



Stoke-on-Trent City Council and Newcastle- under-Lyme Borough Council

Joint Local Plan Issues Consultation

Health and Communities Technical Paper

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1.0 What we are required to do

National Planning Policy Framework

- 1.1 The National Planning Policy Framework (NPPF, Para. 69) states that the planning system can play an important role in facilitating social interaction and creating healthy, inclusive communities. Local planning authorities should work with public health leads and health organisations to understand and take account of the health status and needs of the local population, including expected future changes, and any information about relevant barriers to improving health and well-being (para. 171).
- 1.2 Planning policies and decisions should consider the effect (including cumulative effects) of pollution on health (para. 120), avoid noise from giving rise to adverse impacts on health and quality of life (para. 129a) and mitigate and reduce adverse impacts on health and quality of life arising from new development (para. 129a).
- 1.3 Local planning authorities should set out the strategic priorities to deliver the provision of health, security, community and cultural infrastructure and other local facilities for the area in the Local Plan (para. 156d). The NPPF also states that policies have an important role to play in contributing to wider sustainability and health objectives such as transport (para. 29). Local authorities should seek opportunities to provide better facilities for users, for example by adding links to existing rights of way networks including National Trails (para. 75). National trails are defined by the NPPF as long distance routes for walking, cycling and horse riding. Planning policies should also protect and enhance public rights of way and access.
- 1.4 The NPPF states that planning can make an important contribution to the health and well-being of communities by ensuring access to high quality open space (para. 73.) and opportunities for sport and recreation (para. 73). Open space is considered of public value, and defined as including not just land, but also areas of water (such as rivers, canals, lakes and reservoirs) which offer important opportunities for sport and recreation and can act as a visual amenity. Existing open space, sports and recreational buildings and land, including playing fields, should not be built on unless assessments are undertaken (para. 74).
- 1.5 Local communities through local and neighbourhood plans should be able to identify special protection for green areas of particular importance to them. By designating land as Local Green Space, local communities will be able to rule out new development other than in very special circumstances. Identifying land as Local Green Space should therefore be consistent with the local planning of sustainable development and complement investment in sufficient homes, jobs and other essential services. Local Green Spaces should only be designated when a plan is prepared or reviewed, and be capable of enduring beyond the end of the plan period (para. 76.)

Inclusive design and wider determinants of health

- 1.6 The NPPF states that it is important to plan positively for the achievement of high quality and inclusive design for all development, including individual buildings, public and private spaces and wider area development schemes (para. 57). Inclusive design is defined as designing the built environment, including buildings and their surrounding spaces, to ensure that they can be accessed and used by everyone.
- 1.7 Planning policies and decisions should aim to ensure that developments will function well and add to the overall quality of the area, not just for the short term but over the lifetime of the development; establish a strong sense of place, using streetscapes and buildings to create attractive and comfortable places to live, work and visit; create safe and accessible environments where crime and disorder, and the fear of crime, do not undermine quality of life or community cohesion; and are visually attractive as a result of good architecture and appropriate landscaping (para. 58). Development schemes should optimise the potential of the site to accommodate development, create and sustain an appropriate mix of uses (including incorporation of green and other public space as part of developments) and support local facilities and transport networks.
- 1.8 Although visual appearance and the architecture of individual buildings are very important factors, securing high quality and inclusive design goes beyond aesthetic considerations. Therefore, planning policies and decisions should address the connections between people and places and the integration of new development into the natural, built and historic environment (para. 61).

2.0 Our approach in the past

Local Planning Policy

Newcastle-under-Lyme and Stoke-on-Trent Core Spatial Strategy 2009 to 2026

- 2.1 The existing adopted Core Spatial Strategy (CSS) (2009) sets out a requirement that new development should contribute positively to healthy lifestyles (CSP1). The Core Spatial Strategy Strategic Aim 2 (SA2) is to facilitate delivery of the best of healthy urban living in the development of the conurbation and to ensure that new development makes adequate provision for all necessary community facilities including health care, education, sports and recreation and leisure and that the quality and accessibility of existing facilities are enhanced and retained where they provide for the justified community needs.
- 2.2 Both Stoke-on-Trent's adopted Community Strategy and Newcastle's Sustainable Community Strategy identify a clear link between the provision of high quality public open spaces and recreational facilities, and the health and well-being of the community. The provision of good quality parks and green space is an essential element in creating sustainable communities.

- Environmental benefits: by promoting biodiversity, improving environmental quality and responding to the need to adapt to, and mitigate the effects of, climate change
- Economic regeneration: by creating attractive settings for inward investment and elevating housing market values
- Social benefits: by providing space for recreation, play, exercise and relaxation, by providing health benefits, by creating safer environments and reducing crime, by presenting opportunities to experience and learn at first-hand about our natural environment and by providing a community focus and common ground where people can come together to demonstrate and celebrate diversity

2.3 The Core Spatial Strategy (2009) states that quality and quantity of the plan area's natural assets will be protected, maintained and enhanced (CSP4) and that the loss of irreplaceable natural assets will not be accepted. The plan area's open space, sports and leisure assets will be enhanced, maintained and protected (CSP5). All development planned and delivered through the Core Spatial Strategy should avoid and mitigate adverse impacts, and wherever possible enhances, the plan area's distinctive natural assets, landscape character, waterways, network of urban green corridors and priority species and habitats identified in the UK Biodiversity Action Plan and the Staffordshire Biodiversity Action Plan.

