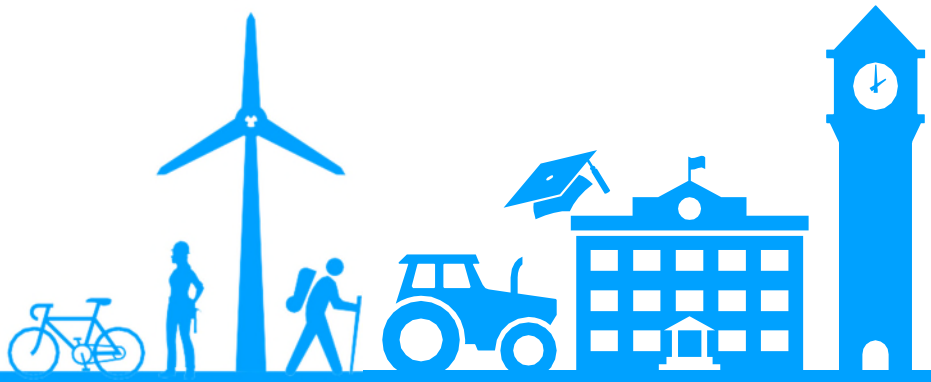
NEWCASTLE UNDER LYME BOROUGH COUNCIL

Newcastle-under-Lyme Local Plan 2020-2040



July 2024

Newcastle-under-Lyme Local Plan Health Impact Assessment

Introduction

1.1. The purpose of this document is to provide advice and guidance on undertaking a Health Impact Assessment (HIA) on development proposals within Newcastle-under-Lyme (NUL) Borough, particularly supporting the implementation of policies PSD6 and RET3 in the Newcastle-under-Lyme Local Plan which will guide development in the Borough up to 2040.

1.2. The following strategic objectives, strategic policies and other policies are contained within the Local Plan. To view the full policies contained within the Local Plan, please visit - https://www.newcastle-staffs.gov.uk/planning-policy

Table 1: Local Plan Strategic Objectives

SO-I	Create development with a sense of place and character, which naturally enhances human health through utilising sustainable construction methods and sustainable transport connections, where possible.
SO-II	Diversify the Borough's employment base and deliver employment sites which will benefit economic growth for the region focusing on sectors: advanced manufacturing, distribution, and logistics, supporting technology and the green economy to generate more skilled jobs for local people.
SO-III	Further investment in the regeneration and renewal of the distinctive market towns of Newcastle-under-Lyme and Kidsgrove to promote attractive public spaces, improvement and enhancement of the streetscape, independent stores, great restaurants, bars and cafes, a higher mix of residential and more alternative uses which draw in visitors and create vibrant centres. To support visitors and residents with access to healthier food choices and accessible, sustainable green spaces and active travel options to support health and wellbeing.
SO-IV	Reduce the Borough's carbon footprint and mitigate the impact of climate change in the Borough ensuring local policies promote sustainability and harness opportunities for renewable energy generation, carbon sequestration, and greener construction, where this is viable and deliverable
SO-V	Provide a mix of housing types which are attractive to people who want to live and work in the Borough and to provide aspirational housing which is well designed and adaptable.
SOVI	Support the vitality of rural villages, preserving and enhancing the special character which is valuable to each local community whilst enabling balanced growth to improve affordability and to provide choice in housing types for local people.
SO-VII	Support active and sustainable travel across the Borough. Raise the profile of Kidsgrove Railway Station and improve the connectivity to Kidsgrove town centre as a significant sustainable transport hub in the Borough.
SO-VIII	Provide a clear local strategic planning framework to support the development of Neighbourhood Plans which will set out the more detailed policies to guide development in the Borough

SO-IX	Support activity, including sport and recreation. Maintain the vast majority of the wide variety of open spaces in urban areas and improve green corridor linkages, one of the Borough's greatest unique assets to help enhance health and wellbeing.
SO-X	Enable the growth of Keele University to support its vision for increasing student numbers and expanding its capacity for research and development; supporting its role as a centre for innovation and as an economic asset for North Staffordshire, whilst preserving and enhancing the character of the surrounding area.
SO-XI	Deliver targeted development seeking a balance between growth and conservation to ensure that the Borough retains its identity as both an urban and rural Borough which provides the ideal setting for people wanting to enjoy countryside, village, and town life in the West Midlands.
SO-XII	Protect the Green Belt, except where exceptional circumstances justify strategic Green Belt release to meet strategic needs identified by the Plan.

Table 2: Local Plan Policies

PSD1	Overall Development Strategy
PSD2	Settlement Hierarchy
PSD3	Distribution of Development
PSD4	Development Boundaries and the Open Countryside
PSD5	Green Belt and Safeguarded Land
PSD6	Health and Wellbeing
PSD7	Design
CRE1	Climate Change
CRE2	Renewable Energy
HOU1	Affordable Housing
HOU2	Housing Mix and Density
HOU3	Housing Standards
HOU4	Gypsy, Travellers and Travelling Showpeople
HOU5	Specialist Needs Housing
HOU6	Self-Build and Custom Dwellings
HOU7	HMOs
HOU8	Rural and First Home Exception Sites
HOU9	Community Led Exception Sites
HOU10	Extensions and Alterations Policy
HOU11	Backland Development
EMP1	Employment
EMP2	Existing Employment Sites
RET1	Retail
RET2	Shop Fronts, Advertisements, New Signage
RET3	Hot Food Takeaways
RET4	NUL TC Specific Policies
RET5	NUL Kidsgrove Specific Policies
IN1	Infrastructure
IN2	Transport and Accessibility
IN3	Access and Parking
IN4	Cycleways, bridleways, and Public Rights of Way

IN5	Protection of community facilities
IN6	Telecommunications Development
IN7	Utilities
SE1	Pollution, Contamination and Amenity
SE2	Flood Risk, Water Resources and Management
SE3	Water Resources and Water Quality
SE4	Open Space, Sports, and Leisure Provision
SE5	Biodiversity Net Gain
SE6	Biodiversity and Geodiversity
SE7	Historic Environment
SE8	Landscape
SE9	Trees, Hedgerows and Woodland
SE10	Amenity (Including Agent of Change)
SE11	Soils and Agricultural Land
SE12	Green and Blue Infrastructure
RUR1	Rural Economy (including farm diversification)
RUR2	Rural Workers Dwellings
RUR3	Outdoor Sport, Leisure and Recreation uses outside of Settlement Boundaries
RUR4	Extensions and Alterations to buildings outside of settlement boundaries
RUR5	Replacement buildings outside of settlement boundaries
RUR6	Re-use of Rural Buildings for Residential Use

1.3. The World Health Organisation defines health as 'a state of complete physical, mental and social well-being.' As well as access to good quality healthcare and healthy lifestyle choices, there are many wider determinants of health and wellbeing including but not limited to housing, transport, employment, and sport/recreation.

1.4. The NPPF refers to issues which influence these determinants such as:

- Meeting housing need
- Transport Policies that provide sustainable modes of transport
- Providing jobs
- Access to high-quality open space and opportunities for sports and recreation

1.5. Reflecting national policy and wider Staffordshire County Council initiatives, health and wellbeing principles have been embedded in the Local Plan. The strategic objectives and planning policies listed include allocations of housing and employment, protecting and enhancing open spaces and natural and built environments and supporting a healthy diet which should contribute to increased health equality in Newcastle-under-Lyme. These will be done in conjunction with other health and wellbeing initiatives across Staffordshire as part of the Health in All Policies (HiAP) approach Staffordshire County Council has adopted, known as Better Health Staffordshire.

1.6. Health in All Policies (HiAP) is a collaborative, evidence-based approach to improving the health of all people by incorporating health considerations into decision-making across a range of organisational sectors and their work programmes, strategies, and policy areas.

Purpose of a Health Impact Assessment

1.7. HIAs (Health Impact Assessment(s)) are tools designed to consider whether a development proposal has positive or negative health outcomes for the community. It assists partners in working together to improve health inequality and achieve other goals such as improved housing & green spaces and economic stability.

1.8. A HIA can be undertaken to indicate the health implications of a development proposal considering personal, social, economic, and environmental factors that determine the health of an individual or population because of a particular development proposal.

1.9. HIAs also provide information on how to manage potential effects of health. It provides the opportunity to amend the design of a proposed development to protect and/or improve health and wellbeing. It is therefore advised that HIAs are undertaken at the pre-application stage of a development proposal.

1.10. Following Staffordshire County Council's templates for HIAs, all major developments in Newcastle –under-Lyme will be subject to a Core HIA as a screening process to determine whether a Comprehensive HIA is required. Screening should include who may be affected by the proposal, what determinants of health may be affected and what further actions should be recommended to develop/secure a positive impact or mitigate a negative impact. Major development, as defined in the NPPF (National Planning Policy Framework) refers to 'For housing, development where 10 or more homes will be provided, or the site has an area of 0.5Ha or more. For non-residential development it means additional floorspace of 1,000m2 or more, or a site of 1 Ha or more'.

1.11. The definitions of Core and Comprehensive Health Impact Assessments are listed below:

1.12. **Core HIA** - This type of assessment is used when a decision needs to be made quickly. It can take up to 12 weeks to complete and is typically completed by one assessor, pulling on knowledge and resources from partners where necessary. It provides a general overview of potential health impacts, as well as the benefits of the proposal to the health and wellbeing of the relevant population.

1.13. **Comprehensive HIA** - This is a more detailed assessment into the health and wellbeing of the population affected by the proposal. It takes considerably longer to complete with a typical comprehensive HIA taking at least 6 months. It requires the lead assessor to collaborate with all the key stakeholders, bringing in expertise on each of the sections. It also includes a more extensive search of literature, data and best practice, to inform decision making. A comprehensive HIA should be used for more complex projects

where there is a strategic, reputational, or financial consequence to ensure that decision making is informed by the health impacts and potential benefits.

Health Profile of Newcastle-under-Lyme

1.14. Appendix 1 is the Staffordshire County Council's Better Health Evidence Base for Newcastle-under-Lyme. Better Health Staffordshire is the branding for a whole systems approach to support healthy weights and tackle the causes of obesity across Staffordshire, following the HiAP approach. Some of the headlines from this data are displayed below as well as other data collected by the Council.

1.15. 7 out of 10 adults live with excess weight and 1 in 3 with obesity, both of which are higher than the national average.

1.16. Appendix 1 also provides indicators of child health and wellbeing. 1 in 4 reception-aged children live with excess weight and 1 in 7 with obesity, both higher than national average. In year 6, 1 in 3 children live with excess weight and 2 in 10 live with obesity, both similar to national average. Table 3 shows that in Audley, Bradwell and Crackley and Red Street, prevalence of obesity in children is significantly higher. Data collected between 2022/23 shows that in 9 of 21 wards at least 25% of pupils in Year 6 are classed as obese, this is compared to 6 wards in 2021/22's report.

Table 3: Year 6 prevalence of obesity by ward in NUL (2019/20 - 2022/23), using data from the Office for Health Improvement and Disparities

Ward	2019/20 to 2021/22	2020/21 to 2022/23	Borough	England (national average)
Audley	25.6%	30.8%	24.1% (22.2% to 2021/22)	22.5% (21.6% to 2021/22)
Bradwell	25.6%	30.0%		
Clayton	15.8%	21.1.%		
Crackley and Red Street	28.1%	29.0%		
Cross Heath	24.3%	26.3%		
Holditch and Chesterton	29.0%	26.5%		
Keele	*Value suppressed for disclosure control reasons*	*Value suppressed for disclosure control reasons*		
Kidsgrove and Ravenscliffe	24.4%	26.8%		
Knutton	23.8%	30.4%		
Loggerheads	15.8%	21.1%		
Madeley & Betley	16.7%	16.0%		
Maer & Whitmore	*Value missing due to small sample size*	20.0%		

May Bank	19.5%	20.5%		
Newchapel and Mow Cop	24.0%	23.1%		
Silverdale	25.0%	27.8%		
Talke & Butt Lane	27.3%	31.4%		
Thistleberry	14.3%	21.2%		
Town	*Value suppressed for disclosure control reasons*	13.3%		
Westbury Park & Northwood	19.2%	24.0%		
Westlands	17.8%	17.8%		
Wolstanton	21.1%	24.1%		

1.17. In Newcastle-under-Lyme, GP registered prevalence of Hypertension, Diabetes, Asthma, Coronary Heart Disease, and Stroke are higher than national. Furthermore, NUL has the second highest self-reported prevalence of Musculoskeletal conditions of all Districts & Unitary Authorities in Staffordshire.

1.18. Census 2021 data shows that the share of residents aged between 65 and 74 years increased by 1.7% between 2011 and 2021. This age demographic requires an increasing level and complexity of care (NHS England) as well as easier access to healthcare facilities.

1.19. The 2019 Indices of Multiple Deprivation concludes that Newcastle-under-Lyme ranks 159th (out of 316 local authorities) as most income deprived. In the context of Staffordshire, NUL is the 4th most income deprived, behind Stoke-on-Trent, Cannock Chase and Tamworth (ONS). Table 3 shows that, in particular Knutton, Holditch and Chesterton and Cross Heath rates of household income deprivation are significantly worse than national average. Table 4 shows that emergency hospital admissions in Knutton, Holditch and Chesterton and Cross Heath are also some of the highest. Taken together, the evidence in this document (including appendix 1) demonstrated health inequality in the borough and the need for HIA.

