

# **Stroud Local Plan Review – Findings from a Health Impact Assessment Workshop and Consultation Response**



**Prevention, Wellbeing and Communities Hub, Gloucestershire County Council**

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## Background

A Health Impact Assessment (HIA) is undertaken to predict the health impacts on a population of implementing a plan, policy, programme or project, and in so doing aid decision-making. It ensures that the effect of development on both health and health inequalities are considered and responded to during the planning process. A HIA should aim to enhance the potential positive aspects of a proposal while avoiding or minimising any negative impacts, with particular emphasis on disadvantaged sections of communities that might be affected. HIA methodology is underpinned by a social or holistic model of health rather than a biophysical model which is narrowly focused on the avoidance of disease and illness. Within HIA, health is understood as a positive concept which encompasses mental, physical and social well-being. HIAs therefore look at health in its broadest sense, using the wider determinants of health as a framework.

In Gloucestershire, we have devised a HIA framework that can be adapted for use in a range of different ways and at different stages in the planning process. This recognises that each local planning authority will want to address the health and wellbeing impacts of development in a way that is locally appropriate, whilst providing some consistency of approach, evidence and methodology for developers, planners, residents and other stakeholders.

The framework is intended to support the creation of healthy communities through health-promoting planning policies and development management in Gloucestershire.

## Introduction

The Stroud District Council Local Plan identifies the housing, employment, retail and community development that is required to meet local needs up until 2031. The current plan was approved in 2015 and as local authorities are required to review their plans every five years the process of reviewing the current plan began in 2017. The council published their consultation Draft Plan on 20<sup>th</sup> November 2019. Prior to publication the planning team had conversations with colleagues in Public Health about testing out a health impact assessment toolkit on the Draft Plan. Arising out of these conversations a workshop was held on the 16<sup>th</sup> January with colleagues from Stroud District Council (SDC) planning team, the SDC Sports Development Officer and members of the Public Health team at GCC. The aims of the workshop were to:

- Contribute to the evidence base for the Stroud Local Plan
- Inform the development of the supporting text for the Pre-Submission Draft of the Stroud Local Plan
- Inform Public Health consultation comments on the Draft Plan
- Test out the functionality of the HIA toolkit

Due to time constraints an initial screening exercise was completed before the workshop so that the group could focus on a manageable number of policies on the day; the results of the screening exercise can be seen in Appendix 1. During the workshop we had an overview of the HIA process and looked at the Stroud Health Profile to inform our discussions (see Appendix 2).

## Summary of Comments from the Workshop

We looked at 11 policies in the Draft Plan and our comments against each policy are recorded below. Some general learning points:

- Demographic data, the joint strategic needs assessment (JSNA) and locality profiles can all be found on the Inform Gloucestershire website <https://inform.gloucestershire.gov.uk/>
- Core policies are fed by delivery policies
- The already adopted Plan and supporting texts often contain explanatory notes and should be read in conjunction with the Draft Plan to help clarify policies
- A glossary of terms is helpful as sometimes the same term means slightly different things to planners and public health.

Policy Number	Policy Name	Comments
DCP1	Delivering Carbon Neutral by 2030	<ul style="list-style-type: none"> <li>• This policy has great potential to deliver positive impact across a number of health and wellbeing factors and to reduce inequalities.</li> <li>• We support the policy that all new development must be designed to follow the Energy Hierarchy which will enable maximum energy efficiency and help keep costs affordable</li> <li>• Access to green space will have a positive impact on mental health as well as giving opportunities for physical activity</li> <li>• We would highlight the potential for issues of affordability if higher environmental standards are implemented which could impact the most vulnerable in society.</li> <li>• We would encourage the timely delivery of supporting infrastructure to encourage behaviour change and modal shift.</li> <li>• Delivery policies that feed into this objective should give careful consideration to issues of accessibility and to those who have mobility issues.</li> <li>• The strategy of putting housing with employment is positive and will support sustainable</li> </ul>

		<p>communities.</p> <ul style="list-style-type: none"> <li>We would encourage any policy that facilitates community action to promote local food production, recycling and other carbon neutral activity and support reference to this within the policy.</li> </ul>
<b>CP5</b>	<b>Environment Development Principles for Strategic Sites</b>	<ul style="list-style-type: none"> <li>We fully support the emphasis on sustainable and active travel; and the positive impact this will have on physical activity, air quality and the environment.</li> <li>The policy could be strengthened, by using accessibility modelling to ensure appropriate hierarchy of travel modes : <a href="#">Inform Gloucestershire</a></li> </ul>
<b>DCP2</b>	<b>Supporting Older People</b>	<ul style="list-style-type: none"> <li>This policy will have a positive impact on health and wellbeing and is closely aligned with current adult social care policy on lengthening independence within people's own community</li> <li>We would suggest that it could be strengthened with reference to intergenerational cohesion (i.e. not separate communities) - link to CP7.</li> <li>We would suggest adding a definition of older people within the supporting text: i.e. this is a fairly negative view of ageing, could reference be made to the assets older people bring to a community, including employment and volunteering?</li> <li>Could there be a better description of 'hub' – what are the important connections? This could be drawn from <a href="#">the Barnwood Trust Social Sustainability toolkit</a>.</li> </ul>
<b>CP7</b>	<b>Lifetime Communities</b>	<ul style="list-style-type: none"> <li>This policy will have a positive impact on health and wellbeing and is closely aligned with current adult social care policy on lengthening independence within your own community.</li> <li>We strongly support the consideration of all sections of the community to enable sustainable and inclusive communities and prevent social isolation</li> <li>We suggest that there is further clarification of the meaning of 'lifetime' in this context, i.e. what would this look like in a development / planning application; where would developers get the 'identified long term needs'; who would define these needs?</li> <li>It may be useful to include a definition of both lifetime homes and lifetime communities and to clarify the differences between the two concepts.</li> </ul>

<b>CP10</b>	<b>Gypsy Traveller and Travelling Showpeople Sites</b>	<ul style="list-style-type: none"> <li>• Positive impact on health and wellbeing - specifically housing; access to services, particularly education and health. This is a group which can experience health inequalities.</li> <li>• Could there be less emphasis on these sites as a problem, and more on how to positively plan to tackle health inequalities, integration, community cohesion, etc.?</li> </ul>
<b>HC2</b>	<b>Providing New Homes Above Shops in Our Town Centres</b>	<ul style="list-style-type: none"> <li>• We would support the potentially positive impact on health in terms of housing affordability and availability and sustaining vibrant communities</li> <li>• We would highlight the potential impact on health in terms of noise, odour, community safety, community cohesion which could be mitigated through enhanced wording in the policy to manage these concerns</li> </ul>
<b>DHC3</b>	<b>Live-Work Development</b>	<ul style="list-style-type: none"> <li>• We would support the positive impact this policy could have on health in terms of enabling people to live and work in a rural environment and in helping to build thriving sustainable communities</li> <li>• The policy could enable people to find employment in a flexible way, particularly in rural economy, e.g. creative industries</li> <li>• We would highlight the importance of maintaining good internal environment conditions, particularly in terms of adequate living space</li> <li>• We would note that there is potential for less physical activity and active travel and mitigations should be considered.</li> </ul>
<b>DHC5</b>	<b>Wellbeing and Healthy Communities</b>	<ul style="list-style-type: none"> <li>• Positive impact on health and wellbeing – but there may be broader opportunities, e.g. beyond food, lifestyles, healthcare facilities, to promote health and wellbeing in this policy</li> <li>• We would suggest the inclusion of social ‘hubs’/community hubs and facilitating multi-functional space</li> <li>• We would recommend making reference to the ambitions of the Gloucestershire ‘We Can Move’ strategy – e.g. “including those with disabilities and those least likely to be physically active”</li> <li>• It was noted that in the next stage of the Plan, each development site will come with more specific detail on what is needed for that community and the Public Health team would be happy to engage in any further discussions to shape this.</li> </ul>

