

Strategic Statement

Planning and Health across Derbyshire and Derby City

Our vision is for places across Derby and Derbyshire that ensure every child and adult has the opportunity to live a healthy and fulfilling life

1. Purpose: To agree an ambitious vision, shared priorities and principles for delivering the Combined Authority's member organisations duty to cooperate in respect of health and planning.

2. Background and information

Responsibility for public health transferred to local authorities in April 2013 and this gave councils new opportunities to improve joint working between public health and planning as well as related disciplines such as housing, transport planning and regeneration, in order to improve health and reduce health inequalities locally.

To achieve this we need to identify links between public health objectives and how places can be shaped to respond to them, with reference to the *National Planning Policy Framework 2012* (NPPF) and national public health outcomes indicators. In addition, it needs to reflect the added value that joint work on planning and health can bring to local priorities identified in the Derby and Derbyshire Joint Strategic Needs Assessments and Health and Wellbeing Strategies, Director of Public Health Annual Reports, Locality Public Health Plans and the Derbyshire Healthy Communities Programme (Refs: Appendix 1).

The statement reflects the different needs of communities across Derby and Derbyshire, as well as identifying principles to underpin joint working at local and strategic level and specific health priorities for joint working on planning and health.

3. Our communities

Appendix 2 provides a summary of key information about the population of Derby and Derbyshire. Poor health is both a limiting factor to increasing economic activity rates, as well as a consequence of low economic activity rates. The causative links between socio economic inequality and chronic stress and poor health are well understood and improving health and tackling these inequalities is a key component of achieving sustainable communities.

4. What does the planning system do already in relation to health?

The planning system acts to mediate the demands of the market and the social and environmental impact of development. As a part of this, planners work with applicants throughout the development process in a bid to secure wider social benefits, such as benefits for health infrastructure or public health. Although the planning system is positively geared towards achieving social benefit, the ability of planners to intervene in the existing built and natural environment is limited unless new development proposals come forward and planners must negotiate specific planning obligations in the context of development viability and defined criteria. This means the planning system can require reasonable, appropriate and necessary contributions from developers and social benefits need to be considered as a whole.

The *NPPF* guides local planning authorities to integrate the health agenda, through the 'Promoting Healthy Communities' chapter, into planning policy and development management decisions. Also, *National Planning Practice Guidance* (NPPG) provides advice for local planning authorities and specifically the role planning has to play in supporting health through the 'Health and Wellbeing' chapter.

There are two main tools that the planning system can use to help achieve health objectives. Firstly, through the local and neighbourhood plan process, and the development of planning policy. Although health is not usually a separate policy area in land-use planning it is regularly integrated throughout policy frameworks; for example, aiming to provide accessible service centres for local communities has health and wider benefits. Secondly, the development management process enables planners to negotiate any planning contributions and look to steer the design of a development to address health objectives.

5. What principles should underpin the planning and health agenda?

Local planning authorities can use the following principles to enable them to achieve a healthy built and natural environment across Derbyshire and Derby City:

- Embed sustainability and protection of the environment across the planning system to assure the future of a healthy built and natural environment.
- Help provide accessible service centres, shared spaces and community facilities which serve day-to-day needs

- Encourage walking and cycling through the provision of pedestrian/cyclist friendly infrastructure, measures to prevent road traffic accidents and concentrating development as close as possible to service centres and employment
- Create healthy living environments through the provision of community open space, recreation and sport facilities
- Help protect and enhance public rights of way
- Protect people's health from air pollution, noise, flood risk and accidents
- Ensure the delivery of high quality homes and good design standards that meet the varied needs of local communities and an ageing population
- Active consultation between local planning authorities, healthcare commissioners and public health teams to help understand, and plan for, impact of development on health services and the health of communities
- Consult with communities to help understand local perspectives on health and any concerns that can be addressed through the planning system
- Look to pro-actively address areas of health inequality wherever possible
- Where appropriate seek contributions towards new health related infrastructure to support development through planning obligations
- Maximise the opportunities for recreation and connecting people with the outdoors, the natural world and cultural heritage through Derbyshire unique assets, such as the National Parks.

6. Health priorities for the planning system

This section presents the priorities for planning and health which reflect where the planning system can make the greatest contribution to delivery of priorities identified in the Health and Wellbeing Strategies for Derby and Derbyshire and other strategic local plans listed in section 2 above.