Table 4: Proportion of households experiencing income deprivation by ward in NUL, from 2019 Indices of Deprivation.

Ward	% of households experiencing income deprivation	Borough	Staffordshire	England (national average)
Audley	8.6%	10.8%	9.8%	12.9%
Bradwell	10.5%			
Clayton	11.6%			
Crackley and Red Street	13.4%			

Cross Heath	18.9%			
Holditch and Chesterton	19.1%			
Keele	1.0%			
Kidsgrove and Ravenscliffe	13.7%			
Knutton	20.6%			
Loggerheads	6.2%			
Madeley & Betley	7.5%			
Maer & Whitmore	3.7%			
May Bank	7.3%			
Newchapel and Mow Cop	5.5%			
Silverdale	14.7%			
Talke & Butt Lane	13.1%			
Thistleberry	11.7%			
Town	15.2%			
Westbury Park & Northwood	5%			
Westlands	8.0%			
Wolstanton	9.3%			

Table 5: Emergency hospital admissions for all causes, 2016/17- 2020/21, from Hospital Episode Statistics (HES), NHS DIgital June 2023

Ward	Rate	Borough	Staffordshire	England (national average)
Audley	97.6			
Bradwell	139.7			
Clayton	122			
Crackley and Red Street	144.8			
Cross Heath	160.2			
Holditch and Chesterton	164.4			
Keele	51.5			
Kidsgrove and Ravenscliffe	124.9			
Knutton	159.5			
Loggerheads	90.2	123.7	104.5	100.0
Madeley and Betley	105.8			
Maer & Whitmore	90.9			
May Bank	128.5			
Newchapel and Mow Cop	103.4			
Silverdale	139.7			
Talke and Butt Lane	118.2			
Thistleberry	124.5			
Town	149.8			

Westbury Park and Northwood	109.8			
Westlands	109.2			
Wolstanton	139.7			

HIA process and Methodology

1.20. Any major development proposals, including non-residential, must be supported by a core health impact assessment (HIA) as part of the application process. Following this screening assessment, a comprehensive health impact assessment may be required;

1.21. Proposals for hot food takeaways should undertake a comprehensive health impact assessment (HIA) undertaken by the applicant. Following the HIA, development that would have an unacceptable adverse impact, on health or wellbeing will not be permitted.

1.22. The following pages are current guidance notes from Staffordshire County Council for completing Core and Comprehensive HIAs. To view the most up to date versions of these documents online, visit https://www.staffordshire.gov.uk/Health-wellbeing-and-leisure/Health-Impact-Assessments/Health-Impact-Assessment-HIA.aspx

Core Health Impact Assessment (HIA)
Guidance for use

Introduction

Almost every aspect of our lives impacts our health and ultimately how long we will live. This includes our jobs and homes, communities, access to education and public transport and whether we experience poverty or discrimination. These factors are often referred to as the 'wider determinants of health'.

We have a duty to improve the health of the local population in Staffordshire. In effect this means that health is everyone's business. Therefore, the potential health and health inequalities impact of new strategies, policies, plans and programmes should always be carefully considered to maximise the positive impacts.

Health is also both an enabler and opportunity for us all. A healthier population will mean more people in work, a stronger economy, better attainment at school, and less demand on health and care services,

What is a Health Impact Assessment and why do we use them?

A **Health Impact Assessment** (HIA) is a tool to assist people to work together to improve health and reduce health inequity and inequality.

A HIA will consider individual factors, like lifestyle, as well as the wider determinants of health such as education, housing, green spaces, environment and employment.

A HIA can create "win-win" solutions e.g. good spatial planning has many non-health benefits but if designed appropriately it can increase physical activity, improve mental health and reduce carbon emissions, all of which improve health.

HIAs give invaluable information not only about potential effects on health, but also how to manage them. It therefore provides the opportunity to amend the design of a proposed plan, strategy, policy, or project if necessary.

It can be used to assess the positive aspects of a proposal (e.g. the creation of good jobs), and the negative effects (e.g. air pollution impacting vulnerable groups). It is particularly focused on looking at how disadvantaged groups may be affected, to minimise the risk of widening inequalities.

Ultimately the purpose of a HIA is to inform decisions on how we can maximise the positive and minimise the negative health impacts. It informs decisions as to whether the impact on health of a particular proposal is acceptable or not. It assists the decision-makers by giving them better information, but it does make the decision for them. The approach uses a range of quantitative, qualitative, and participatory techniques.

This guidance will take you through the steps to complete a HIA and it is designed to be completed by you and your department, with support from colleagues and other stakeholders.

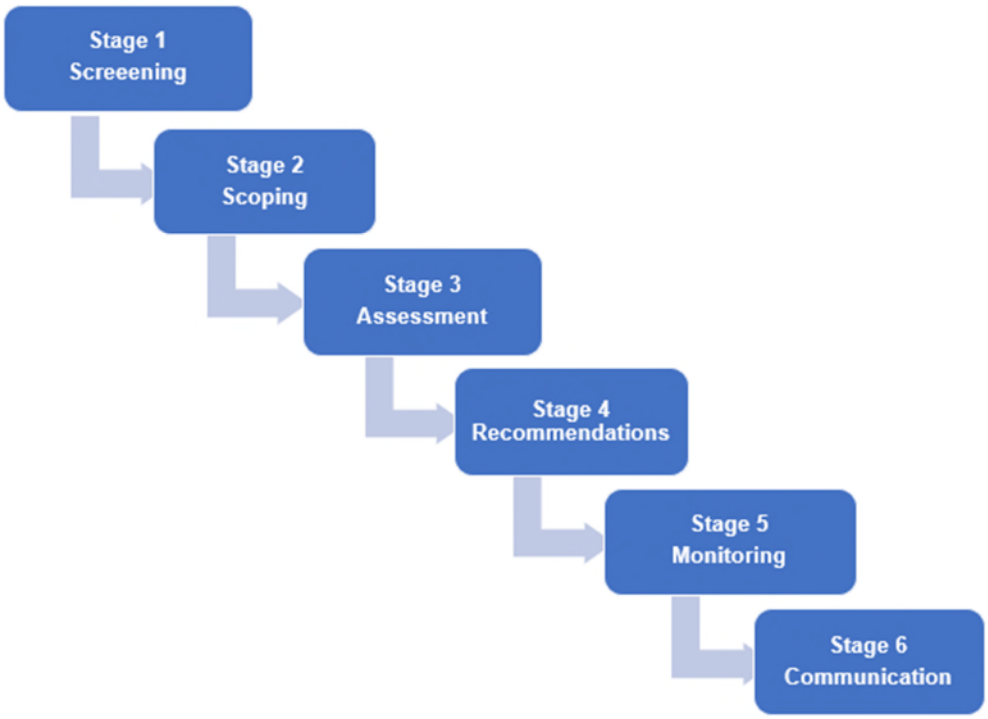
Aims and objective of HIAs

A HIA should:

- identify the potential positive and negative health and well-being impacts of the proposed development on planned new communities and neighbouring existing communities in vicinity of the development.
- highlight any differences in health impacts on population groups
- make recommendations to mitigate against any potential negative health impacts and maximise potential positive health impacts, highlighting where possible the most affected vulnerable groups.

6 Stages of a Core HIA

This tool is based on a 6-stage model as set out below. You are advised to follow each of the stages in turn.



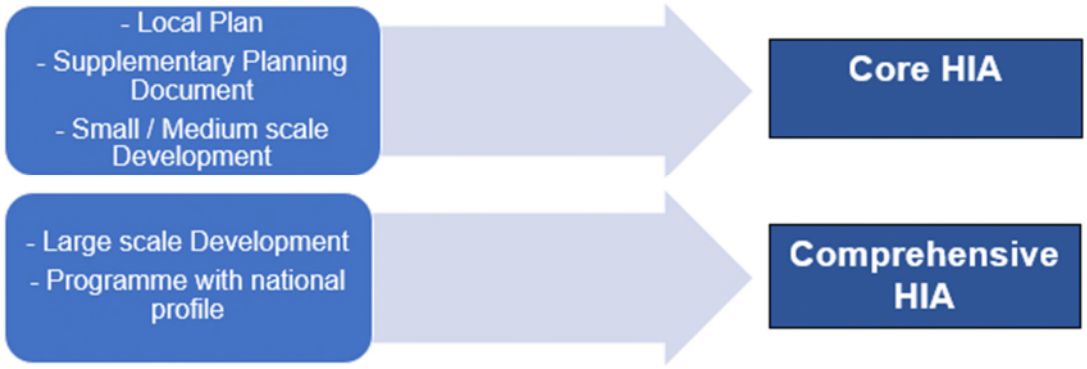
<u>Stage 1 – Screening</u>

- Do we need to do a HIA for the strategy/policy/project (proposal)?
- What sort of HIA is needed?

Not all proposals require a HIA. This will depend on the type, scale and location of the strategy, policy or programme. Issues such as timing and the likely impact on residents should be considered here. Most strategies, policies or programmes will require a Core HIA to be completed. In some cases, a Comprehensive (or full) HIA is required. The latter is typically co-led or supported by Staffordshire County Council's Public Health and Prevention Team.

Slightly different paths are followed depending on the strategy, policy or programme you are developing or reviewing. The extent of the HIA undertaken will depend on the type and size of the proposal. For example, most Planning projects are likely to require Core HIAs, with only nationally significant proposals or large-scale developments or projects expected to undertake a Comprehensive HIA

Using planning policies as an example, the diagram below gives an indicative guide of the type of HIA that may be suitable depending on the nature of the proposal. The likely scale of impact should be determined through discussion with stakeholders at this stage rather than as a data led exercise. The same approach should be considered for other strategies, policies or programmes.



Stage 2 – Scoping

- What are the objectives of the proposal?
- Who are the key stakeholders?
- What is the geography?
- What data do we need?

The following key questions need to be considered when determining the scope of the HIA:

What are the objectives?

These should be set out in plain language that reflects the reality of the situation. The following examples may be chosen:

- To establish whether and to what degree this strategy / policy / programme will impact on the health and health inequalities (of the defined population)
- To establish whether the impacts will be positive, negative or neutral and the scale of same
- To establish whether different population groups (e.g. based on ethnicity or levels of deprivation) will experience different health effects. Consider the risk of creating or increasing a health inequality.

Who are the key stakeholders and how to consult them?

- A stakeholder mapping exercise will help you to identify those stakeholders who need to be properly engaged in the HIA process. Equally, you need to identify those who only require updates for information.
- You may wish to undertake a small consultation exercise in certain circumstances (for example, hold a focus group with local population). This process can be used to demonstrate to those who challenge a proposal or policy that sufficient consultation was carried out in a robust manner.

What is the geography?

It is crucial that the geography affected by the strategy, policy or programme is well defined and recorded on the HIA Template. This may be the whole of Staffordshire, at a district / parish level or wards or part of wards but should be clearly identified. The HIA should also consider the impacts to any geography not initially affected by the proposal but likely to be affected in the future, for example a population migrating to another village to use facilities.

What data/evidence do we need to be aware of?

Are we aware of any evidence that leads us to believe that the proposed strategy, policy or programme will impact on health and health inequalities?

Consider the current and projected demographics of the population potentially affected, including profiles of deprivation, education and economic status.

Also consider current state of the population's health and wellbeing and future trends and the main issues affecting health in the population.

Seek information on evidence of health inequalities and the communities' perceptions of their health.

Stakeholders will be key to this element of the scoping and may have access to evidence, data and other sources of information that prove invaluable to the production of the HIA.

Stage 3 – Assessment

- How will the proposal affect health in different groups?
- What is the impact, if any, on health?

- Will it be positive/negative/neutral?

This stage includes analysing information and prioritising potential health impacts.

Consider how the overall proposal will impact health in different groups during the assessment stage and identify groups that may be more adversely affected and record clearly on the HIA Template.

What is the likely impact, if any, on health?

Using any evidence that we are aware of that may lead us to believe that the proposed strategy, policy or programme will impact on health and health inequalities, consider what would be the scale and likelihood of the impact?

Each of the following categories should be considered in turn;

- Housing
- Diet and Nutrition
- Physical Activity
- Transport, travel and connectivity
- Employment and Income
- Education and skills
- Environment and Air Quality
- Climate Change
- Community Safety
- Equality and Social Cohesion
- Access to Public Services

The HIA does not need to be limited to the themes provided above. It should focus on the wider determinants of health, but other categories could be added if appropriate to be determined by the Lead Officer.

Consider if the proposal will have an impact relating to each of the categories and if this impact will be positive, negative or neutral. Remember an explicit aim of the impact assessment is to reduce inequalities wherever possible.

+	-	0
Proposal has a positive impact	Proposal has a negative impact	Proposal has a neutral impact

Give a description of the impacts / issues that you have identified, including if the proposal will impact on a specific group or population. Briefly describe how the proposal affects the health and wellbeing of the existing and future residents/users of the site/local area.

You will need to consider health inequalities as well as absolute/overall impact. Also consider demographic, socio-economic and geographical contexts e.g. is the impact worse in the south compared to the north, worse for a particular ethnicity or worse in deprived communities?

Highlight recommendations detailing and giving practical suggestions, how positive impacts could be maximised, and negative impacts minimised. These may be from previous experience or research into best practice from elsewhere.