<b>EI6</b>	<b>Protecting Individual and Village Shops, Public Houses and Other Community Uses</b>	<ul style="list-style-type: none"> <li>• We would strongly support this policy for its potential positive impact on community cohesion/social infrastructure; access to services and community facilities.</li> <li>• We recognise that there may be opportunities to consider unmet local need when looking at development of such properties and would support this</li> <li>• The supporting text could highlight the importance of these facilities in ensuring sustainable communities. The text emphasises that development will be supported if conditions are met rather than emphasising that such buildings are key to community infrastructure and sustainable communities and should be maintained as far as possible.</li> </ul>
<b>EI12</b>	<b>Promoting Transport Choice and Accessibility</b>	<ul style="list-style-type: none"> <li>• We strongly support this policy and the potential positive impact on health and wellbeing through active travel and physical activity (sustainable travel hierarchy); air quality and noise; road hazards. Good reference to support behaviour change by delivering as soon as possible.</li> <li>• We would note the potential impact on those who are less able to access public transport/active travel.</li> <li>• We would suggest strengthening the policy by adding reference to for example, bike storage under the 'Sustainability through design' section.</li> </ul>
<b>ES2</b>	<b>Renewable or Low Carbon Energy Generation</b>	<ul style="list-style-type: none"> <li>• There is potential for this policy to have a positive impact on the natural environment, biodiversity and climate; air and water quality.</li> <li>• It could be strengthened to mitigate any risk to health - potentially by requiring a health impact assessment / HIA screening for this kind of development?</li> </ul> <p>Further to discussion at the workshop, a very quick search found a couple of papers on shadow flicker from wind turbines and any link to photosensitive epilepsy. An evidence review could be carried out by the academic health librarians if requested.</p> <p>There is some health evidence around shadow flicker from wind turbines and whether it causes photosensitive epilepsy  <i>Wind turbines, flicker, and photosensitive epilepsy: Characterizing the flashing that may precipitate seizures and optimizing guidelines to prevent them</i>  Graham Harding Pamela Harding Arnold Wilkins  First published:04 April 2008 <a href="https://doi-org.ezproxy.uwe.ac.uk/10.1111/j.1528-1167.2008.01563.x">https://doi-org.ezproxy.uwe.ac.uk/10.1111/j.1528-1167.2008.01563.x</a></p>

		<p><i>Citations: 37</i></p> <p>Flicker from turbines that interrupt or reflect sunlight at frequencies greater than 3 Hz poses a potential risk of inducing photosensitive seizures. At 3 Hz and below the cumulative risk of inducing a seizure should be 1.7 per 100,000 of the photosensitive population. The risk is maintained over considerable distances from the turbine. It is therefore important to keep rotation speeds to a minimum, and in the case of turbines with three blades ensure that the maximum speed of rotation does not exceed 60 rpm, which is normal practice for large wind farms. The layout of wind farms should ensure that shadows cast by one turbine upon another should not be readily visible to the general public. The shadows should not fall upon the windows of nearby buildings. The specular reflection from turbine blades should be minimized.</p> <p><i>Potential of wind turbines to elicit seizures under various meteorological conditions</i>  <i>Andrew R. D. Smedley Ann R. Webb Arnold J. Wilkins</i>  <i>First published:01 July 2010 <a href="https://doi-org.ezproxy.uwe.ac.uk/10.1111/j.1528-1167.2009.02402">https://doi-org.ezproxy.uwe.ac.uk/10.1111/j.1528-1167.2009.02402</a></i>  <i>Citations: 14</i></p>
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## Summary of Additional Comments on the Draft Local Plan

The County Council's Public Health team welcomes the fact that population health and wellbeing is embedded throughout the Draft Plan (for example, housing, density, natural environment and design) and not just in policies relating directly to health. We would highlight the recently published draft Gloucestershire Health and Wellbeing Strategy 2019 – 2030 which is due to be signed off by the Health and Wellbeing Board in March 2020 and which can form part of the evidence base. This is aligned with the Vision 2050 ambitions and based on a large public engagement exercise and understanding of local need.

The following additional comments are drawn from the initial screening of the whole Draft Plan but were not discussed at the HIA workshop.

- We strongly support DCP1 which ties in with the climate emergency that all local authorities in Gloucestershire have declared. We would encourage the development of supporting infrastructure in line with the implementation of suggested changes so that those less well off and those with disabilities are not adversely and disproportionately affected.
- We support CP4 and recognise its potential to have a positive impact on physical activity and active travel and social and community sustainability in its broadest sense. We would strongly encourage an emphasis on reducing inequalities and making sure that places

are inclusive. Balanced and inclusive communities support health, wellbeing and independence which are key priorities for Gloucestershire County Council and the Gloucestershire Health and Wellbeing Board.

- With regard to CP8, new housing development and CP9, affordable housing we would encourage strengthening these policies with reference to space standards, recognising the significant importance of internal space in housing to residents ability to live healthier lifestyles and the impact on mental wellbeing. This is particularly relevant to CP9 because of health inequalities.
- We strongly support CP13 and would encourage strengthening the language around the needs of those with reduced mobility.
- HC1 – We would suggest that this policy could be strengthened by changing the hierarchy of design that supports active travel and by including reference to access to walking and cycling routes where appropriate. Additionally we advocate for the inclusion of reference to bike storage where other types of residential accommodation are proposed.
- We support reference in HC5 and HC6 to maintaining appropriate dwelling size but suggest that these could be strengthened by going further than to say "basic living standards" and giving reference to higher space standards.
- We strongly support DHC6 and 7 and in particular their potential for having a positive impact on physical activity; food and the natural environment and green infrastructure. We would advocate that safeguards be strengthened to ameliorate the potential for inappropriate development (for example, define 'robust assessment').
- E18: Non Retail in secondary frontages – obesity and related health conditions are a significant burden on health services and impact on both life expectancy and quality of life. We would strongly encourage consideration of the impact of A5 use (hot food takeaways) - particularly in terms of density and proximity to schools.
- We support DE11, district wide mode specific strategies and its consideration of the impact on those with reduced mobility and 'vulnerable' people. We would suggest providing a definition of what is meant by 'vulnerable' and would be happy to support discussion of this definition.

- We strongly support ES1 and in particular the references to flexible and adaptable housing; providing infrastructure to support active travel and benefits to air quality. The policy could be strengthened by reference to health impacts.
- We support ES5, Air Quality but suggest mitigation measures could be strengthened to include infrastructure that support more active travel means or low/zero carbon transport options and planting / Green Infrastructure solutions. Reference to the ambitions of the Gloucestershire Air Quality & Health Strategy could be made.
- We fully support ES11 and would advocate strengthening the supporting text with reference to the impact of physical activity. There is evidence that physical activity reduces the risk of CVD, type 2 diabetes, stroke mental health problems, musculoskeletal conditions and some cancers and improves mental wellbeing. This links with the ambitions of the Gloucestershire Health and Wellbeing Strategy.
- We fully support ES12 and its potential for positive impact on physical activity / active travel, community cohesion and facilities; built and natural environment / Green Infrastructure; neighbourhood design; attractiveness of the area; and community safety, including road hazards. We would suggest strengthening the supporting text with reference to the health and wellbeing benefits of all of the above.
- We fully support DES2. There are many benefits to health and wellbeing from maintaining and improving green infrastructure. Studies have found that people report higher life satisfaction and lower symptoms of anxiety and depression when they lived in greener areas. There are reductions in risk of CVD, type 2 diabetes, stroke and mental health problems as well as potential for improvement in cognitive function and improved respiratory function.

## Appendix 1: Stroud Local Plan HIA Initial Screening

### Key

	Comments only
	Possible further discussion if time and/or comments
	Discuss at HIA workshop

### Core Policies

Page Number	Policy Number	Policy Name	Comments	Screening Decision
51	DCP1	Delivering Carbon Neutral by 2030	<p><b>Positive</b> impact on health and wellbeing, including health inequalities - strong impacts on diet, nutrition and food; physical activity (e.g. more active travel options); social aspects, e.g. cohesion, local pride, identity and citizen power; air and water quality; built and natural environment; housing design and quality; and macro economic and environmental factors</p> <p><b>Consider:</b> Potential issues of accessibility if public transport and active travel measures aren't implemented as quickly as restrictive measures come into force. Those in more rural settings adversely affected. Those with disabilities adversely affected etc.</p> <p>Potential cost implications for built environment measures which may impact negatively on most vulnerable in society.</p>	Yes (potential negatives around inequalities, e.g. from poor planning of implementation)

