body Mass Index than those with the lowest number of encounters (Burgoine et al, 2014, based on a study of Norfolk).

8.6   In 2017 Public Health England published data[20] on the density of fast food outlets in England which recorded that Fareham had 61 fast food outlets, a ratio of 47.5 per 100,000 population. This is well below the South East average of 74.6 per 100,000. Some local authorities have introduced a specific policy to restrict the increase of hot food takeaways in order to tackle obesity levels however, whilst the number of outlets and obesity levels within the Borough will be monitored and recorded in the annual Retail Health Check, as the number of units in the Borough is well below the national and South East average, other causes of the overweight/obesity ratios in the Borough should be investigated. The age demographic and activity levels of the residents are areas to be considered.

Gambling

8.7   Problem gambling can negatively affect physical and mental health, employment, finances and interpersonal relationships. The national and local pattern is for betting shops to locate in areas of greatest deprivation. There are a number of factors which increase vulnerability to problem gambling such as people affected by substance abuse and addiction, age: young people are often more likely to be affected, and unemployment.

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[18]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/699295/26.01.18_Healthy_High_Streets_Full_Report_Final_version_3.pdf
[19] https://www.local.gov.uk/tipping-scales
[20] https://www.gov.uk/government/publications/fast-food-outlets-density-by-local-authority-in-england

8.8   An amendment to the Use Class Order in 2015 removed betting shops and payday loan shops from the A2 use class. They are now sui generis uses, which means they do not fall within a particular use class and therefore planning permission is now always required for change of use from another use to a betting shop or payday loan shop.

8.9   According to the 2019 Retail Health Check data for the Borough, there are currently 7 bookmakers, 3 based in Fareham Town Centre, 2 in Portchester District Centre and 1 each in Locks Heath and Highlands Road. This is 0.75% of the total retail units in Fareham. The number of bookmakers in the Borough increased by 2 between 2017 and 2018 however, statistics from the UK Gambling Commission[21] in March 2019 indicate that the total number of betting shops nationwide had dropped by 239 since March 2018 likely due to the rise of online gaming and numbers are likely to decline further with the introduction of a cap on the maximum bet on fixed odds betting terminals in April 2019. In light of these changes, gambling is less of an area of concern for the Borough, however ongoing monitoring through the retail health check will take place.

Address	Occupier
76 West Street, Fareham, PO16 0JN	Betfred
98 West Street, Fareham, PO16 0EP	Megabet
61 West Street, Fareham, PO16 0AT	Coral
4 West Street, Portchester, PO16 9UZ	Coral
38A West Street, Portchester, PO16 9UZ	Betfred
101A Highlands Road, Highlands Road, PO15 6HZ	Coral
24 Centre Way, Locks Heath, SO31 6DX	Coral

Neighbourhood Design

8.10   Public Health England state in Spatial Planning for Health: An Evidence Resource for Planning and Designing Healthier Places[22] "the design of a neighbourhood can contribute to the health and wellbeing of the people living there". The principles for building healthy neighbourhoods outlined in the report included enhance neighbourhood walkability and enhance connectivity with safe and efficient infrastructure.

8.11   The impact of these principals is improved social engagement and levels of physical activity which lead to improved mental wellbeing and reduction in incidents of illness.

8.12   Policy D1: High Quality Design and Placemaking in the draft local plan focusses on the importance of design and living conditions. It requires that development proposals provide permeable movement patterns and that they ensure that the public realm is safe, secure, reduces opportunities for crime and disorder, is functional and accessible.

8.13   The draft local plan also includes a number of draft development frameworks for the larger site allocations and strategic growth areas which set out the Council's preferred approach to development. These frameworks identify how the provision of public space and pedestrian

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[21] http://www.gamblingcommission.gov.uk/PDF/survey-data/Gambling-industry-statistics.pdf
[22] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729727/spatial_planning_for_health.pdf

or cycle links should form the central focus of each neighbourhood and should contain uses or planting to attract people and activity.

9.0   Sustainability Appraisal

9.1   The Sustainability Appraisal[23] assesses the draft local plan against a set of sustainability objectives developed in consultation with local stakeholders and communities. The assessment identifies and evaluates the likely significant effects of the plan on various environmental, social and economic components.

9.2   One of the objectives against which the plan is assessed is to create a healthy and safe community. The assessment concludes that overall greater positive than negative cumulative effects on the objective is predicted to result from the Fareham Local Plan 2037.

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[23] Available at: www.fareham.gov.uk/planning/publicationplanevidence.aspx

FAREHAM LOCAL PLAN

10.0   Conclusions

10.1   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.

10.2   The importance of the role of planning for healthy and safe communities is emphasised in the NPPF and NPPG.

10.3   The current and future health and wellbeing of the Borough's population has been assessed through the Hampshire Joint Strategic Needs Assessment which has been used to inform the preparation of the draft local plan.

10.4   One of the key priorities of the draft local plan is to create places that encourage healthy lifestyles and provide for the community through the provision of leisure and cultural facilities, recreation and open space and the opportunity to walk and cycle to destinations. This key priority is supported by a number of background papers and throughout the plan itself with policies which aim to create environments which encourage and support healthier lifestyles and environments.