Stage 4 - Recommendations

Following completion of Stage 3 (above), you should discuss the recommendations and suggestions, to remove or mitigate adverse health impact and to enhance positive health impact, with the relevant stakeholders to explore those that should be taken forward from the HIA.

These should then be presented / reported to the relevant decision maker(s) for consideration and action as appropriate. Where there are any doubts regarding the interpretation of a HIA, additional support is available from the Staffordshire County Council Public Health and Prevention Team.

Requests for assistance can be made using the following email:
publichealth@staffordshire.gov.uk

Stage 5 - Monitoring

Evaluation following implementation of recommendations.

Following submission of the HIA recommendations and implementation of the proposals it requires, the extent to which the HIA has influenced the decision-making process should be evaluated. You can follow the framework below:

- *Inputs/Process*
  How are the activities that the HIA is looking to impact changing over time?

- *Impacts*
  Are health-related outcomes changing? For example, are cardiovascular disease rates changing following a green space initiative or a plan to reduce numbers of fast-food outlets?

- *Review and Act*
  Once you have completed the steps above, you can discuss with stakeholders, any possible further actions to take.

Stage 6 – Communication

Once the evaluation is complete it is imperative to widely communicate to a variety of stakeholders the impacts identified, the subsequent recommendations and the success in implementation, so that further learning can be replicated, and best practice is shared.

Comprehensive Health Impact Assessments (HIA)
Guidance for use

What is the HIAP approach?

Health in All Policies (HiAP) is a collaborative, evidence-based approach to improving the health of all people by incorporating health considerations into decision-making across a range of organisational sectors and their work programmes, strategies and policy areas.

HiAP is based on the recognition that our greatest health challenges (such as health inequalities / spiralling health care costs), are complex issues lacking straightforward solutions, which are not the responsibility of any single department or organisation. These issues are often linked to the social determinants of health, requiring a co-ordinated partnership response.

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Ultimately the purpose of a HIA is to inform decisions on how we can maximise the positive and minimise the negative health impacts. It informs decisions as to whether the impact on health of a particular proposal is acceptable or not. It assists the decision-makers by giving them better information, but it does make the decision for them. The approach uses a range of quantitative, qualitative, and participatory techniques.

This guidance will take you through the steps to complete a HIA and it is designed to be completed by you and your department, with support from colleagues and other stakeholders.

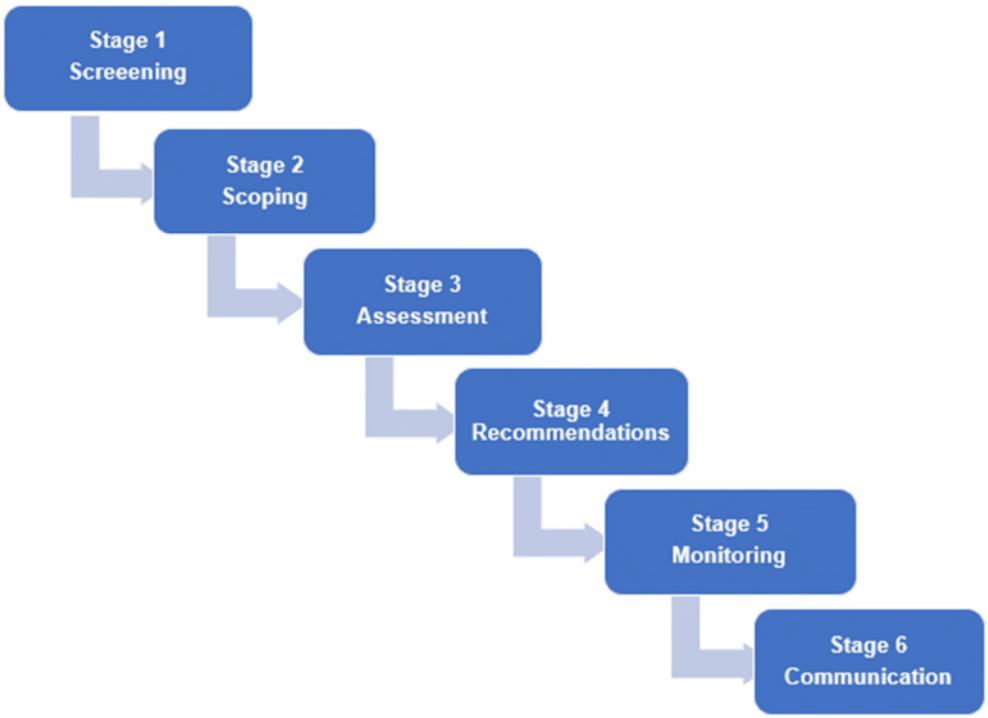
Aims and objective of HIAs

A HIA should:

- identify the potential positive and negative health and well-being impacts of the proposed project or development on all communities and neighbourhoods that are likely to be affected.
- highlight any differences in health impacts on population groups
  - make recommendations to mitigate against any potential negative health impacts and maximise potential positive health impacts, highlighting where possible the most affected vulnerable groups.

6 Stages of a Core HIA

This tool is based on a 6-stage model as set out below. You are advised to follow each of the stages in turn.



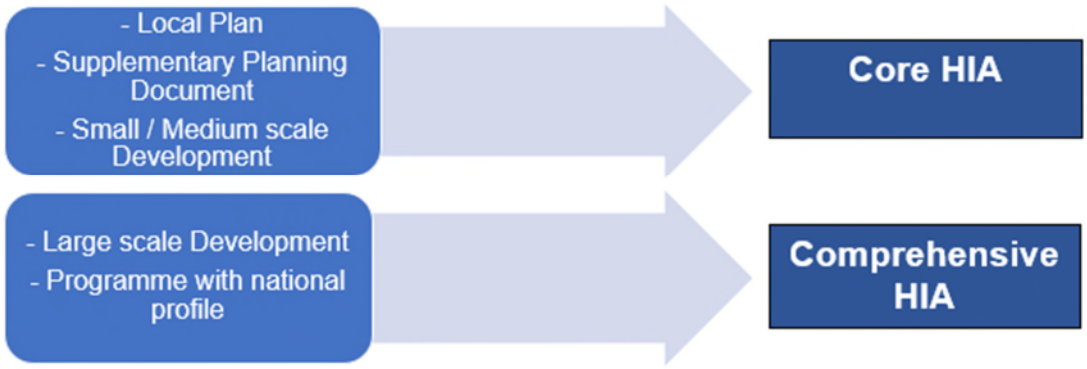
Stage 1 – Screening – What type of HIA do I need?

Not all proposals require a HIA. This will depend on the type, scale and location of the strategy, policy or programme. Issues such as timing and the likely impact on residents should be considered here. Most strategies, policies or programmes will require a Core HIA to be completed. In some cases, a Comprehensive (or full) HIA is required. The latter is typically co-led or supported by Staffordshire County Council's Public Health and Prevention Team.

Slightly different paths are followed depending on the strategy, policy or programme you are developing or reviewing. The extent of the HIA undertaken will depend on the

type and size of the proposal. For example, most Planning projects are likely to require Core HIAs, with only nationally significant proposals or large-scale developments or projects expected to undertake a Comprehensive HIA

Using planning policies as an example, the diagram below gives an indicative guide of the type of HIA that may be suitable depending on the nature of the proposal. The likely scale of impact should be determined through discussion with stakeholders at this stage rather than as a data led exercise. The same approach should be considered for other strategies, policies or programmes.



Stage 2 – Scoping

What are the objectives?

These should be set out in plain language that reflects the reality of the situation. The following examples may be chosen:

- To establish whether and to what degree this strategy / policy / programme will impact on the health and health inequalities (of the defined population)
- To establish whether the impacts will be positive, negative or neutral and the scale of same
- To establish whether different population groups (e.g. based on ethnicity or levels of deprivation) will experience different health effects. Consider the risk of creating or increasing a health inequality.

Who are the key stakeholders and how to consult them?

- A lead should be identified to oversee the HIA process and enable key stakeholders to take responsibility for sections where they have expertise.
- A stakeholder mapping exercise will help you to identify those stakeholders who need to be properly engaged in the HIA process and who may be asked to lead some of the sections. Equally, you need to identify those who only require updates for information.
- You may wish to undertake a small consultation exercise in certain circumstances (for example, hold a focus group with local population). This process can be used to demonstrate to those who challenge a proposal or policy that sufficient consultation was carried out in a robust manner.

What is the geography?

It is crucial that the geography affected by the strategy, policy or programme is well defined and recorded on the HIA Template on pages 3 and 4. This may be the whole of Staffordshire, at a district / parish level or wards or part of wards but should be clearly identified. The HIA should also consider the impacts to any geography not initially affected by the proposal but likely to be affected in the future, for example a population migrating to another village to use facilities.

What data/evidence do we need to be aware of?

Are we aware of any evidence that leads us to believe that the proposed strategy, policy or programme will impact on health and health inequalities?

Consider the current and projected demographics of the population potentially affected, including profiles of deprivation, education and economic status.

Also consider current state of the population's health and wellbeing and future trends and the main issues affecting health in the population.

Seek information on evidence of health inequalities and the communities' perceptions of their health.

Stakeholders will be key to this element of the scoping and may have access to evidence, data and other sources of information that prove invaluable to the production of the HIA.

Stage 3 – Assessment

The lead partner will then work with partners to seek co-operation in the assessment exercise and will assign completion of the various ‘Impact Assessment Areas’ (listed below) in the agreed timescales to the participating partners.

- Housing and Location – *Pg 6-8*
- Physical Activity – *Pg 9 & 10*
- Diet and Nutrition – *Pg 11 & 12*
- Air Quality and Noise – *Pg 12 & 13*
- Transport – *Pg 14 & 15*
- Crime Reduction and Community Safety – *Pg 16 & 17*
- Alcohol, Tobacco and Drugs – *Pg 18*
- Economy, Enterprise and Employment – *Pg 19 - 21*
- Climate Change and Energy Usage – *Pg 22 & 23*
- Water, Resource minimisation and land use – *Pg 23 - 26*
- Equality, Social Cohesion and Community – *Pg 27 - 29*
- Access to Public Services – *Pg 29 & 30*

Each ‘Impact Assessment Area’ will be assessed on the overall effect to health and wellbeing including the following considerations;

a) Impact – considering if the proposal will have an impact of the category listed and if this will be positive, negative or neutral. It will assess the impact separately for the different populations affected if applicable with an explicit aim of the impact assessment being to reduce inequalities wherever possible.

+	-	0
Proposal has a positive impact	Proposal has a negative impact	Proposal has a neutral impact

b) Certainty – from a subjective perspective, how certain the professional completing the assessment considers the impact. As far as possible, decisions should be supported using available evidence. If the professional is uncertain if an impact will occur, it should be marked **?** and **!** if you are certain / have evidence an impact will occur.

?	!
Assumed impact. You have a gut feeling but may need to do some research.	Known impact. You know that your assessment is correct and is based on evidence.

c) Description of Impact - how the proposal will impact on the specific group or population.

d) Recommendation - detail how positive impacts could be maximised and negative impacts minimised.

Once the individual Impact Assessment Areas have been completed, they should be returned to the lead partner. They will then be collated into the overarching HIA document and reviewed with assistance from the Staffordshire County Council Public Health and Prevention Team if required.

Requests for assistance can be made using the following email:
publichealth@staffordshire.gov.uk

Feedback and recommendations will be recorded and collated and shared with the Working Group (assigned to have oversight of the HIA process) to inform the development of the project, policy, programme proposal.

Stage 4 - Recommendations

Following completion of Stage 3 (above), you should discuss the recommendations and suggestions with the relevant stakeholders to explore those that should be taken forward from the HIA.

These should then be presented / reported to the relevant decision maker(s) for consideration and action as appropriate. Where there are any doubts regarding the interpretation of a HIA, additional support is available from the Staffordshire County Council Public Health and Prevention Team.

Requests for assistance can be made using the following email:
publichealth@staffordshire.gov.uk

Stage 5 - Monitoring

Evaluation following implementation of recommendations.