6.i: Prioritising positive prevention

The first priority is to promote the development of healthy environments that actively support people to maintain a healthy weight. We aim to change the embedded culture of routine car use to one which promotes safe active travel and use of public transport, ensuring a focus on connectedness between where people live and where they work, study, spend their leisure time and access services. In addition, we will explore how we could use local green-space to support sustainable access to healthy foods, in order to help tackle food poverty in Derbyshire. We will use evidence and intelligence¹ to

¹ 'Evidence' in this context is the term used to describe information that has been demonstrated through empirical research, while the term 'intelligence' incorporates information derived from a broad range of sources including evidence, service data, public perspectives / views and qualitative and quantitative information.

understand how behavioural nudges can be ‘built in’ to support these healthier behaviours, and to demonstrate the impact on the economy of having a healthier workforce.

6.ii: Supporting positive mental wellbeing

The environment in which we live directly impacts on our mental well-being - access to good quality homes, safe streets and greenspace helps support happier and healthier individuals and local communities. Using place-shaping to improve the mental wellbeing of local people has the potential to make a significant positive impact on the local economy through reducing sickness absence and maintaining a motivated and productive workforce.

Neighbourhood planning can actively engage local people in ensuring community interests and concern (such as exposure to noise or air pollution) inform decisions, and the planning system as a whole can help support the delivery of the ‘Five Ways to Wellbeing’ summarised below:

- a) **Be Active** – delivery of priority 6.i clearly links to this objective
- b) **Give** – Active participation in social and community life can be supported through interventions that promote social connectedness (priority 6.iv below)
- c) **Keep Learning** – Ensuring access to places in local communities where people can continue to learn throughout their life supports mental wellbeing.
- d) **Take Notice** – Access to greenspace and local environments that help individuals connect with the natural world is proven to enhance wellbeing.
- e) **Connect** – small changes to places can be planned to enable people to connect with one another more – for example simply placing benches in residential areas provides opportunities for socially isolated older people with limited mobility to get out, meet and talk to others locally.

6.iii Supporting healthy ageing

The number of people aged 65 years and over across Derby and Derbyshire is projected to increase significantly over the next 25 years. We want to maximise the very real benefits these demographic changes will bring about. Older people make a significant contribution to society and the economy in a number of ways, including through their spending power, provision of social care, volunteering and support for charities and their own families. If people can stay healthy for longer, they can continue to make a significant contribution to our communities, and reduce the increased demand on health and social care. Specific ways in which the planning system as a whole can contribute to healthy ageing is to ensure new homes are built that promote independence and respond to changing needs as people age, design new

neighbourhoods which provide the infrastructure for dementia friendly communities and enable social connectedness (see priority 4.iv below).

6.iv Enabling people to connect with each other

Social cohesion is a feature of strong and vibrant communities, and is characterised by a sense of belonging, shared interest in addressing challenges and inequalities, where diversity is appreciated and people feel safe and valued. Some areas of Derbyshire are very rural and issues such as transport, opportunities for social interaction and access to services, including high speed internet access, remain a real challenge. The planning system can continue to support connectedness within communities by creating places which promote opportunities for meetings between members of the community who might not otherwise come into contact with each other including, for example, through housing developments that are mixed use, design of residential streets to encourage their use for social interaction, shared recreational space to encourage intergenerational contact, provision of neighbourhood centres and well-designed street frontages.

6.v Healthy homes

The type and condition of peoples' homes has a direct impact on the health and well-being of individuals, families and communities across Derby and Derbyshire, and contributes to inequalities in health outcomes between different areas and groups within the population. Living in a poor quality home, characterised by damp, mould and excess cold or exposure to air pollution or noise, can lead to an increased risk of cardiovascular and respiratory disease as well as to mental health problems. In addition, structural defects can increase the risk of accidents, and overcrowding contributes to increased risk of communicable disease. We need to collate intelligence on current and future housing needs of all sections of the population, especially those most at risk of insecure tenancy and poor housing.

The contribution of strategic planning to healthy housing can be maximised by planning the building of the right homes in the right places for all sections of the population, renovating or replacing existing homes that require improvement and implementing the principles and learning from the Healthy New Towns programme. This work will be supported and informed by a review of housing and health commissioned by the Derbyshire Housing Strategy Group and

Derbyshire Joint Strategic Needs Assessment Board and due to report in early Spring 2016.