52	CP2	Strategic Growth and Development Locations	<p>Overarching impact on health but difficult to establish more specifically, given that this policy is about where development will go.</p> <p><b>Consider:</b> Increase in traffic and pressure on already busy roads that have not been designed for volume of traffic. Potential for increase in air and noise pollution. Potential loss of green spaces for development. Potential for impact on existing facilities/amenities</p>	Possible? Some possible negative impacts, e.g. impacts on road traffic / air quality, etc.
54	CP3	Settlement Hierarchy	<p>One of the primary aims of establishing a settlement hierarchy is to promote sustainable communities by bringing housing, jobs and services closer together, in an attempt to maintain and promote the viability of local facilities and reduce the need to travel to services and facilities elsewhere. Potential positive health impacts in terms of accessibility; active travel; social sustainability; economic benefits etc. but too broad for an assessment of impact.</p> <p><b>Consider:</b> Focusing on some settlements over others may lead to inequalities for those who are unable to access the larger settlements.</p>	Possible? Consider impact on inequalities
57	CP4	Place Making	<p>Positive impact on health and wellbeing - strong impacts on physical activity/active travel; social and community sustainability in its broadest sense; built and natural environment; design; housing; access to services and community facilities; community safety and crime, including road hazards</p> <p><b>Consider:</b> Could strengthen the emphasis on reducing inequalities and making sure places are inclusive?</p>	Don't carry out HIA - make recommendations re. text

58	CP5	Environment Development Principles for Strategic Sites	<p><b>Positive</b> impact on health and wellbeing - strong impacts on physical activity/active travel; design; housing quality; air quality. <b>Suggest</b> could be strengthened, e.g. hierarchy of active travel methods - walking first? Use accessibility modelling to ensure appropriate hierarchy of travel modes : <a href="#">Inform Gloucestershire</a></p>	Yes
59	CP6	Infrastructure and Developer Contribution	<p>Overarching policy which may or may not have an impact on health, depending on the circumstances in which it is implemented.</p> <p><b>Consider:</b> In reality, infrastructure is often the last thing to be developed resulting in disconnected communities and sense of isolation etc.</p>	Possible? Comment on process of implementation - risk to social sustainability
154	DCP2	Supporting Older People	<p>Positive impact on health and wellbeing and closely aligned with current adult social care policy on lengthening independence within own community - impact on physical activity; social and community connections in broadest sense; housing; access to community facilities.</p> <p><b>Suggest</b> could be strengthened with reference to intergenerational cohesion (i.e. not separate communities) - link to CP7.</p> <p><b>Query</b> definition of older people, i.e. this is a fairly negative view of ageing, should reference be made to employment?</p>	Yes

154	CP7	Lifetime Communities	<p>Positive impact on health and wellbeing and closely aligned with current adult social care policy on lengthening independence within own community - impact on physical activity; social and community connections in broadest sense; housing.</p> <p><b>Suggest</b> this needs more clarification in supporting text re. what "lifetime" means in this context - i.e. what would this look like in a development / planning application. Where would developers get the 'identified long term needs'? Who would define these needs?</p>	Yes
155	CP8	New Housing Development	<p>Positive impact on health and wellbeing - physical activity/active travel; community cohesion; built and natural environment/GI; housing; air quality; access to community facilities; biodiversity and climate. <b>Suggest</b> this could be strengthened with ref. to internal space standards? And potential to strengthen neighbourliness with layout?</p>	Possible - link to garden villages
155	CP9	Affordable Housing	<p><b>Positive</b> impact on health and wellbeing - primarily housing determinants.</p> <p><b>Suggest</b> this could be strengthened by ensuring that all standards, e.g. space standards, apply to affordable housing - they are particularly important here because of health inequalities so the plan could benefit from explicit reference</p>	Comments only

156	CP10	Gypsy Traveller and Travelling Showpeople Sites	Positive impact on health and wellbeing - specifically housing; access to services, particularly education and health. <b>Query</b> whether the impact on community cohesion is positive or negative, <b>potentially negative?</b> Important to note health inequalities in this policy	Yes
168	CP11	New Employment Development	Positive impact on health and wellbeing - including physical activity/active travel; noise, air and water quality; climate; employment and macro-economic factors	Possible
169	CP12	Town Centres and Retailing	Some positive impacts on macro-economic factors, employment and minor on active travel but broad policy.	No
170	CP13	Demand Management and Sustainable Travel Measures	Positive impact on physical activity/active travel; air quality and noise; road hazards; climate. Addresses needs of people with reduced mobility	Comments only on strengthening language
182	CP14	High Quality Sustainable Development	Positive impact on built and natural environment and GI; biodiversity; climate; air and water quality; attractiveness of area and local identity; waste disposal; community safety; active travel / physical activity and to some extent food	No further comments
183	CP15	A quality Living and Working Countryside	Some impact in terms of natural environment and biodiversity.  <b>Consider:</b> Possible to circumvent the conditions in order to get development through?	Possible - short discussion to understand?

## Delivery Policies

Page Number	Policy Number	Delivery Policies	Comments	Screening Decision
157	DHC1	Meeting Housing Need Within Defined Settlements	No specific impact on health.	No
157	DHC2	Sustainable Rural Communities	Positive impact on health in terms of housing affordability and availability and social sustainability in villages - but very broad policy.	Possible/No
<b>158</b>	<b>HC2</b>	<b>Providing New Homes Above Shops in Our Town Centres</b>	<b>Potential positive</b> impact on health in terms of housing affordability and availability BUT <b>potential negative</b> impact on health in terms of noise, odour, community safety, community cohesion - this could be <b>mitigated</b> through enhanced wording in the policy to manage these concerns	Yes
158	HC3	Self Build and Custom Building Provision	Positive impact on health in terms of housing affordability and availability and social sustainability - but very broad policy.	No
158	HC4	Local Housing Need (exception site)	Positive impact on health in terms of housing affordability and availability, space standards and social sustainability in villages - but very broad policy.	No
<b>159</b>	<b>DHC3</b>	<b>Live-Work Development</b>	Positive impact on health in terms of housing and (self-)employment - but very broad policy. <b>Consider:</b> impact on physical activity and active travel. Internal environment conditions would still need to be met	Yes - discuss policy re. physical activity, social cohesion

160	HC1	New Housing Developments (Criteria)	<b>Positive</b> impact on health and wellbeing - particularly built and natural environment/GI; neighbourhood design; housing; biodiversity. <b>Suggest</b> it could be strengthened by changing hierarchy of design that supports active travel, i.e. no reference to access to walking and cycling routes where appropriate?	No - Comments only
160	DH04	Community Led Housing	Positive impact on health in terms of housing affordability and availability and social sustainability - but very broad policy.	No
161	HC5	Replacement Dwellings	Potential positive impact on health in terms of reference to maintaining appropriate dwelling size. Suggest this could be strengthened by going further than to say "basic living standards" - reference to higher space standards?	No - Comments only
161	HC6	Residential Sub Division of Dwellings	<b>Potential positive</b> impact on health in terms of reference to maintaining appropriate dwelling size. <b>Suggest</b> this could be strengthened by going further than to say "basic living standards" - reference to higher space standards?	No - Comments only
162	HC7	Annexes For Dependents or Carers	Some positive impact in terms of supporting people to live independently for longer but too broad to impact assess.	No
162	HC8	Extensions To Dwellings	<b>Potential positive</b> impact in ensuring cramped conditions are avoided	No
163	DHC5	Wellbeing and Healthy Communities	Positive impact on health and wellbeing - broadly but impact assessment could <b>suggest</b> ways in which it could be strengthened, e.g. beyond food, lifestyles, healthcare facilities	Yes

163	DHC6	Protection of Existing Open Spaces and Built and Indoor Sports Facilities	Positive impact on physical activity and food and natural environment/GI, in particular <b>Consider:</b> Potential for safeguards (robust assessment) to not be strong enough to prevent such spaces being developed.	No - Comments only - on safeguarding and standards
164	DHC7	Provision of New Open Space and Built and indoor Sports Facilities	Positive impact on physical activity and food and natural environment/GI, in particular. <b>Consider:</b> how to ensure that these standards are maintained or strengthened?	No - Comments only - on safeguarding and standards
171	EI1	Key Employment Sites	Broad impacts via the provision of employment but this policy refers to location so unable to assess impact.	No
172	EI2	Regenerating Existing Employment Sites	Potential negative impacts if impact of industrial use on health is not considered/mitigated - need more information about types of business use on those sites	No - Comments only
172	EI2a	Former Berkeley Power Station	No specific impact on health	No
172	EI4	Development at Existing Employment Sites in the Countryside	Broad impacts , e.g. provision of employment, mitigation of road hazards, but quite broad.	No
173	EI5	Farm and Forestry Enterprise Diversification	Broad impacts , e.g. provision of employment; air and water quality, but quite broad.	No