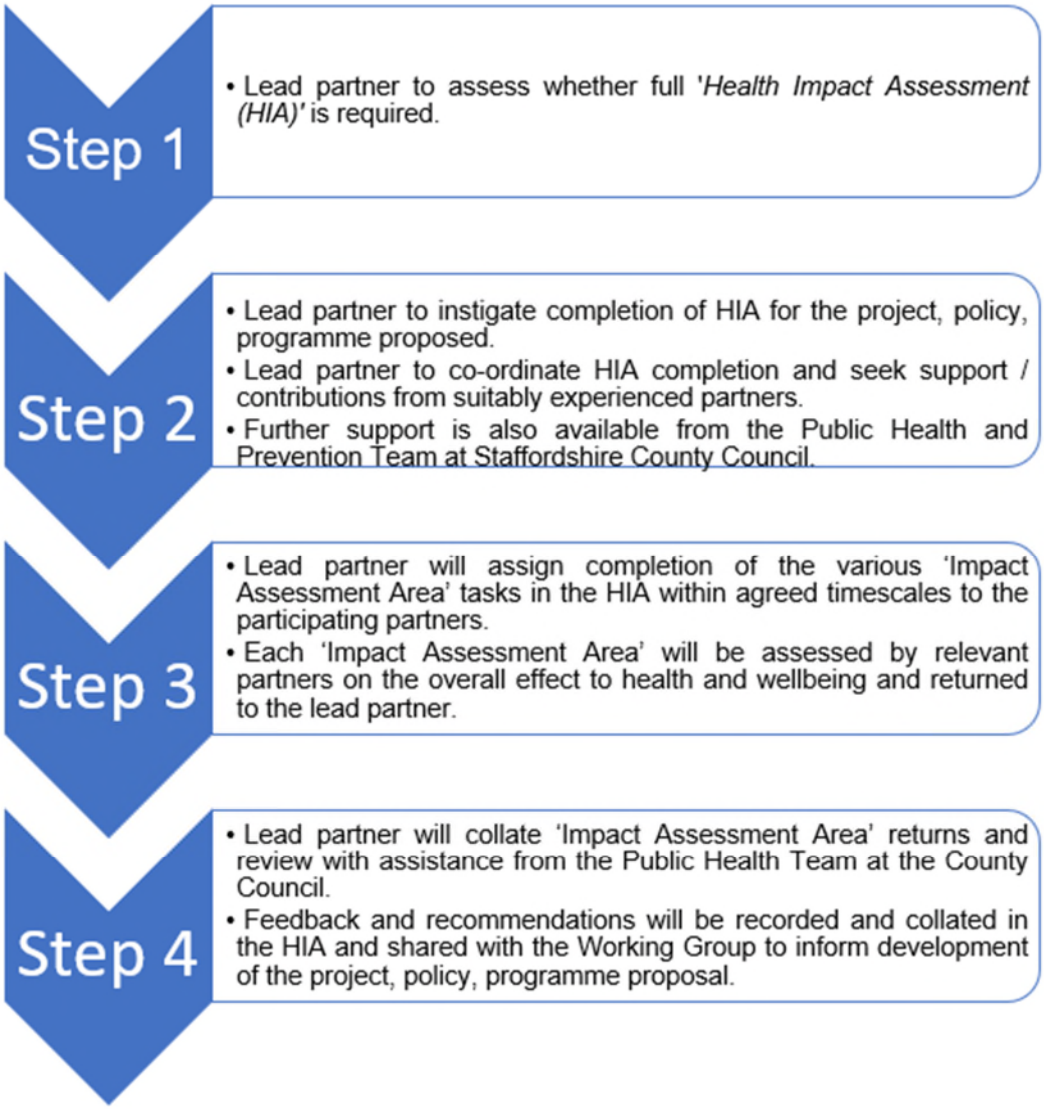
Following submission of the HIA recommendations and implementation of the proposals it requires, the extent to which the HIA has influenced the decision-making process should be evaluated. You can follow the framework below:

- *Inputs/Process*
  How are the activities that the HIA is looking to impact changing over time?
- *Impacts*
  Are health-related outcomes changing? For example, are cardiovascular disease rates changing following a green space initiative or a plan to reduce numbers of fast-food outlets?
- *Review and Act*
  Once you have completed the steps above, you can discuss with stakeholders, any possible further actions to take.

Stage 6 – Communication

Once the evaluation is complete it is imperative to widely communicate to a variety of stakeholders the impacts identified, the subsequent recommendations and the success in implementation, so that further learning can be replicated, and best practice is shared.

Comprehensive HIA Process Flowchart


Step 1
• Lead partner to assess whether full '*Health Impact Assessment (HIA)*' is required.
Step 2
• Lead partner to instigate completion of HIA for the project, policy, programme proposed.
• Lead partner to co-ordinate HIA completion and seek support / contributions from suitably experienced partners.
• Further support is also available from the Public Health and Prevention Team at Staffordshire County Council.
Step 3
• Lead partner will assign completion of the various 'Impact Assessment Area' tasks in the HIA within agreed timescales to the participating partners.
• Each 'Impact Assessment Area' will be assessed by relevant partners on the overall effect to health and wellbeing and returned to the lead partner.
Step 4
• Lead partner will collate 'Impact Assessment Area' returns and review with assistance from the Public Health Team at the County Council.
• Feedback and recommendations will be recorded and collated in the HIA and shared with the Working Group to inform development of the project, policy, programme proposal.

HIA of Policies and Strategic Objectives.

1.23. All strategic objectives, strategic policies and other policies contained within the Local Plan have been subjected to the Core HIA. The results are summarised below

Table 6: Core HIA of Strategic Objectives

Category	+	-	0	Recommendation(s) to maximise benefits and minimise / mitigate risks
Housing	**SO-I** **SO-II** **SO-III** **SO-IV**		**SO-V** **SOVI** **SO-VII** **SO-VIII** **SO-IX** **SO-X** **SO-XI** **SO-XII**	
Diet and Nutrition	**SO-III**		**SO-I** **SO-II** **SO-IV** **SO-V** **SOVI** **SO-VII** **SO-VIII** **SO-IX** **SO-X** **SO-XI** **SO-XII**	
Physical Activity	**SO-III** **SO-IV** **SO-VII** **SO-IX**		**SO-I** **SO-II** **SO-V** **SOVI** **SO-VIII** **SO-X** **SO-XI** **SO-XII**	
Transport, Travel, and connectivity	**SO-I** **SO-III** **SO-VII** **SO-IX**		**SO-II** **SO-IV** **SO-V** **SOVI** **SO-VIII** **SO-X** **SO-XI** **SO-XII**	
Employment and Income	**SO-II** **SO-III** **SO-X**		**SO-I** **SO-IV** **SO-V**	

			SOVI **SO-VII** **SO-VIII** **SO-IX** **SO-XI** **SO-XII**	
Education and Skills	**SO-II** **SO-III** **SO-IV** **SO-IX** **SO-X**		**SO-I** **SO-V** **SOVI** **SO-VII** **SO-VIII** **SO-XI** **SO-XII**	
Environment and Air Quality	**SO-I** **SO-IV** **SO-VII** **SO-IX** **SO-XI** **SO-XII**		**SO-II** **SO-III** **SO-V** **SOVI** **SO-VIII** **SO-X**	
Climate Change	**SO-I** **SO-III** **SO-IV** **SO-VII** **SO-IX**		**SO-II** **SO-V** **SOVI** **SO-VIII** **SO-X** **SO-XI** **SO-XII**	
Community Safety	**SO-III** **SO-V**		**SO-I** **SO-II** **SO-IV** **SOVI** **SO-VII** **SO-VIII** **SO-IX** **SO-X** **SO-XI** **SO-XII**	
Equality and Social Cohesion	**SO-II** **SO-III** **SO-V** **SOVI** **SO-VII** **SO-IX** **SO-XI**		**SO-I** **SO-IV** **SO-VIII** **SO-X** **SO-XII**	
Access to public services	**SO-I** **SO-III** **SO-VII** **SO-IX**		**SO-II** **SO-IV** **SO-V** **SOVI**	

			SO-VIII **SO-X** **SO-XI** **SO-XII**	

Table 8: Core HIA of Local Plan Policies

Category	**+**	**-**	**0**	**Recommendation(s) to maximise benefits and minimise / mitigate risks**
Housing	**PSD1** **PSD2** **PSD7** **CRE1** **CRE2** **HOU1** **HOU2** **HOU3** **HOU5** **HOU6** **HOU7** **HOU8** **HOU9** **HOU10** **HOU11** **RET4** **RET5** **IN7** **RUR2** **RUR3** **RUR4**		**PSD3** **PSD4** **PSD5** **PSD6** **HOU4** **EMP1** **EMP2** **EMP3** **RET1** **RET2** **RET3** **IN1** **IN2** **IN3** **IN4** **IN5** **IN6** **SE1** **SE2** **SE3** **SE4** **SE5** **SE6** **SE7** **SE8** **SE9** **SE10** **SE11** **SE12** **SE13** **SE14** **RUR1**	
Diet and Nutrition	**PSD6** **RET3** **SE5**		**PSD1** **PSD2** **PSD3** **PSD4** **PSD5** **PSD7** **CRE1** **CRE2**	**RET3** – This policy aims to reduce the clustering of hot food takeaways in urban centres, as well as reduce the consumption of foods high in fats and sugar in school children. This will be monitored on an ongoing basis and be delivered in conjunction with

			HOU2 **HOU3** **HOU4** **HOU5** **HOU6** **HOU7** **HOU8** **HOU9** **HOU10** **HOU11** **EMP1** **EMP2** **EMP3** **RET1** **RET2** **RET4** **RET5** **IN1** **IN2** **IN3** **IN4** **IN5** **IN6** **IN7** **SE1** **SE2** **SE3** **SE4** **SE6** **SE7** **SE8** **SE9** **SE10** **SE11** **SE12** **SE13** **SE14** **RUR1** **RUR2** **RUR3** **RUR4**	other healthy eating initiatives across Staffordshire to maximise benefits of this policy.
Physical Activity	**PSD6** **PSD7** **IN2** **IN4** **SE6** **SE14** **RUR1**		**PSD1** **PSD2** **PSD3** **PSD4** **PSD5** **CRE1** **CRE2** **HOU1** **HOU2**	**SE6** – It is noted that new development set out in the Local Plan, places additional demands on existing open space and sports facilities. This policy seeks to provide, enhance or maintain open space and sports facilities to create strong communities and promote health and wellbeing across the

			HOU3 **HOU4** **HOU5** **HOU6** **HOU7** **HOU8** **HOU9** **HOU10** **HOU11** **EMP1** **EMP2** **EMP3** **RET1** **RET2** **RET3** **RET4** **RET5** **IN1** **IN3** **IN5** **IN6** **IN7** **SE1** **SE2** **SE3** **SE4** **SE5** **SE7** **SE8** **SE9** **SE10** **SE11** **SE12** **SE13** **RUR2** **RUR3** **RUR4**	borough. The council updated its Retail and Leisure Study (2024) and Playing Pitch Strategy (2024) to provide the most up to date evidence to inform and maximise the benefits of this policy. **PSD6** – The Council is committed to supporting development that fosters safe, healthy and active lifestyles to promote physical and mental wellbeing across the borough. This policy sets out the application of Health Impact Assessments with recommendation for early dialogue with the local planning authority at pre-application stage to ensure sufficient time to discuss mitigation measures or maximised benefits in the development of a planning application.
Transport, Travel, and connectivity	**PSD1** **PSD2** **PSD6** **PSD7** **HOU5** **HOU7** **EMP1** **RET1** **RET4** **RET5** **IN1** **IN2** **IN3**		**PSD3** **PSD4** **PSD5** **CRE1** **CRE2** **HOU1** **HOU2** **HOU3** **HOU4** **HOU6** **HOU8** **HOU9** **HOU10** **HOU11**	

	IN4 **SE1** **SE14** **RUR1**		**EMP2** **EMP3** **RET2** **RET3** **IN5** **IN6** **IN7** **SE2** **SE3** **SE4** **SE5** **SE6** **SE7** **SE8** **SE9** **SE11** **SE12** **SE13** **RUR2** **RUR3** **RUR4**	
Employment and Income	**PSD1** **PSD2** **EMP1** **EMP2** **EMP3** **RET1** **RET2** **RET4** **RET5** **IN1** **RUR1** **RUR2** **RUR4**		**PSD3** **PSD4** **PSD5** **PSD6** **PSD7** **CRE1** **CRE2** **HOU1** **HOU2** **HOU3** **HOU4** **HOU5** **HOU6** **HOU7** **HOU8** **HOU9** **HOU10** **HOU11** **RET3** **IN2** **IN3** **IN5** **IN6** **IN7** **SE1** **SE2** **SE3** **SE4** **SE5** **SE6**	

			SE7 **SE8** **SE9** **SE10** **SE11** **SE12** **SE13** **SE14** **RUR3**	
Education and Skills	**PSD1** **EMP1** **EMP2** **IN1** **IN5** **SE6** **RUR1**		**PSD2** **PSD3** **PSD4** **PSD5** **PSD6** **PSD7** **CRE1** **CRE2** **HOU1** **HOU2** **HOU3** **HOU4** **HOU5** **HOU6** **HOU7** **HOU8** **HOU9** **HOU10** **HOU11** **EMP3** **RET1** **RET2** **RET3** **RET4** **RET5** **IN2** **IN3** **IN4** **IN6** **IN7** **SE1** **SE2** **SE3** **SE4** **SE5** **SE7** **SE8** **SE9** **SE10** **SE11** **SE12** **SE13**	

			SE14 RUR2 RUR3 RUR4	
Environment and Air Quality	PSD2 CRE1 CRE2 IN1 IN2 IN4 IN7 SE1 SE2 SE3 SE4 SE5 SE7 SE8 SE10 SE11 SE13 SE14		PSD1 PSD3 PSD4 PSD5 PSD6 PSD7 HOU1 HOU2 HOU3 HOU4 HOU5 HOU6 HOU7 HOU8 HOU9 HOU10 HOU11 EMP1 EMP2 EMP3 RET1 RET2 RET3 RET4 RET5 IN3 IN5 IN6 SE6 SE9 SE12 RUR1 RUR2 RUR3 RUR4	
Climate Change	CRE1 CRE2 IN2 SE1 SE5 SE7 SE8 SE13 SE14		PSD1 PSD2 PSD3 PSD4 PSD5 PSD6 PSD7 HOU1 HOU2 HOU3 HOU4 HOU5	