7. Monitoring

The Derbyshire Planning and Health Steering Group will monitor overall progress against these priorities using two key outcomes:

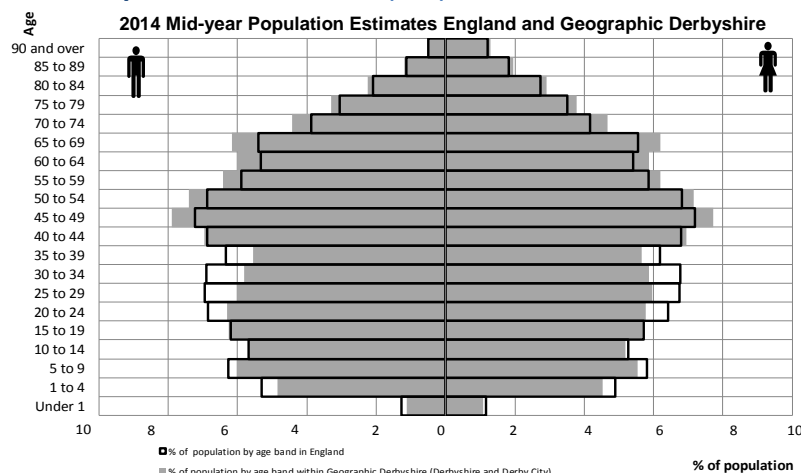
- Increased healthy life expectancy in Derby and Derbyshire
- Reduced gap in healthy life expectancy between communities across Derby and Derbyshire

Appendix 1: References

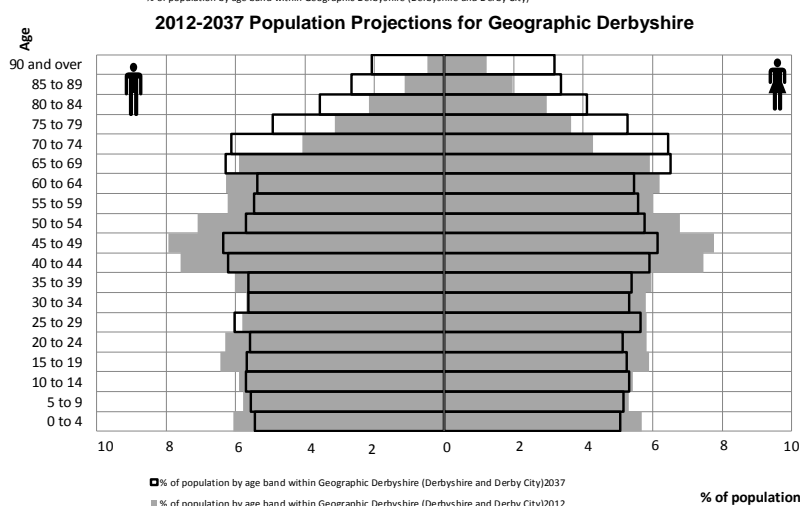
National Planning Policy Framework (NPPF)	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/6077/2116950.pdf
National Planning Practice Guidance (NPPG)	http://planningguidance.planningportal.gov.uk/
Localism Act 2011, Chapter 20, Part 6, Chapter 1, Section 110	http://www.legislation.gov.uk/ukpga/2011/20/section/110/enacted
National public health outcomes indicators	https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency
Derby and Derbyshire Joint Strategic Needs Assessments (JSNA)	Derbyshire http://observatory.derbyshire.gov.uk/IAS/Custom/Resources/HealthandWellbeing/SoD_2014_DO.pdf
Derby and Derbyshire Health and Wellbeing Strategies	
Director of Public Health Annual Reports	Derbyshire available at https://www.derbyshire.gov.uk/social_health/public-health/about_public_health/default.asp
Derbyshire Healthy Communities Programme	  The Healthy Communities model.d Healthy Communities Partner Update Sept
Five Ways to Wellbeing	http://b.3cdn.net/nefoundation/8984c5089d5c2285ee_t4m6bhqq5.pdf
Healthy New Towns Programme	http://www.derbyshire.gov.uk/images/Agenda%20item%20%20-%20Healthy%20New%20Towns%20Programme_tcm44-270225.pdf
Town and Country Planning Association (TCPA) Planning healthier places – report from the reuniting health with planning project	http://www.tcpa.org.uk/data/files/Health_and_planning/Health_Phase_2/Planning_Healthier_Places.pdf
TCPA Reuniting health with planning – creating health promoting environments	http://www.tcpa.org.uk/data/files/Health_and_planning/Health_Phase_2/Planning_Healthier_Places.pdf
TCPA Reuniting health with planning – healthier homes, healthier communities	http://www.tcpa.org.uk/data/files/TCPA_FINAL_Reuniting-health-planning.pdf
Royal Town Planning Institute (RTPI) Inclusive planning and health	http://www.rtpi.org.uk/knowledge/policy/topics/inclusive-planning-and-health/
Royal Institute of British Architects (RIBA) City health check – How design can save lives and money December 2013	https://www.architecture.com/Files/RIBAHolding/PolicyAndInternationalRelations/Policy/PublicAffairs/RIBACityHealthCheck.pdf

Appendix 2: Key data about our communities

Population: 1,032,300 people are resident within Derby and Derbyshire.