173	EI6	Protecting Individual and Village Shops, Public Houses and Other Community Uses	Positive impact on community cohesion/social infrastructure; access to services and community facilities. <b>Suggest</b> supporting text strengthens the importance of these facilities in ensuring sustainable communities. The text emphasises that development will be supported if conditions are met rather than emphasising that such buildings are key to community infrastructure and sustainable communities and should be maintained as far as possible.	Yes
174	EI7	Non-Retail Uses in Primary Frontages	No specific impact on health	No
174	EI8	Non Retail Uses in Secondary Frontages	Consider impact of A5 use (hot food takeaways) - particularly in terms of density and proximity to schools	No - Comments only
174	EI9	Floor spaces Threshold For Retail Impact Assessment	No specific impact on health	No
175	EI10	Provision of New Tourism Opportunities	Potential positive impact on health in terms of macro-economic factors and employment. Policy addresses concerns about community wellbeing; physical activity/active travel; and natural environment/biodiversity. <b>Suggest</b> may need to be strengthened in supporting text	No - Comments only
176	EI11	Providing Sport, Leisure, Recreation and Cultural Facilities	Positive impact on health and wellbeing - physical activity and active travel (including consideration of people with limited mobility) and natural environment / GI / biodiversity	No

176	EI12	Promoting Transport Choice and Accessibility	<p><b>Positive</b> impact on health and wellbeing - active travel and physical activity (sustainable travel hierarchy); air quality and noise; road hazards. Good reference to support behaviour change by delivering asap.</p> <p><b>Consider:</b> Impact those who are less able to access public transport/active travel.</p> <p><b>Suggest</b> strengthening by adding reference to e.g. bike storage under 'Sustainability through design' section.</p>	Yes / Possible
177	DEI1	District-Wide Mode-Specific Strategies	<p><b>Positive</b> impact on health and wellbeing - active travel and physical activity; air quality and noise; road hazards. Considers impact on people with reduced mobility and on 'vulnerable' people (<b>address</b> wording here?), e.g. parking causing hazards</p>	No - Comments - term 'vulnerable'
178	EI14	Provision and Protection of Rail Stations and Halts	Some impact in terms of active travel but a broad policy.	No
178	EI15	Protection of Freight Facilities of Sharpness Docks	No specific impact on health	No
179	EI16	Provision of Public Transport Facilities	<p>Positive impact on physical activity and active travel (by extension air quality and noise)</p> <p><b>Suggest</b> could be strengthened in supporting text by referring to impact on a wider range of people, enabling use of active travel methods through, e.g. seating and shelters</p>	Possible / comments to strengthen text
185	ES1	Sustainable Construction and Design	<p>Positive impact on natural environment, biodiversity and climate; housing quality; active travel / physical activity; air quality and waste disposal.</p> <p><b>Suggest</b> strengthening supporting text with reference to health impacts</p>	No - Comments only

185	ES2	Renewable or Low Carbon Energy Generation	Potentially positive impact on natural environment, biodiversity and climate; air and water quality. <b>Suggest</b> strengthening mitigation of risk to health - potentially by requiring health impact assessment for this kind of development?	Yes
187	DES3	Heat Supply	Some health impact, e.g. housing quality/heating. Broad policy.	No
187	ES3	Maintaining Quality of Life Within Our Environmental Limits	Positive impact on health in relation to air and water quality, noise, odour, road hazards and community safety	No - generally positive
187	ES4	Water Resources, Quality and Food Risk	Some positive impact in terms of flooding, water quality and climate.	No
188	ES5	Air Quality	Positive impact on air quality but suggest mitigation measures <b>could be strengthened</b> to include infrastructure that support more active travel means or low/zero carbon transport options and planting / GI solutions	No - Comments only
189	DES1	Convention of Redundant Agricultural or Forestry Buildings	Limited impact on health.	No
189	ES6	Providing for Biodiversity and Geodiversity	Positive impact on health and wellbeing through natural environment / GI, biodiversity, climate, air and water quality. Unclear.	No
190	ES7	Landscape Character	Some minor impact on health.	No
191	ES8	Trees Hedgerows and Woodlands	Some minor impact on health.	No
191	ES9	Equestrian Development	Some minor impact on health in terms of physical activity.	No

192	ES10	Valuing Our Historic Environment and Assets	Positive impact on local pride/sense of belonging; cultural and spiritual; built environment; attractiveness of the area; potentially economic prosperity (tourism)	No
193	ES11	Maintaining Restoring and Regenerating the District's Canals	<b>Positive</b> impact on physical activity; local pride/sense of belonging; cultural and spiritual; built and natural environment / GI / BI; attractiveness of the area; potentially economic prosperity (tourism). <b>Suggest</b> strengthening supporting text with reference to health and physical activity	No - Comments only
193	ES12	Better Design of Places	<b>Positive</b> impact on physical activity / active travel community cohesion and facilities; built and natural environment / GI; neighbourhood design; attractiveness of the area; community safety, including road hazards	No - Comments only
194	DES2	Green Infrastructure	Positive impact on health and wellbeing - GI, natural environment, climate, air quality, biodiversity, etc. <b>Suggest</b> these elements could be strengthened in the supporting text	No - Comments only
194	ES16	Public Art Contribution	Positive impact on attractiveness of the area; sense of belonging/community identity; cultural and spiritual; built environment and design; potential economic impacts	No - Comments only

## Appendix 2: Stroud Health Profile

Stroud covers a mixture of rural areas and small towns and villages to the south of the county. 1.5% of the population is from an ethnic minority group.

### Age

Figure 1 shows the Stroud District age profile in relation to Gloucestershire, the South West and England (mid year 2018).