			HOU6 HOU7 HOU8 HOU9 HOU10 HOU11 EMP1 EMP2 EMP3 RET1 RET2 RET3 RET4 RET5 IN1 IN3 IN4 IN5 IN6 IN7 SE2 SE3 SE4 SE6 SE9 SE10 SE11 SE12 RUR1 RUR2 RUR3 RUR4	
Community Safety	PSD6 PSD7 HOU3 HOU5 HOU10 RET2 RET4 RET5 IN1 IN2 IN3 IN4 SE1 SE2 SE3 SE4 SE5 SE6 SE12		PSD1 PSD2 PSD3 PSD4 PSD5 CRE1 CRE2 HOU1 HOU2 HOU4 HOU6 HOU7 HOU8 HOU9 HOU11 EMP1 EMP2 EMP3 RET1	

			RET3 IN5 IN6 IN7 SE7 SE8 SE9 SE10 SE11 SE13 SE14 RUR1 RUR2 RUR3 RUR4	
Equality and Social Cohesion	PSD1 PSD2 PSD6 PSD7 HOU1 HOU2 HOU3 HOU5 HOU7 HOU8 HOU10 RET4 RET5 IN1 IN2 IN4 IN5 IN6 IN7 SE5 SE6 SE12 SE14		PSD3 PSD4 PSD5 CRE1 CRE2 HOU4 HOU6 HOU9 HOU11 EMP1 EMP2 EMP3 RET1 RET2 RET3 IN3 SE1 SE2 SE3 SE4 SE7 SE8 SE9 SE10 SE11 SE13 RUR1 RUR2 RUR3 RUR4	
Access to public services	PSD1 PSD2 HOU2 HOU5 HOU7 RET1		PSD3 PSD4 PSD5 PSD6 PSD7 CRE1	

	RET4 **RET5** **IN1** **IN2** **IN3** **IN4** **RUR1**		**CRE2** **HOU1** **HOU3** **HOU4** **HOU6** **HOU8** **HOU9** **HOU10** **HOU11** **EMP1** **EMP2** **EMP3** **RET2** **RET3** **IN5** **IN6** **IN7** **SE1** **SE2** **SE3** **SE4** **SE5** **SE6** **SE7** **SE8** **SE9** **SE10** **SE11** **SE12** **SE13** **SE14** **RUR2** **RUR3** **RUR4**	

References

NHS England – Evolving to meet a changing world https://www.england.nhs.uk/future-of-human-resources-and-organisational-development/the-future-of-nhs-human-resources-and-organisational-development-report/evolving-to-meet-a-changing-world/

Office for Health Improvement & Disparities - Obesity Profile – Child Prevalence Data (Newcastle-under-Lyme) https://fingertips.phe.org.uk/profile/national-child-measurement-programme/data

Office for Health Improvement & Disparities- Local health, public health data for small geographic areas – Our Community (Newcastle-under-Lyme) https://fingertips.phe.org.uk/local-health

Office for Health Improvement & Disparities- Local health, public health data for small geographic areas – Disease & Poor Health (Newcastle-under-Lyme) https://fingertips.phe.org.uk/local-health

Exploring Local Income Deprivation (ONS) - https://www.ons.gov.uk/visualisations/dvc1371/#/E07000195

Appendix 1 – Better Health NUL Overview

Staffordshire County Council

Better Health Evidence Base

Newcastle-under-Lyme

Strategy Team

November 2022

Background

- Obesity and Healthy weights identified as a key priority for Staffordshire in the 2020 Joint Strategic Needs Assessment (JSNA)
- Better Health Staffordshire is the branding for a whole systems approach to support healthy weights and tackle the causes of obesity.
- This shared evidence base sets out Staffordshire's current position, drivers of obesity and areas of focus to inform vision work and future planning.
- To be used alongside professional knowledge and other local intelligence.
- Insights will also contribute to a wider evidence base to inform future decision-making on wider determinants that impact on healthy weights and active lifestyles.

Analysis Approach

- Utilised a range of national and local data sources – National Child Measurement Programme (NCMP), Public Health England Profiles, NHS data (NHS digital), Active Lives Survey and more.
- Underpinned by statistical techniques (age standardisation, 95% confidence intervals). If a prevalence is described as higher it will be statistically significantly higher.
- Supported with resident voice intelligence where appropriate.
- Delivered in collaboration with SCC's Public Health and Children and Families teams.
- Data caveats:
  - Local NCMP data aggregated into 3 year averages due to Covid-19 impacting on lower numbers of children being measured in 2019/20.
  - Healthy Weight data either limited or not available for both adults or children.
  - Population data uses the BMI classifications for adults and BMI thresholds for children, as recommended by the National Institute for Health and Care Excellence (NICE).
  - BMI classifications should not be used to describe individuals. Positive and sensitive language is encouraged when communicating with individuals and residents.

Key Headlines

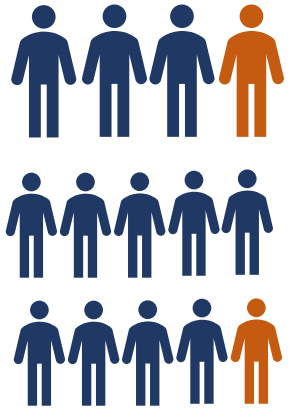
- The proportion of reception age children living with excess weight in Newcastle is higher than the national average and the highest of similar authorities.
- Levels of year 6 excess weight remain similar to national levels but this could increase over future years as recent reception age cohorts reach year 6.
- Healthy weights challenge for children mainly focussed in Holditch & Chesterton and Kidsgrove & Ravenscliffe, in keeping with links between excess weight and deprivation. However, challenges and opportunities exist across the district and can shift over time.
- 7 out of every 10 adults live with excess weight in Newcastle, higher than the national average.
- Wider impact on residents health and on the system – Obesity related long term conditions and hospital admissions higher than national.
- Fruit and vegetable consumption in Newcastle is similar to national but there is a high density of fast food outlets in Town Centres and in areas of deprivation.
- Levels of child activity are the highest in Staffordshire – child and adult levels are similar to national.
- COVID-19 likely to have negatively impacted lifestyle behaviours - Staffordshire's residents reported a mixed impact on healthy lifestyles during the first lockdown.

At Reception age …

Staffordshire County Council

In Newcastle-under-Lyme…

Levels of excess weight and obesity in reception age have steadily increased, both are higher than national.



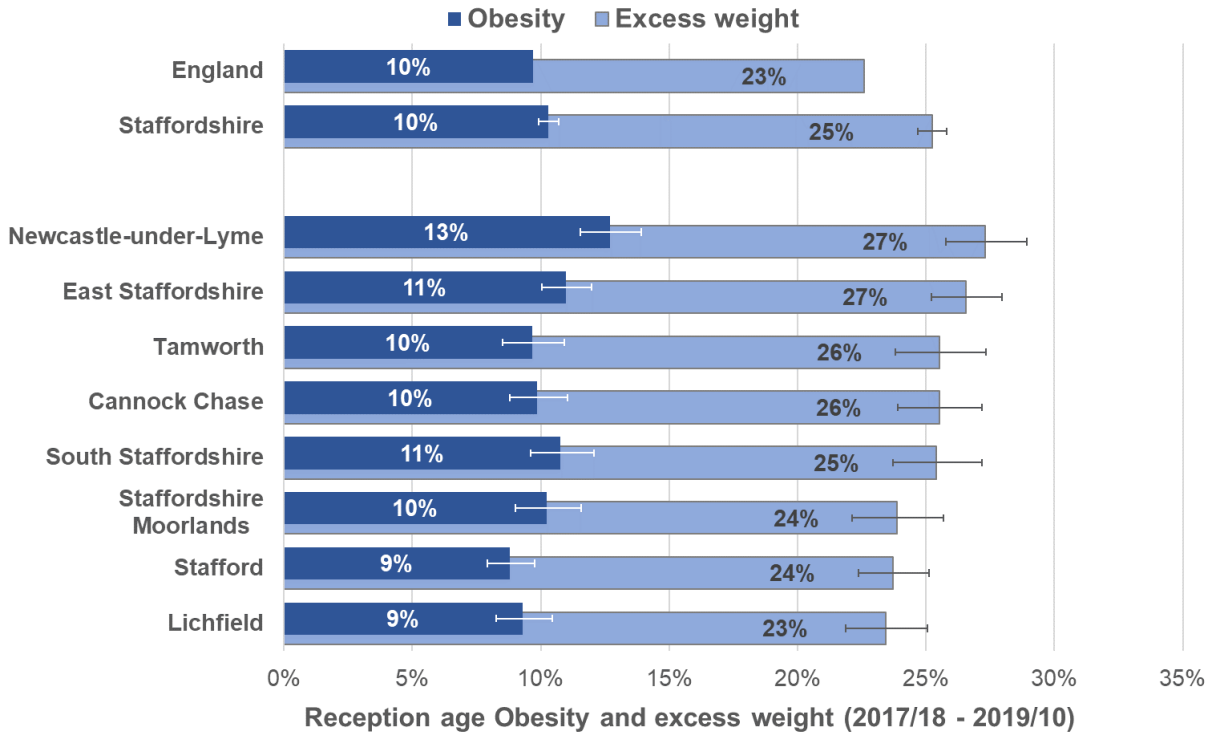
1 in 4 have excess weight (higher than national)

1 in 10 live with obesity (higher than national)

Levels of excess weight and obesity have steadily increased since 2012-14.

Excess weight statistically higher than national in **eight** wards
Obesity statistically higher than national in **eight** wards
> See slide 7 for details

District comparison



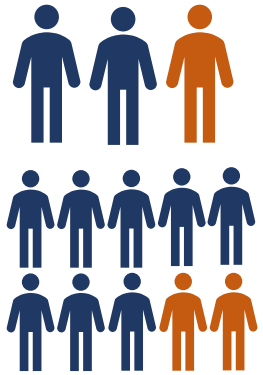
- East Staffordshire & Newcastle with a higher than national prevalence for **obesity** and **excess weight.**
- Cannock Chase, South Staffordshire & Tamworth have a higher than national prevalence for **excess weight.**

By year six…

Staffordshire County Council

In Newcastle-under-Lyme…

Whilst obesity and excess weight has increased from reception age, levels are similar to national.



1 in 3 have excess weight (similar to national)

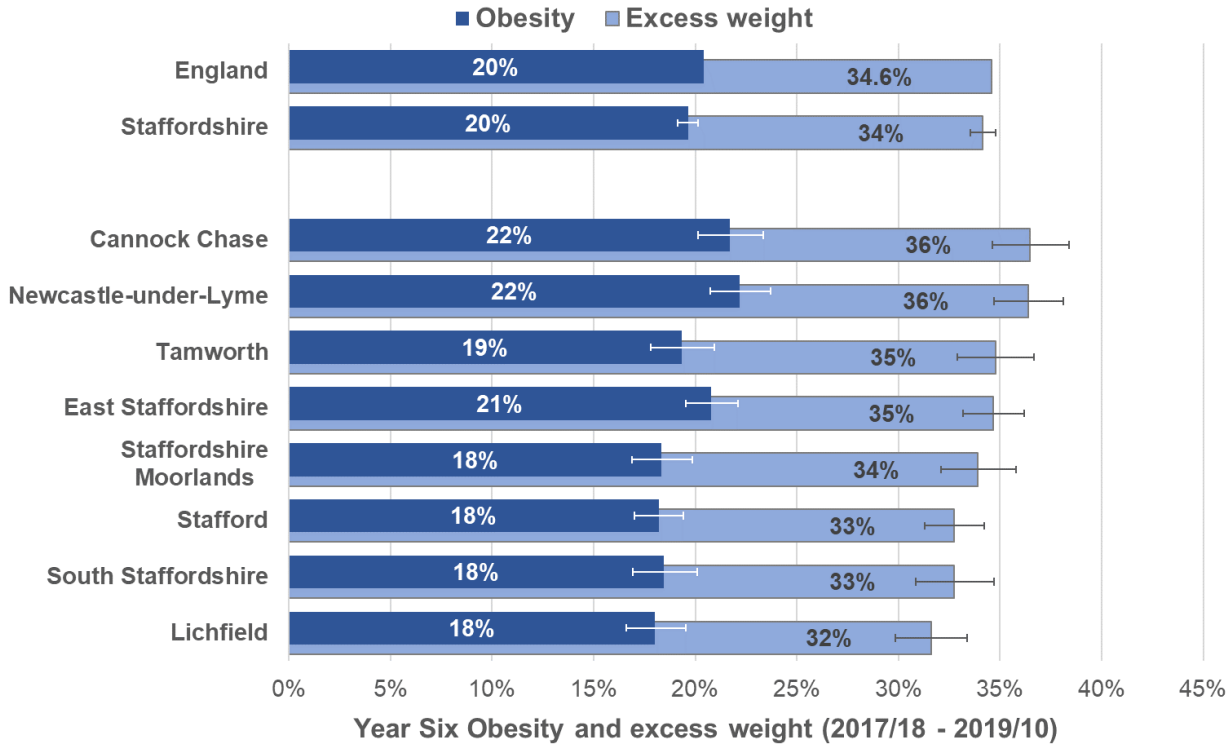
2 in 10 live with obesity (similar to national)

Levels of both excess weight and obesity have remained similar since 2012-14.