The administrative County of Derbyshire has a population of 779,800 and Derby City has a population of 252,700. Between 2013 and 2014 Derbyshire’s population has increased by 41,300 people or 0.5% and Derby City’s by 1,100 people or 0.4%. Within the County, South Derbyshire has the largest year-on-year population growth of 1.3%, which is a greater rate of growth than seen for England (0.83%). Since 2001, Derbyshire’s population has grown by 5.9% and Derby City’s by 9.4%, compared to 9.3% for England. Again, South Derbyshire’s population has grown much faster in the same period at 18.4%. Conversely, other areas such as High Peak have seen much slower population growth of just 2.2%. The latest Sub-National Population Projections from the Office for National Statistics (ONS) suggest that the population of the whole county will increase by 127,900 people between 2012 and 2037. Derby City’s population is projected to grow at a faster rate than the administrative county. The largest percentage change in population is projected to be in South Derbyshire (22.4%). Across the age bands, relatively low growth is projected for the child population (0-15 years), whereas the percentage of the population of working-age will decrease in Derbyshire, but grow in Derby City. The largest increase in population will be amongst those age bands 65+ and particularly the older age bands, aged 75+.



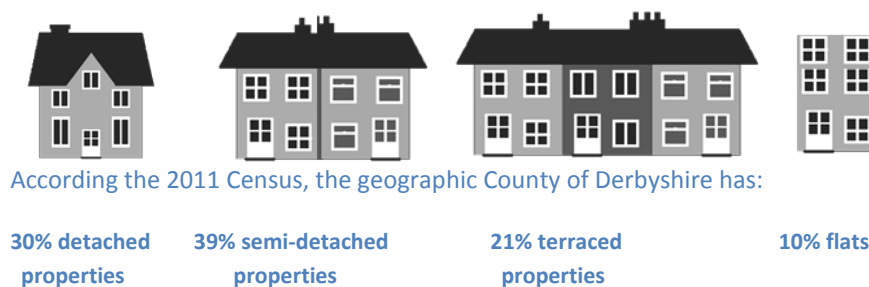
2012-2037 Population Projections for Geographic Derbyshire

Area	ONS Mid Year Population Estimates (2014)					ONS Sub-national population projections (2012-2037)						
	Total population	0-15	16-64	65+	%of total Geo Derbyshire popn	Total population		% change 2012-2037	% change by age band			
						2012	2037		0-15	16-64	65+	90+
Amber Valley	123,900	17.0%	62.1%	20.9%	12.0%	122,700	136,800	11.5%	3.2%	-5.0%	71.3%	267.5%
Bolsover	77,200	17.9%	62.8%	19.4%	7.5%	76,400	83,700	9.6%	1.4%	-3.7%	61.5%	233.8%
Chesterfield	104,300	17.1%	62.9%	20.0%	10.1%	103,800	110,600	6.6%	2.7%	-7.4%	55.6%	226.6%
Derbyshire Dales	71,300	15.7%	59.3%	24.9%	6.9%	71,300	78,100	9.5%	1.0%	-11.5%	68.9%	196.0%
Erewash	114,000	17.8%	62.8%	19.4%	11.0%	112,800	127,500	13.0%	7.9%	-1.1%	65.8%	274.5%
High Peak	91,400	17.5%	63.2%	19.4%	8.9%	91,100	99,500	9.2%	1.1%	-7.6%	76.9%	254.3%
North East Derbyshire	99,400	16.1%	60.5%	23.4%	9.6%	99,300	107,100	7.9%	5.9%	-8.3%	54.3%	242.4%
South Derbyshire	98,400	19.2%	63.5%	17.2%	9.5%	96,000	117,500	22.4%	10.6%	6.6%	99.1%	251.0%
Derby City	252,500	20.7%	63.3%	16.0%	24.5%	250,600	291,300	16.2%	9.7%	8.5%	57.0%	323.9%
Geographic Derbyshire	1,032,300	18.1%	62.5%	19.3%	n/a	1,024,100	1,152,000	12.5%	6.0%	-1.2%	66.0%	244.3%
Derbyshire	779,800	17.3%	62.2%	20.4%	75.5%	773,500	860,700	11.3%	4.6%	-4.5%	68.3%	238.3%
Erewash CCG	Figures not yet published for 2014					94,600	106,500	12.6%	7.7%	-1.0%	65.7%	253.6%
Hardwick CCG						108,900	118,400	8.7%	3.0%	-5.4%	58.6%	236.7%
North Derbyshire CCG						272,100	295,000	8.4%	2.7%	-8.2%	62.6%	246.7%
Southern Derbyshire CCG						515,300	596,600	15.8%	8.0%	3.6%	69.5%	243.3%
Tameside and Glossop CCG						253,400	284,500	12.3%	7.0%	-0.5%	69.0%	232.2%

For more information take a look at the [People and Place](#) section of the Derbyshire Observatory

NB: ONS population projections may not reflect the detailed housing needs assessments carried out by individual local authorities in their Strategic Housing Market Assessments.