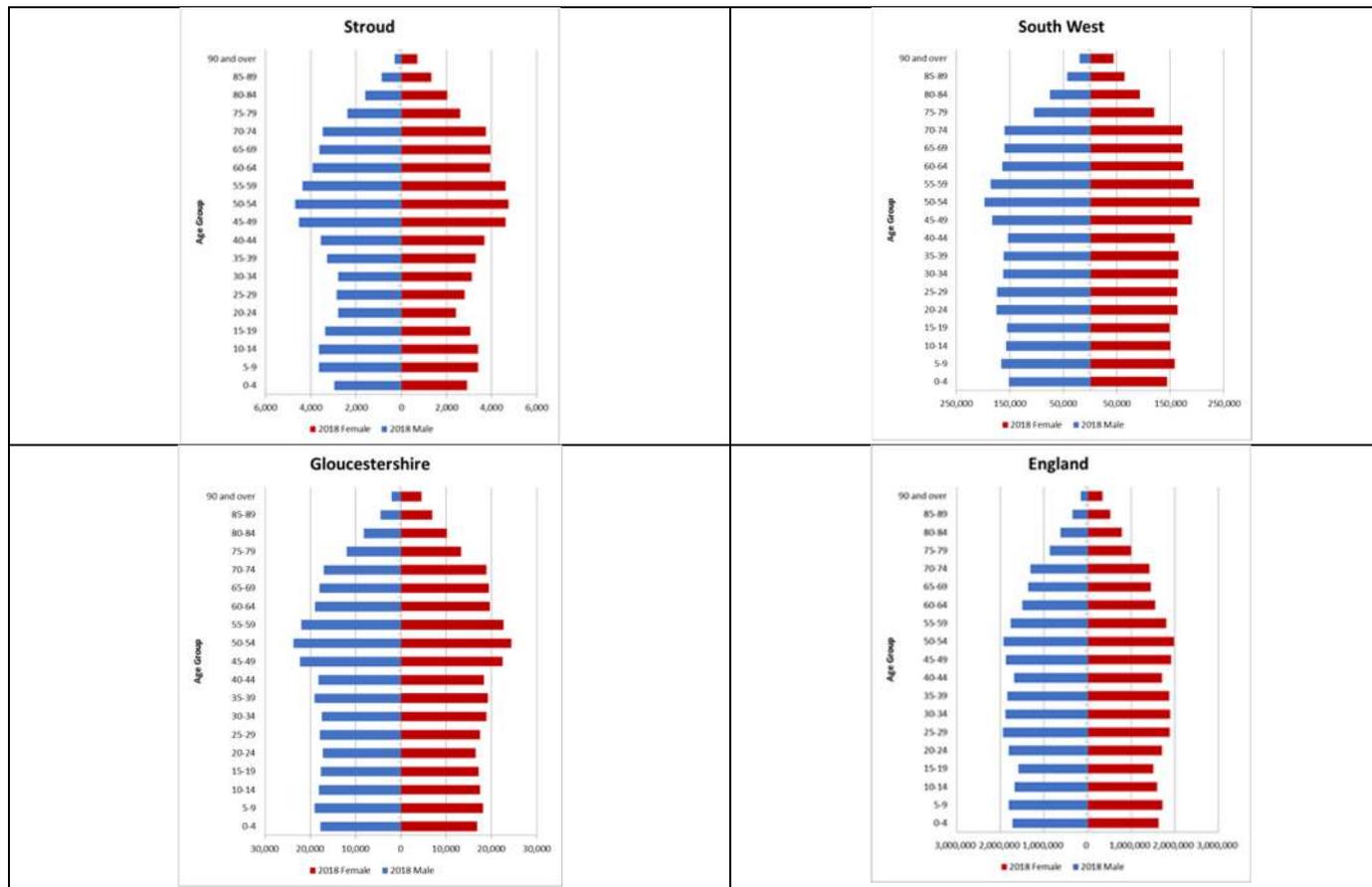
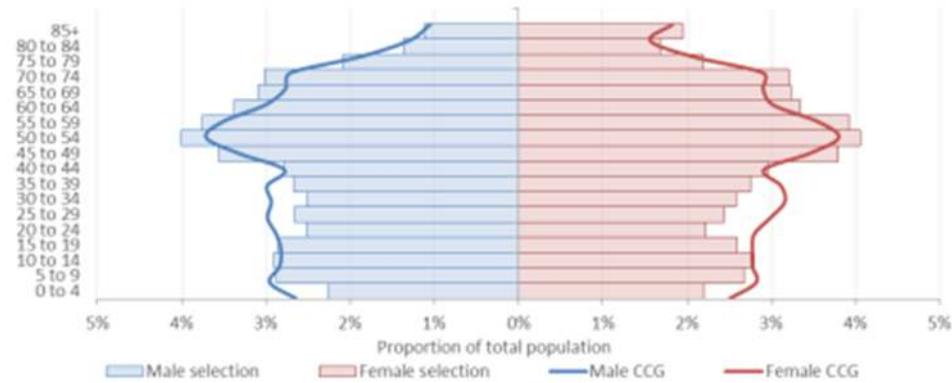
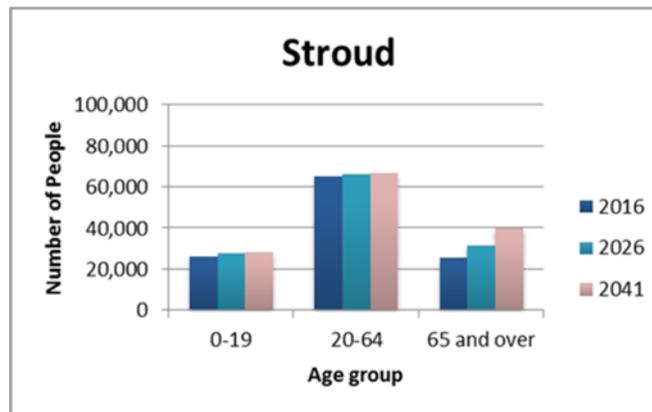


Figure 1: ONS Mid-year population estimate 2018 for Stroud District



**Figure 2: NHS Digital: Age Structure Population Pyramid, Stroud Locality (August 2019)**

Figure 2 shows the age structure in the Stroud and Berkeley Vale locality (compared with the red and blue solid lines of the CCG figures). 22.4% of patients are 65 years and older and the locality has an older age profile compared with the county. Only 19.8% of patients are 18 years and under. Figure 3 shows that the numbers of young people and working age adults are projected to stay fairly static or even shrink slightly compared with the number of older people which is projected to increase more than the England average.



**Figure 3: Age Structure Population Projections 2016 - 2041**

## Deprivation

The burden of ill health falls disproportionately on individuals, families and communities in Gloucestershire that have lower incomes and lower educational levels. The people that are most likely to have the very worst health and wellbeing outcomes in our county include those living in the most deprived geographical areas, as well as people who may be vulnerable to experiencing inequalities because of race, disability, age, religion or belief, gender, sexual orientation and gender identity. Some vulnerable groups, for example people with Learning Disabilities, or people who are homeless, have significantly poorer life expectancy than would be expected, based on their socioeconomic status alone.

Since the 1970s the Department of communities and Local Government have calculated local measures of deprivation in England. The Indices of Multiple Deprivation (IMD) is an overall measure of multiple deprivation experienced by people living in an area. It uses 37 separate indicators, organised across seven distinct domains of deprivation which can be combined, using appropriate weights, to calculate the IMD 2015.

Generally, Stroud district ranks well in the county in terms of overall deprivation, and consistently well across the domains of deprivation. Over a third of the area of Stroud district is ranked within the 20% least deprived areas in England. Stroud and Cotswold are the only two districts in Gloucestershire without LSOAs in the most deprived quintile.

The district's worst ranking domain is "Barriers to Housing and Services" with 10% of the population (compared with 8% in 2015) living within 5 LSOAs that fall into the most deprived national quintile for this domain. "Barriers to Housing and Services" is weighted at 9.3% of the total IMD, and includes indicators such as road distances to post offices, primary schools, general stores/supermarkets and GP surgeries, as well as household overcrowding, homelessness, and housing affordability.

"Crime and Disorder" has improved in the rankings since 2015 – fewer people proportionally now live in the most deprived national LSOAs (4% in 2010, decreasing to 2% in 2015 and 0% in 2019), and more people proportionally now live in the least deprived LSOAs (20% in 2010, rising to 41% in 2015 and 74% in 2019).