Excess weight statistically higher than national in: Holditch & Chesterton (45%) and Kidsgrove & Ravenscliffe (50%)

Obesity statistically higher than national in: Holditch & Chesterton (32%) and Kidsgrove & Ravenscliffe (31%)

District comparison



- Similar to reception, Newcastle has higher than national prevalence for both **obesity** and **excess weight**.
- **Excess weight** is lower than national in Lichfield and Stafford.

* Cannock Chase similar to national due to smaller numbers of pupils leading to larger confidence intervals

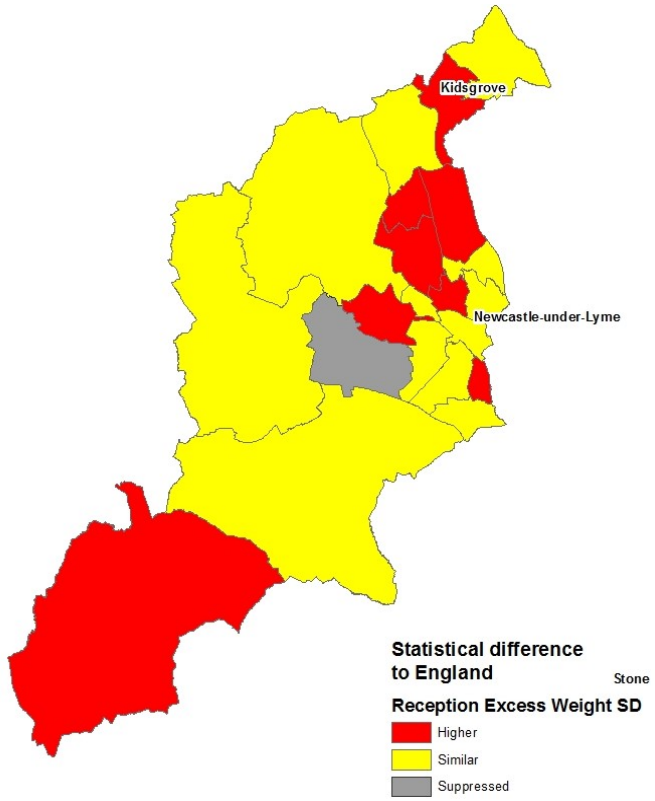
Areas of focus

Staffordshire County Council

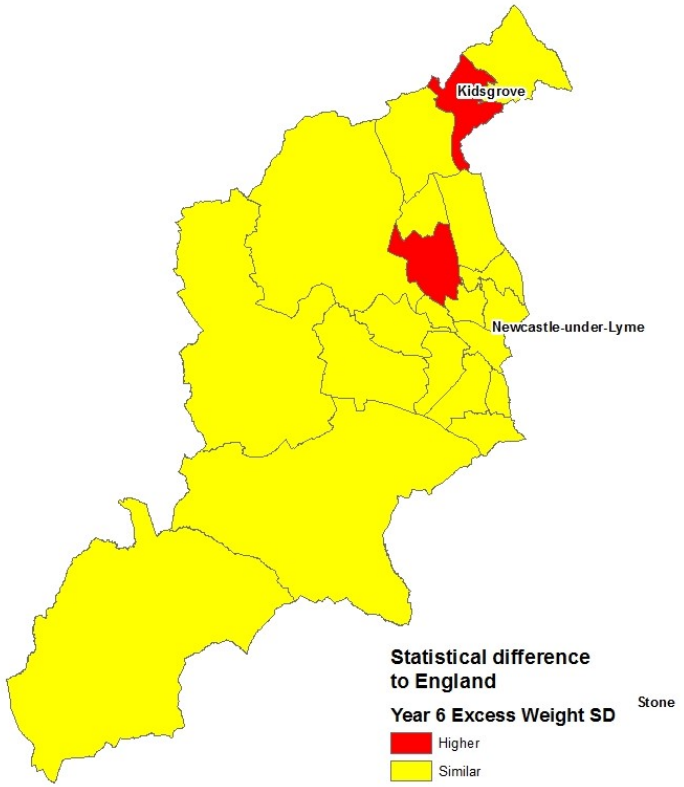
Excess weight statistically higher than national in:

Bradwell (33%), Clayton (34%), Crackley & Red Street (32%), Cross Heath (30%), Holditch & Chesterton (35%), Kidsgrove & Ravenscliffe (29%), Loggerheads (33%) and Silverdale (34%).

Reception excess weight



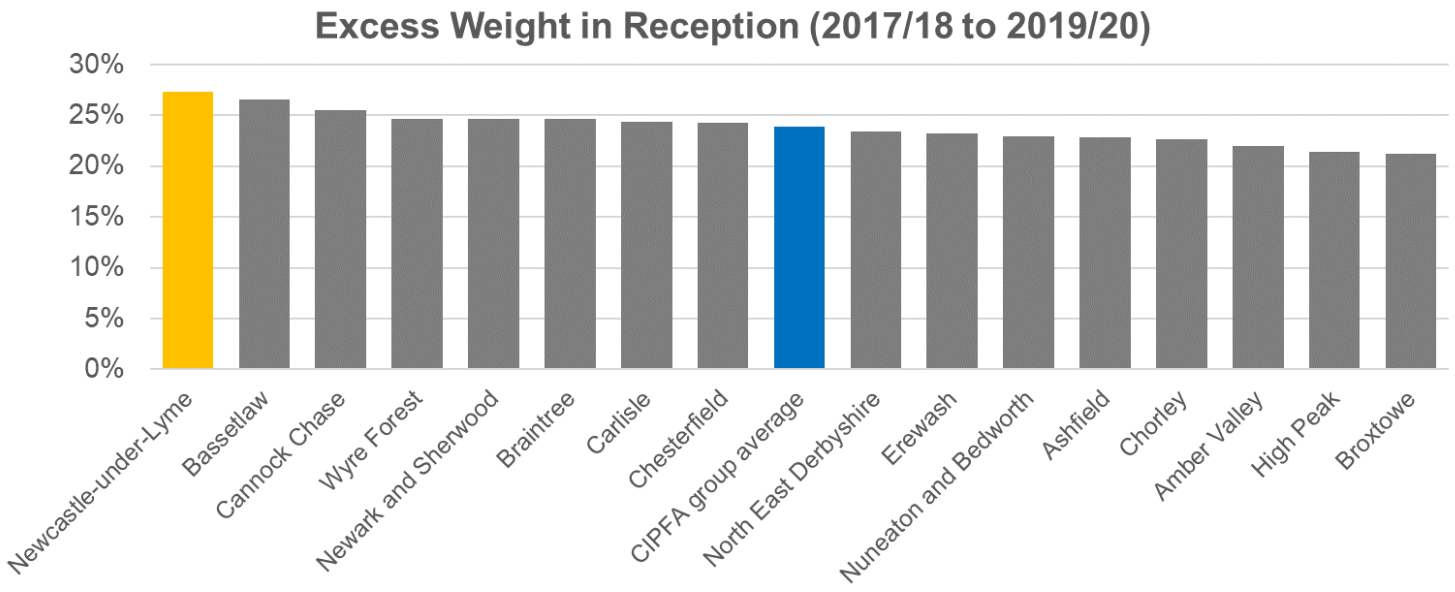
Year 6 excess weight



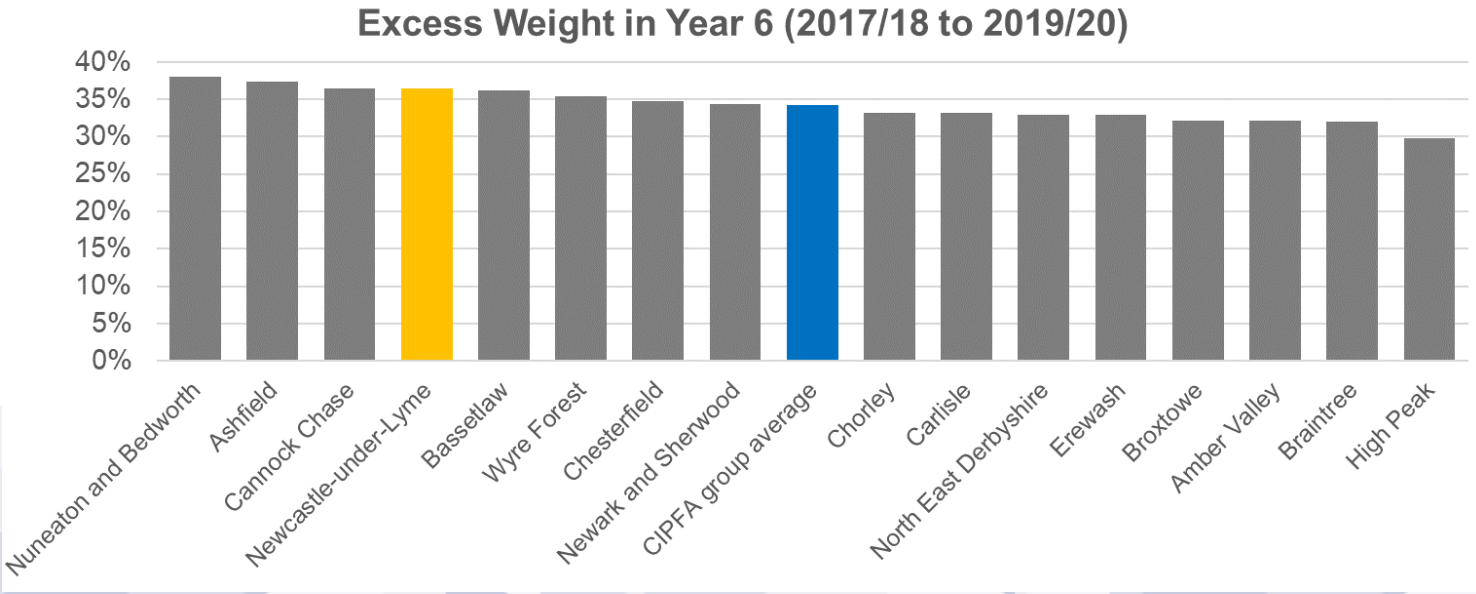
Obesity statistically higher than national in:
Audley (15%), Bradwell (15%), Clayton (17%), Crackley & Red Street (19%), Holditch & Chesterton (20%), Kidsgrove & Ravenscliffe (14%), Newchapel & Mow Cop (17%) and Silverdale (15%)

Excess weight and obesity both statistically higher than national in:
Holditch & Chesterton (32% and 45%) and Kidsgrove & Ravenscliffe (31% and 50%).

How does Newcastle compare?