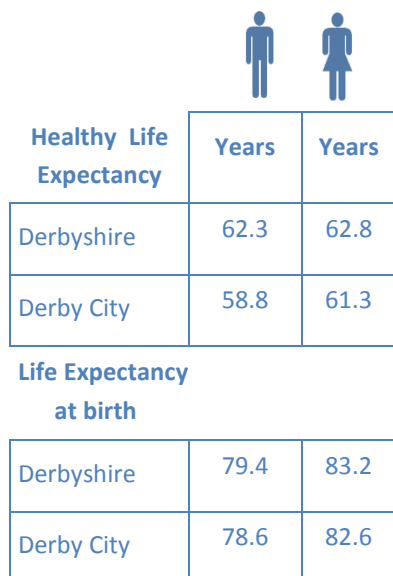
Housing: There are 434,500 homes across Derby and Derbyshire



The latest data from ONS indicates that the number of homes is expected to increase to 517,800 in the geographic county by 2037. Derby City (22.6%) and South Derbyshire (29.6%) are projected to have the highest growth. There are high levels of home ownership within the county and therefore ensuring private dwellings are built with appropriate design specifications to enable individuals to remain in their own home as they grow older is important. In 2013, statistics from the DCLG indicate 84.9% of properties in Derbyshire are in the private sector and in Derby City this is 80.3%, compared to an average of 82.9% for England. Derby City has a higher percentage of local authority owned houses (12.6%) and housing association owned properties (7.0%) than for the administrative county of Derbyshire where figures are 8.6% and 6.5% respectively. The ratio of median house price to median earnings is 3.7 for Derby City and 5.4 for Derbyshire. In some parts of the county, such as Derbyshire Dales this ratio is much higher at 8.3, compared to the average for England of 6.7. Across the geographic county 493 affordable dwellings were provided in 2013/14. Census data indicated there are 12.0% of houses in Derbyshire and 16.8% of houses in Derby City in the private rented sector. In addition to this national data, there are additional projections and figures utilised by the local planning authorities, which may provide more up to date information and are detailed in Local Plans and other strategic documents.

For more information take a look at the [Housing](#) section of the Derbyshire Observatory

Health: 79.2% of residents are in good health across Derby and Derbyshire as a whole.



For many health indicators there are clear contrasts between Derby City and Derbyshire, and within the districts of the administrative county of Derbyshire other differences exist. For example, Healthy Life Expectancy varies between the two areas as shown in the infographic to the left and furthermore at a ward level these differences are more pronounced. For example in Derbyshire there is a difference of 16.7 years between the longest and shortest life expectancy at ward level. In Derby City this is 10.9 years.

According to the Index of Multiple Deprivation 2010, Derby City experiences higher levels of deprivation compared to the administrative county of Derbyshire and England as a whole. This is further reflected in the fact that Derby City has higher levels of both child and fuel poverty than the administrative county of Derbyshire, suggesting housing quality is an issue. However, in some rural communities in Derbyshire Dales where there are older stone built properties there are some of the highest fuel poverty levels in the country.

Derbyshire has an ageing population and this brings with it particular health issues, such as older people who feel socially isolated, are diagnosed with dementia and have multiple long-term health conditions.

Issues which flag red for both city and county on the Public Health Outcomes Framework:

- Excess Weight in Adults
- Hospital admissions for alcohol related episodes
- NHS Health Check Uptake
- Injuries due to falls in people aged 65+
- School readiness
- Utilisation of green space for exercise/health reasons

More broadly, lifestyle factors have an impact on health and obesity is an issue for both Derbyshire and Derby City, as is smoking. Unemployment, which is an important wider determinant of health, varies across the county and the latest statistics are available in a [monthly bulletin](#). Surprisingly, the utilisation of outdoor space for exercise or health is limited. Just 11.1% of people in Derby City and 13.3% of people in the administrative county of Derbyshire use outdoor space, compared to 17.1% for England as a whole.

For more information take a look at the [Health & Wellbeing](#) section of the Derbyshire Observatory