## Stroud Indices of Deprivation Domains by National Quintile, 2019 compared with 2015

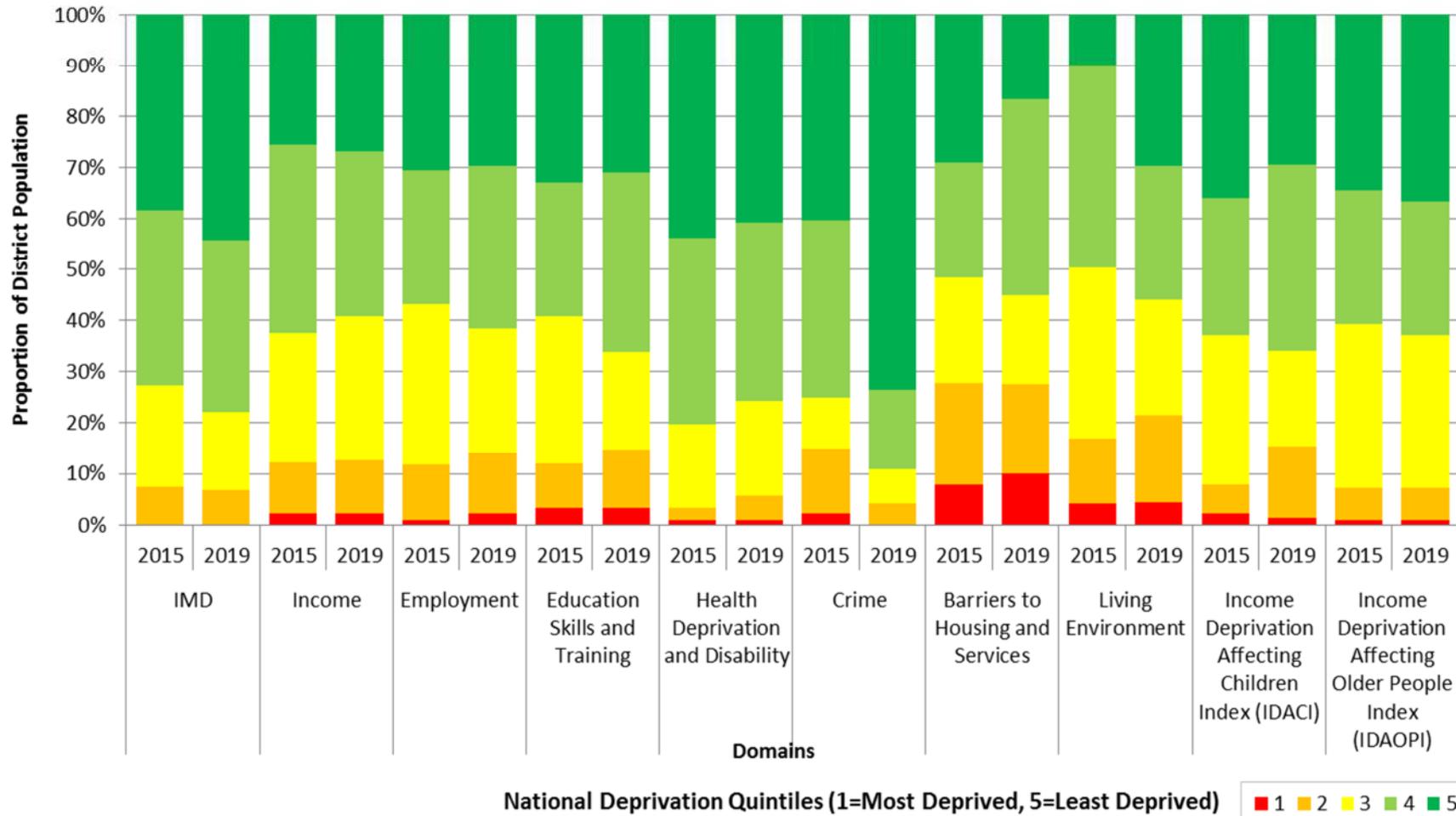
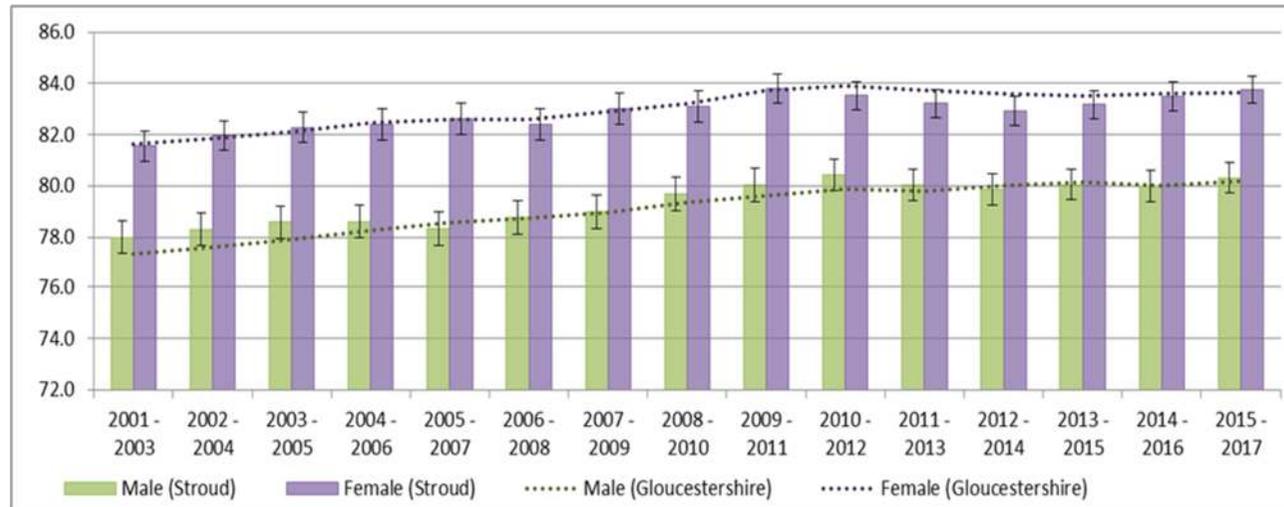


Figure 4: Stroud Indices of Deprivation Domains by National Quintile, 2019 compared with 2015 (source: IMD,2019, OCSI)

## Life Expectancy

Health inequalities are the preventable, unfair and unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental and economic conditions within societies, which determine the risk of people getting ill, their ability to prevent sickness, or opportunities to take action and access treatment when ill health occurs. Health inequalities are described and measured by comparing the health outcomes (such as life expectancy, healthy life expectancy and rate of disease) of different groups. Life expectancy at birth is the average number of years a person would expect to live based on contemporary mortality rates.



**Figure 5: Life Expectancy at Birth, Stroud District (PHOF, 2018)**

Life expectancy for both men and women is similar to the County and England average at 83.7 for females and 80.3 for males.

## Leading causes of avoidable mortality in Stroud:

- 1st Cancer
- 2nd CVD
- 3rd Unintentional Injuries
- 4th Respiratory Disease (women)
- 4th Drug use disorders (men)

## Child Development

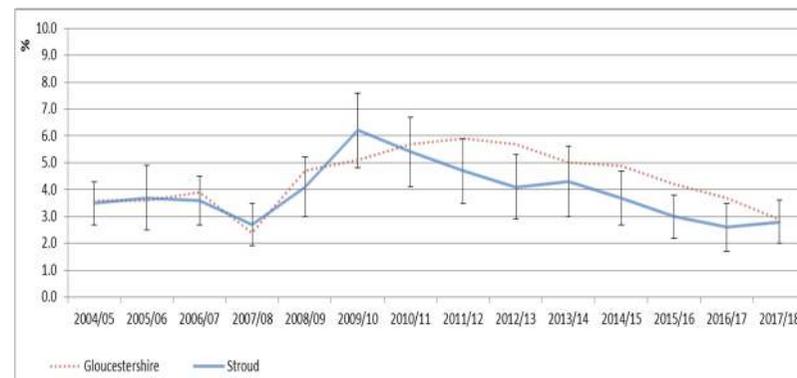
The percentage of children in Stroud achieving a good level of development by the end of reception (71%) is slightly higher than in the county as a whole (69.2%). However, if we look at those eligible for free school meals, the level of development is much lower (49%).

## Care Homes

Based on practice records, Stroud & Berkeley Vale has more patients living in care home than the overall CCG position. By PCN it is clear that this is being driven by Severn Health, as Stroud Cotswold PCN has fewer patients living in care homes than the overall CCG position.

## Unemployment

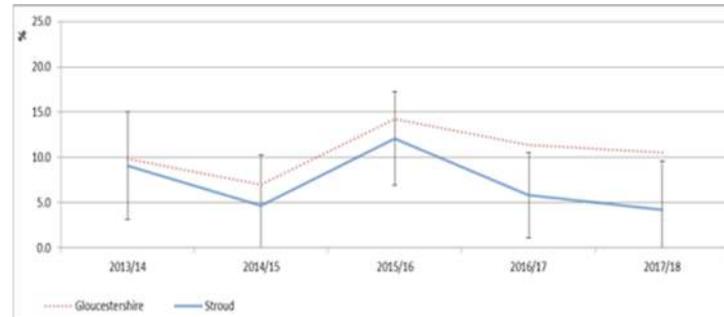
Wider determinants, also known as social determinants, impact on people's health and in fact can have a greater impact on health and wellbeing than services delivered by the NHS<sup>1</sup>. These include a diverse range of social, economic and environmental factors. One of these factors is whether or not a person is employed. Having been significantly lower than the county rate in recent years, Stroud now has the third highest unemployment rate in the county at 2.8% (compared to 2.9% for the county).



**Figure 6: The unemployment count as a percentage of the economically active population aged 16+ (ONS Annual Population Survey, January 2019)**

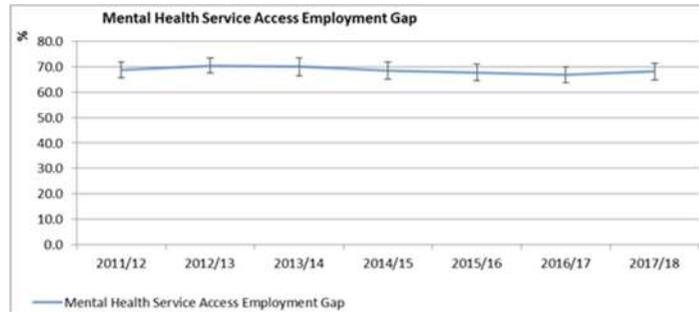
We know that those with long term conditions are more likely to be unemployed and that psychosocial risk factors such as loneliness, isolation and depression are all more common in those with LTCs and may impact on people's ability to work. However we can see in figure 16 that the gap in employment rate between those with LTCs and the overall employment rate is smaller in Stroud than it is in the county overall.