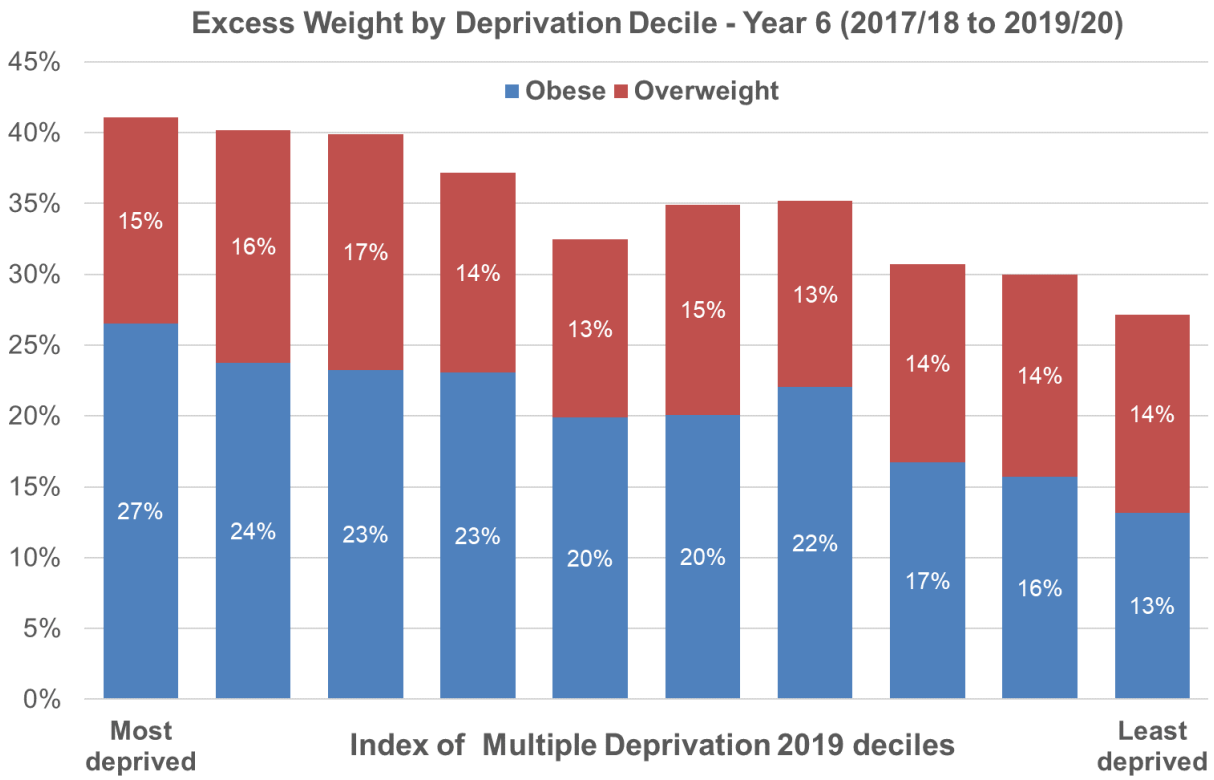


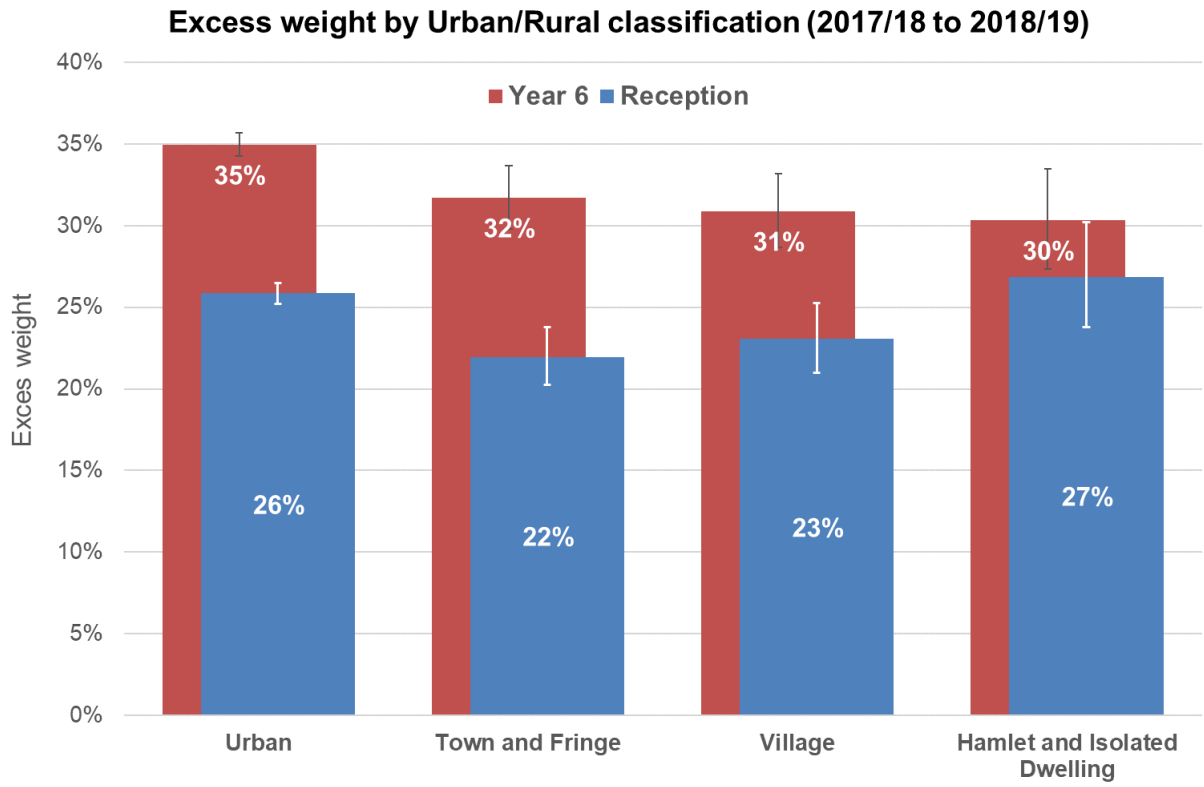
- Newcastle has the highest prevalence of reception age excess weight of its statistical neighbour group and the 13th highest of 321 authorities nationally
- To be in line with CIPFA average, there would need to be 110 less children a year with excess weight.



- Year 6 excess weight is higher than the statistical neighbour average and fourth highest of its statistical neighbour group.
- To be in line with CIPFA average, there would need to be 70 less children a year with excess weight.

Higher obesity in urban and deprived areas



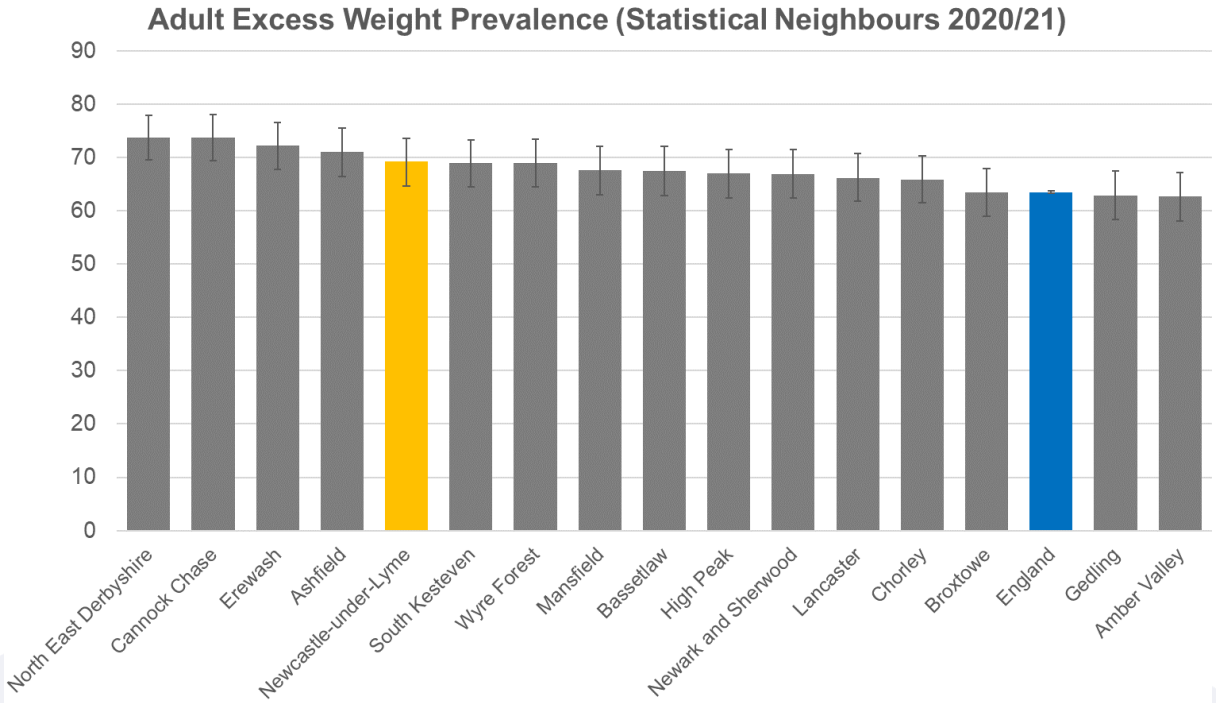


- For both reception and year 6, the rate of obesity in Staffordshire's least deprived areas is half that of our most deprived areas.
- By Year 6 excess weight is less prevalent in Staffordshire's rural areas than urban areas.

Increasing excess weight into adulthood

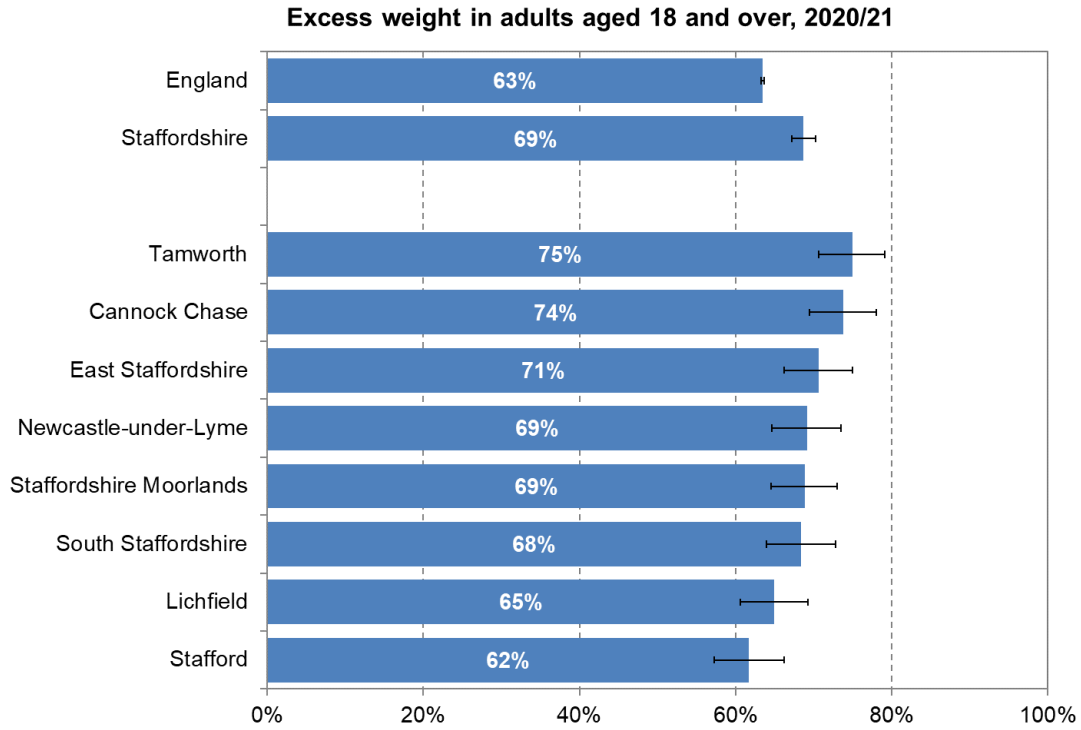
In Newcastle-under-Lyme…

7 in 10 adults live with excess weight, similar to Staffordshire but higher than the national average



- Newcastle ranks 5th highest of similar local authorities.

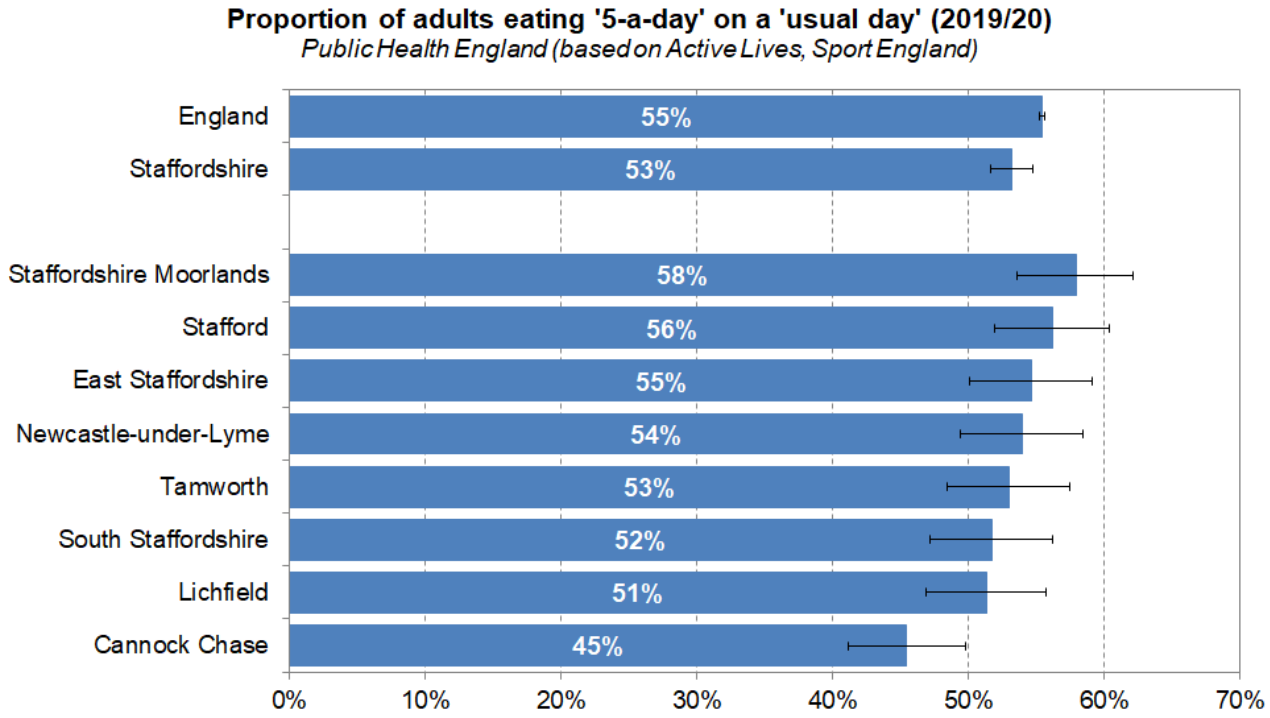
Districts comparison



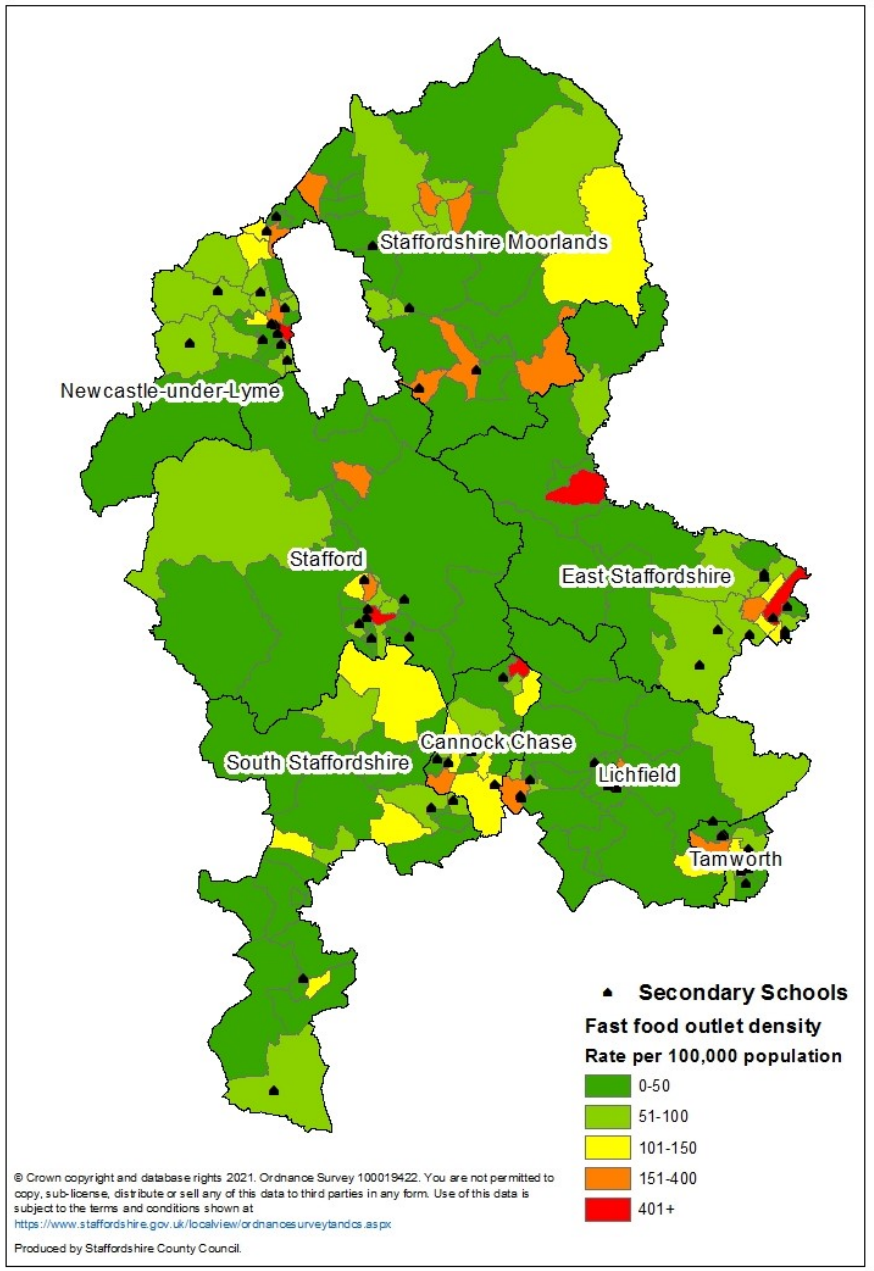
- District focus is similar for adults, with excess weight higher than national in Tamworth, Cannock Chase, East Staffordshire, Newcastle, Staffordshire Moorlands and South Staffordshire.

Healthy eating

- 54% of adults in Newcastle eat five a day, similar to the Staffordshire and national average.
- Across Staffordshire, the density of fast food outlets is similar to national, but generally higher in areas of deprivation and town centres - not necessarily near to schools.
- The density of fast food restaurants is similar to national in Newcastle and higher in Cross Heath, Ravenscliffe and Town wards.



Fast food outlet density (2017)



Physical Activity in Newcastle-under-Lyme

Staffordshire County Council

Regular physical activity is linked to reduced risk of obesity, reduced risk of illness and improved wellbeing.

1 in 2 Newcastle **children** are physically active for one hour a day, the highest in Staffordshire and similar to England.

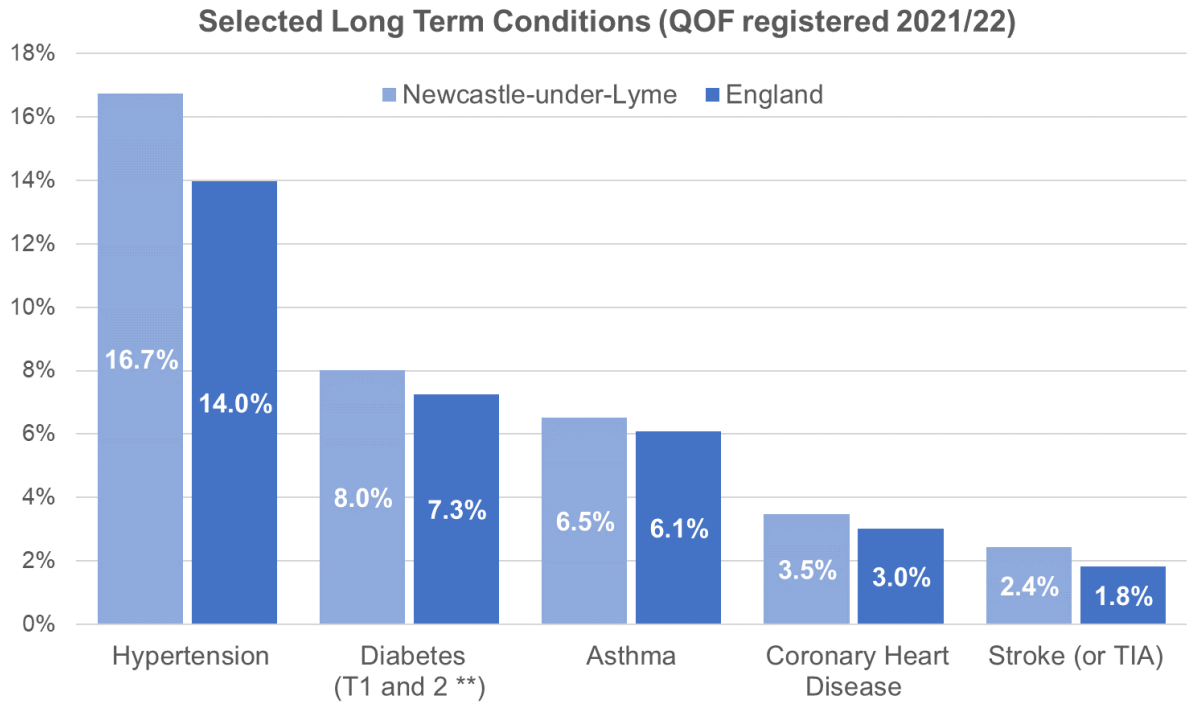
1 in 3 Newcastle **children** are active for less than 30 minutes a day, similar to England and Staffordshire.

2 in 3 Newcastle **adults** are active for more than 150 minutes a week, similar to England and Staffordshire.

1 in 4 Newcastle **adults** are active for less than 30 minutes a week, similar to England and Staffordshire.

High levels of obesity related hospital admissions

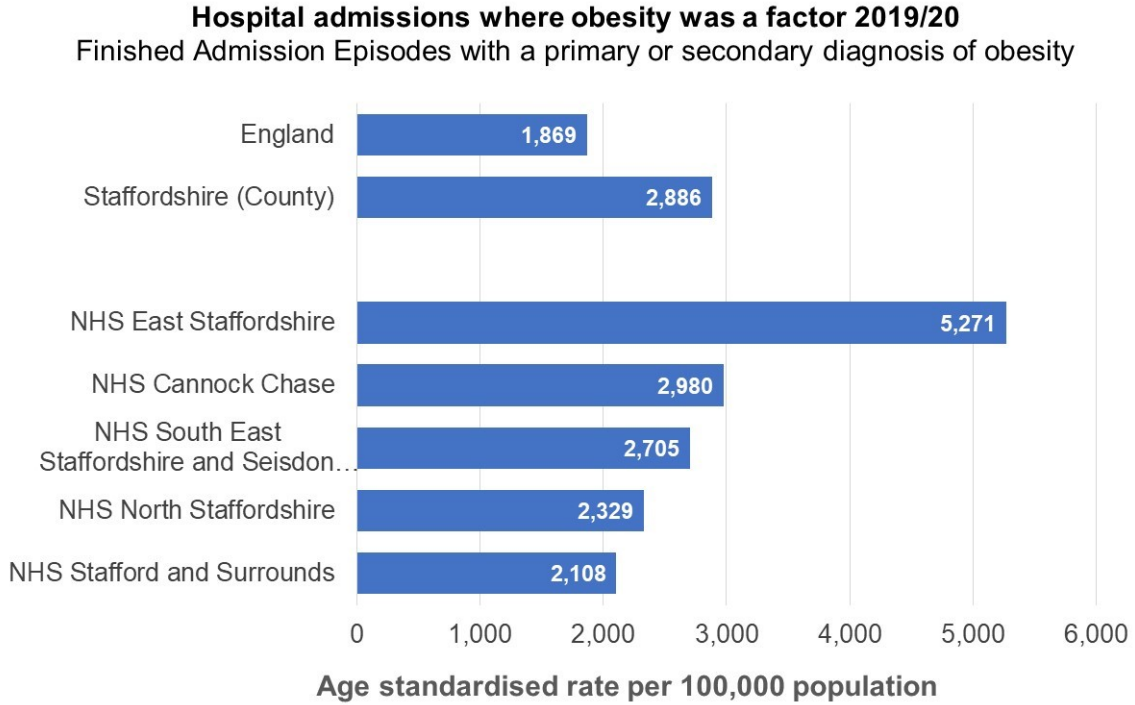
Lifestyle challenges such as obesity, are key risk factors for wider health conditions such as diabetes, respiratory, musculoskeletal and liver diseases, which often lead to increased pressure on the system.



In Newcastle, GP registered prevalence of Hypertension, Diabetes, Asthma, Coronary Heart Disease, and Stroke are higher than national.

Note: Prevalences not age standardised – Newcastle has a greater proportion of over 50s than England. The contribution of obesity to each condition varies.

Source Obesity - NHS (www.nhs.uk).



- Obesity related hospital admissions are increasing across Staffordshire
- The rate of obesity related admissions in North Staffordshire is higher than England.

Note: Finished admission episodes coded with a primary or secondary diagnosis of obesity (ICD code E66) Source: NHS Digital (Hospital Episode Statistics)

Supporting Data Matrix

	Cannock Chase	East Staffordshire	Lichfield	Newcastle-under-Lyme	South Staffordshire	Stafford	Staffordshire Moorlands	Tamworth	Staffordshire	England
Reception Exces Weight Prevalence	26%	27%	23%	27%	25%	24%	24%	26%	25%	23%
Statistical Neighbour Rank	4 of 16	1 of 16	8 of 16	1 of 16	3 of 16	6 of 16	5 of 16	2 of 16	2 of 16	
Reception Obesity Prevalence	10%	11%	9%	13%	11%	9%	10%	10%	10%	10%
Statistical Neighbour Rank	10 of 16	2 of 16	7 of 16	1 of 16	3 of 16	10 of 16	5 of 16	11 of 16	2 of 16	
Year 6 Exces Weight Prevalence	36%	35%	32%	36%	33%	33%	34%	35%	34%	35%
Statistical Neighbour Rank	4 of 16	4 of 16	8 of 16	4 of 16	6 of 16	5 of 16	2 of 16	7 of 16	4 of 16	
Year 6 Obesity Prevalence	22%	21%	18%	22%	18%	18%	18%	19%	20%	20%
Statistical Neighbour Rank	6 of 16	4 of 16	8 of 16	4 of 16	3 of 16	7 of 16	7 of 16	11 of 16	4 of 16	
Adult Exces Weight Prevalence	74%	71%	65%	69%	68%	62%	69%	75%	69%	63%
Statistical Neighbour Rank *	2 out of 16	4 out of 16	6 out of 16	5 out of 16	5 out of 16	12 out of 16	1 out of 16	1 out of 16	2 out of 16	
Physical Activity in Children **	40%	42%	42%	48%	38%	45%	29%	**	40%	45%
Physical Activity in Adults	57%	58%	66%	64%	63%	64%	65%	60%	62%	63%
Five a day consumption	45%	55%	51%	54%	52%	56%	58%	53%	53%	55%
Fast Food Outlets (rate per 100,000)	120	119	64	103	51	76	99	86	90	95
Hypertension	16%	14%	16%	17%	17%	16%	19%	14%	16%	14%
Diabetes	8%	8%	7%	8%	8%	7%	8%	8%	8%	7%
Coronary Heart Disease	4%	3%	4%	3%	4%	3%	4%	3%	4%	3%
Asthma	6%	6%	7%	7%	6%	6%	7%	7%	7%	6%
Stroke	2%	2%	2%	2%	2%	2%	3%	2%	2%	2%
Musculoskeletal conditions	22%	18%	19%	20%	21%	21%	22%	22%	20%	17%
Obesity related hospital admissions (rate per 100,000 - CCG values)	2,708	4,009	2,354	2,311	2,354	2,216	2,311	2,354	2,595	1,615

Worse than England or Statistical Neighbour Group, Better than England or Statistical Neighbour Group (difference calculated using 95% statistical significance)

** Missing some comparator data due to incomplete coverage. Difference to Statistical Neighbour Group not calculated ** missing Tamworth data due to incomplete coverage*