<sup>1</sup> Marmot et al (2010) [Fair Society Healthy Lives \(The Marmot Review\)](#) - IHE

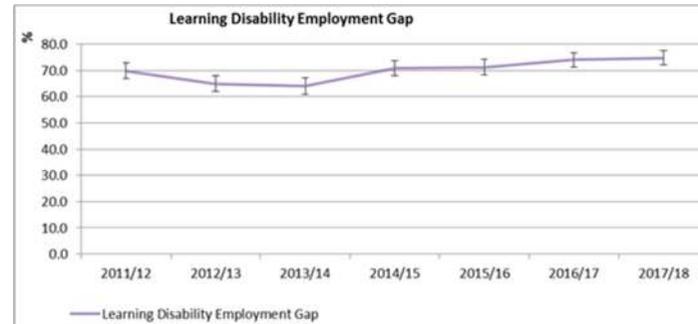


**Figure 7: Gap in employment rate between those with long term health conditions and the overall employment rate (PHOF, 2019)**

The gap in employment rate is significantly higher for those with a Learning Disability or those in contact with secondary mental health services.



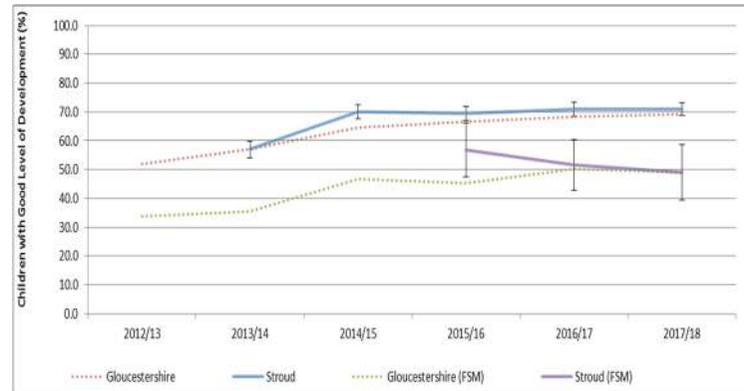
**Figure 8: Gap in employment rate between those in contact with secondary mental health services and the overall employment rate (PHOF, 2019)**



**Figure 9: Gap in the employment rate between those with a learning disability and the overall employment rate and (PHOF, 2019)**

## School Readiness

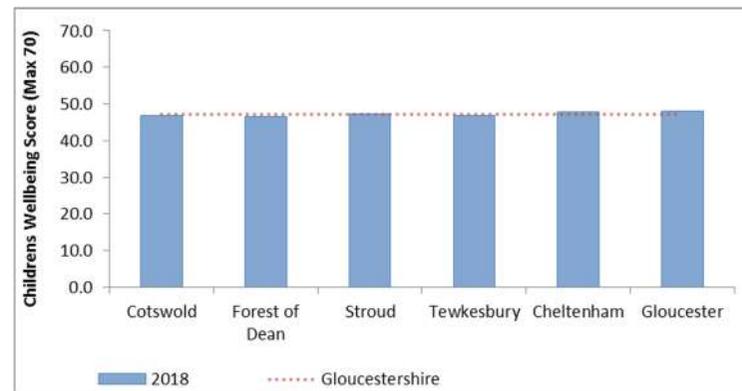
School readiness is a key measure of early years development across a wide range of developmental areas. Children from poorer backgrounds are more at risk of poor development and evidence shows that differences by social background emerge early in life. The percentage of children in Stroud achieving a good level of development by the end of reception (71%) is slightly higher than in the county as a whole (69.2%). However, if we look at those eligible for free school meals, the level of development is much lower (49%).



**Figure 10: The % of children achieving a good level of development at the end of reception (DfE, 2019)**

### Self Reported Wellbeing for Year 10 Pupils

Gloucestershire's Online Pupil Survey has been operating since 2006 and is made up of over 200 age appropriate questions across a range of topics in line with the National Healthy Schools criteria, such as healthy eating, physical activity, relationships and mental and emotional wellbeing. The survey runs every two years and in 2016 was completed online by over 30,000 students from 271 schools and other education settings. The chart below shows the self reported wellbeing scores for Year 10 pupils across Gloucestershire and as you can see, they were very similar across the County.



**Figure 11: Self-reported wellbeing score (OPS, Year 10, 2018)**

It is interesting to note the WEMWBS<sup>2</sup> scores across school phases. For Stroud, those with excellent mental health dropped from 27% in primary school to 14% in Year 12. Just 12% of primary school children had poor mental health and this rose to 25% in Year 12. At FE level, 38% had low mental health.

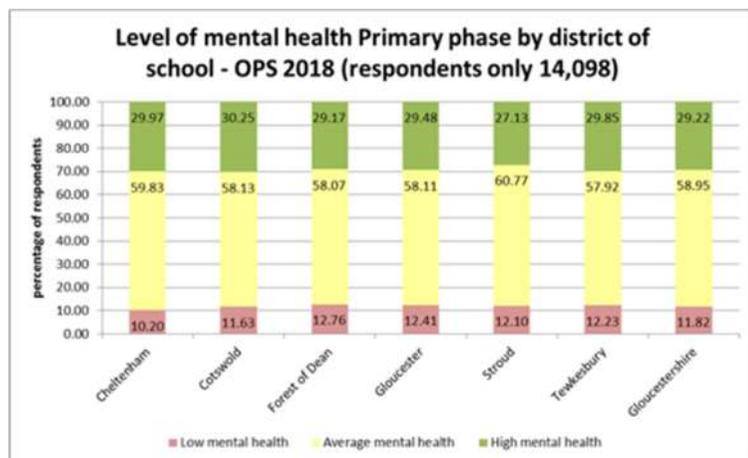


Figure 12: WEMWBS scores compared across school phases- primary (OPS 2018).

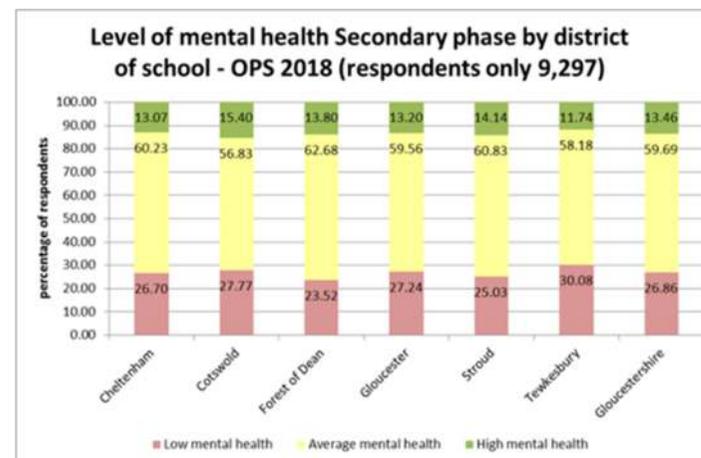


Figure 13: WEMWBS scores compared across school phases – Secondary (OPS 2018)

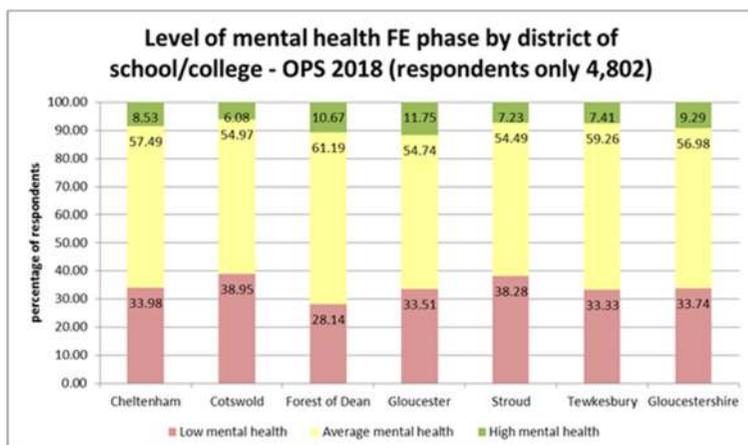


Figure14: WEMWBS scores compared across school phases – FE (OPS 2018)

<sup>2</sup> <https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/>

## Air Quality

Poor air quality is a significant public health issue. There is clear evidence that particulate matter has a significant contributory role in human all-cause mortality and in particular in cardiopulmonary mortality<sup>3</sup>. Figure 15 shows an estimate of the concentration of the four pollutants nitrogen dioxide, benzene, sulphur dioxide and particulates in the six Districts. A higher score for the indicator represents a higher level of deprivation. Stroud has the third lowest rate per 100,000 population - lower than the county average, which you might expect given the rural nature of the locality.

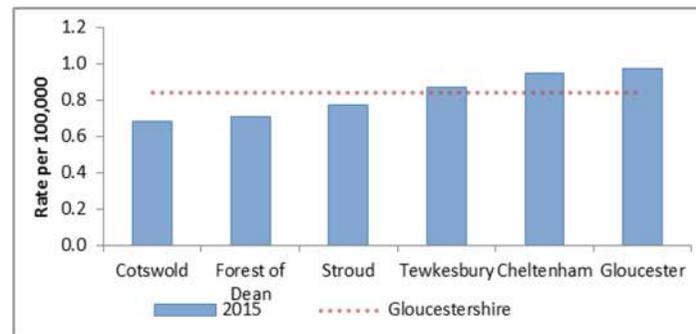


Figure 15: Air Quality (concentration of nitrogen dioxide, benzene, sulphur dioxide and particulates. IMD 2015)

## Smoking

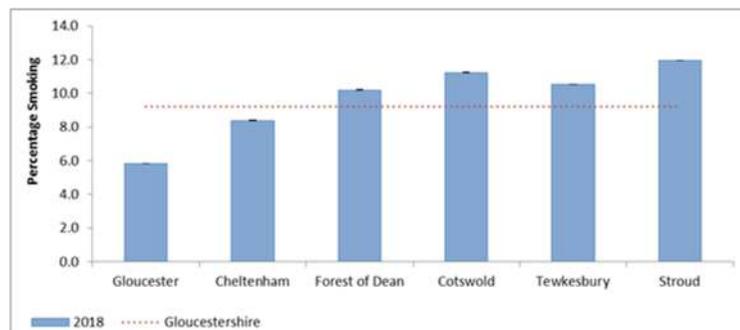


Figure 16: Smoking prevalence ages 14/15 by District (OPS 2018)

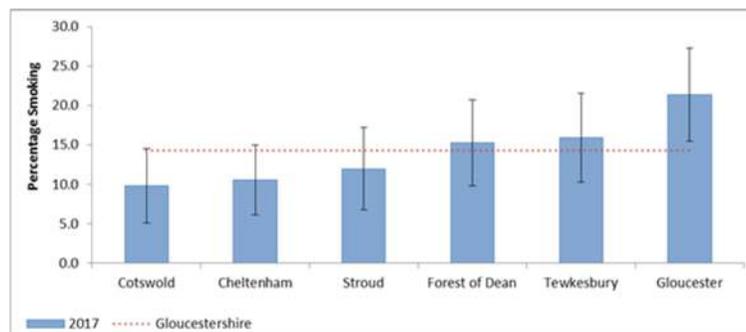
Smoking is the most important cause of preventable ill health and premature mortality in the UK and is a major risk factor for many diseases, such as lung and oral cancers, chronic obstructive pulmonary disease (COPD) and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix .

Prevalence

Using self reported data from the Online Pupil Survey, we can see that smoking prevalence for young people aged 14 to 15 has seen a steady decline since 2010 (15.7% to 12%) however prevalence is still the highest in the county.

<sup>3</sup> <https://fingertips.phe.org.uk/search/air%20quality#page/6/qid/1/pat/6/par/E12000009/ati/102/are/E1000013/iid/92924/age/-1/sex/-1>

For adults, self reported smoking status data (ONS Annual Population Survey) shows that prevalence has also been declining but in the past two years has seen a slight upward trend to 12% in 2018.



**Figure 17: Smoking Prevalence ages 18+ by District (ONS Annual Population Survey 2018)**

## Alcohol

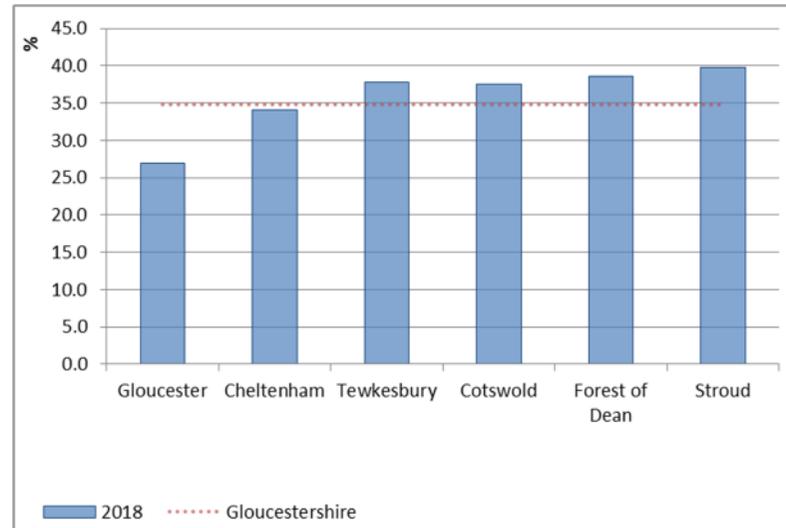
Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually<sup>4</sup>.

Alcohol misuse is strongly associated with both areas of deprivation but is also linked to income and affluence. At a population/universal level alcohol consumption is linked to cost and affordability i.e. people with more money can drink more and in ways that are socially acceptable. Therefore in Gloucestershire we see both high levels of harm from alcohol in poorer areas but alcohol consumption affects residents with higher income. These harms are sometimes hidden due to shame and stigma but also due to alcohol's social and cultural acceptability. Problem consumption of alcohol can also be missed or ignored by communities and other professionals.

In 2017/18 the directly age standardised rate of admission episodes for alcohol specific conditions in Stroud District was significantly lower (at 346 per 100,000 population compared to 570) than England. Alcohol specific mortality in the period 2015 – 2017 was lower than the England average (7.3% V 10.6%).

Self reported data from the Online Pupil Survey tells us that the percentage of young people (year 10's when asked "Do you drink alcohol?" who answered: "Sometimes (e.g. monthly)", "Quite often (e.g. weekly)", "Most days") drinking alcohol has fallen since 2010 from 53.4% to 39.8%. However, Stroud still has the highest percentage of young people drinking in the county at 39.8%.

<sup>4</sup> <https://fingertips.phe.org.uk/search/alcohol#page/6/gid/1/pat/6/par/E12000009/ati/101/are/E07000079/iid/91385/age/1/sex/4>



**Figure 18: Young People (Year 10) drinking alcohol (OPS 2018)**

## Summary from the Gloucestershire Learning Disability & Autism Strategic Needs Analysis 2018 - 2019:

- The population estimates of people with a learning disability in Gloucestershire (18 - 64) is currently estimated as 11,746<sup>2</sup>, this is expected to rise in 2035 to 11,820 (0.8% increase).
- Approximately, 4,918 adults in Gloucestershire are predicted to have Autistic Spectrum Conditions (ASC) in Gloucestershire. This is expected to rise in 2035 to 5,560 (13% increase). A quarter of this population are predicted to be aged 65 years or older.
- 1,850 adults with ASC are known to Primary Care.
- Approximately 11,746 adults in Gloucestershire have a learning disability; 2,412 of these adults have a moderate or a severe learning disability and 2,816 are aged 65 or over.
- The population estimates of people with a learning disability in Gloucestershire (65+) is currently estimated to be 2754<sup>3</sup>, this is expected to rise by 2035 to 4,118 (50% increase).
- The prevalence of dementia is higher amongst older adults with learning disabilities compared to the general population (22% vs 6% aged 65+).
- There are 1,451 children aged between 7-15 identified in schools with learning disabilities and/or ASC. The greatest proportion of these children, live in Gloucester.
- 37% of children aged 4-18 identified with learning disabilities or ASC come from the most deprived communities compared to 21% in the general school aged population; therefore there is a 16% health inequality gap.
- 10.6% of permanent school exclusions during 2016/17 had identified learning disabilities and ASC needs.
- 1,114 children with a learning disability are placed in special schools with a further 19 placed in residential schools (10 in county, 9 out of county)
- Data sources indicate that people with a learning disability predominantly live in Gloucester and Cheltenham and population projections indicate this will be where most people with learning disabilities will live in the future.

<sup>2</sup>Projecting Adult Needs and Service Information System (PANSI)

<sup>3</sup>Projecting Older People Information System (POPPI)

### Further Information

More health and social care data and analysis can be found on the Inform Gloucestershire website: <https://inform.gloucestershire.gov.uk/>.

Public Health England (PHE) have developed Local Authority Health Profiles alongside a wealth of other data: <https://fingertips.phe.org.uk/>