3.0 Other strategies

Local and sub-regional plans, policies and programmes

Stoke-on-Trent Healthy Urban Planning Supplementary Planning Document (2012)

3.1 The Healthy Urban Planning Supplementary planning Document (SPD) ensures that health and wellbeing are key considerations in the planning process and that health and wellbeing issues are given weight in creating planning policies and in making planning decisions. The SPD supports the Council's commitment to the Healthy City, as set out in the Declaration for Healthy Cities, and in particular the core objective of Healthy Urban Planning. This document provides the policy context and background to health issues within the City and incorporates a checklist which is based on the Royal Town Planning Institute's Planning Principles for Healthy Communities. The checklist is intended to be used during the preparation of all planning policies, development proposals and master plans including its use as part of the assessment of planning applications. The document also provides guidance on the use of Health Impact Assessments (HIA) as a systematic approach to identifying the health and wellbeing impact of policies, plans and projects.

Newcastle-under-Lyme and Stoke-on-Trent Urban Design Guidance SPD (2010)

- 3.2 Based on the Core Spatial Strategy for Newcastle-under-Lyme and Stoke-on-Trent, the Urban Design Guidance SPD provides a practical tool to help promote sustainable urban design for planning applicants, officers and decision makers.

Stoke-on-Trent Health-Proofing Master plan Design: Guidance (2010)

- 3.3 The Stoke-on-Trent Health-Proofing Master plan Design Guidance describes in detail how to systematically review master plan designs so that they incorporate public health and healthy urban planning best practice.

Stoke-on-Trent City Council Inclusive Design Access For All SPD (2008)

- 3.4 The Inclusive Design Access For All SPD highlights the various requirements that exist in planning, accessibility and building regulation legislation in relation to accessible design with the aim of resolving any issues and conflicts early on in the development process.

Newcastle-under-Lyme Leisure Needs Assessment and Playing Pitch Strategy (2006)

- 3.5 An assessment of sport and leisure facility needs within the Borough was undertaken to identify local needs for provision, and opportunities for enhancement, development or replacement of current facilities. A number of recommendations were made for various activities relating to maintaining current provision (supply of greens, playing areas) with view to increasing provision in the long term. These include improving the publishing of information at sites in relation to opportunities to play and leisure (e.g. bowls) and ensure information is provided about all green space sites available; updating areas (Bowls greens, tennis) every two years with quality assessments; and including sustainability objectives in relation to health and well-being and recreational facilities in future sustainability assessments.

Stoke-on-Trent City Council Sport and Physical Activity Strategy 2009-2016

- 3.6 The Sport and Physical Activity Strategy 2009-2016 sets the direction for sport and physical activity in Stoke-on-Trent. This Strategy is committed to improving the City in relation to its sports and recreation facilities, its green spaces and to help to improve the day to day lives of people living and working in Stoke-on-Trent, by encouraging and enabling active lifestyles.
- 3.7 In this Strategy, the City Council and its partners committed themselves to increase participation in sport, increase active recreation, and improve the effectiveness of the message about the health benefits of physical activity and sport. Also to improve the marketing of leisure (and community) facilities and broad sports development programmes, to better reach the key target groups, build on the City's pride in local athletes, strengthen sports and activity clubs across the City and ensure all public

facilities are high quality and to maximise the use of the District and Neighbourhood parks.. In addition, the strategy sets out to develop new district parks and the network of cycle, walking and horse riding routes across the City and to protect existing facilities, sites and green spaces unless 'not required' or are replaced.

North Staffordshire Green Space Strategy (2007)

- 3.8 The green space strategy aims to ensure that the strategic planning, management and maintenance of the conurbation's green space supports the environmental, economic and social regeneration of urban North Staffordshire. Amongst the goals are to improve the quality, accessibility and coherence of green spaces within urban North Staffordshire; promote the co-ordination of responsibilities and resource allocation across agencies, authorities and local groups to improve service delivery and to maximise the potential of available funding; raise the profile and importance of quality green space as a key ingredient in the delivery of sustainable communities and housing market renewal; create a strategic framework that facilitates a coherent and co-ordinated approach to the creation, improvement, protection, disposal, management, maintenance and funding of green spaces within urban North Staffordshire, which can be embedded within strategic and local policy by provision of a robust, coherent and clear set of tools for delivery at a local level; highlight the value of green space in contributing to corporate strategic aims and objectives; and to provide equal access to parks, green spaces and recreational facilities.

Newcastle-under-Lyme Borough Council Urban North Staffordshire Green Space Strategy (2007)

- 3.9 Reflecting the goals of the North Staffordshire Green Space Strategy, the purpose of this strategy is to ensure that the green space asset base in urban North Staffordshire fulfils its potential to deliver a wide range of environmental, economic and social benefits through a strategic approach to planning and management. This strategy sets out to define a set of comprehensive, coherent and locally applicable green space standards, which can be embedded in conurbation and local spatial planning policy and can be used to inform master planning and development processes; define a set of green space standards that will allow green spaces to be created and maintained to a good quality and form part of a coherent and well-managed green space network that responds to the needs of the local community; create a clear action plan for the co-ordination of green space management and delivery that responds to and informs the creation of sustainable communities and the objectives for local housing market renewal; calculate capital and revenue costs for delivering the local standards for quantity and quality of green space in urban North Staffordshire; and to establish a set of performance indicators that can be used to measure and review the performance of service delivery in relation to green space provision.

Stoke-on-Trent Green Space Strategy (2014)

- 3.1 By 2030, this strategy seeks to ensure that the full diversity of Stoke-on-Trent's population and visitors is out there enjoying local green and open spaces which are safe, clean and accessible in all areas – and enlivened with a range of activities, events and facilities and contributing to the health and well-being of the City of Stoke-on-Trent. The strategy sets out goals for a visible improvement in the quality of parks and green spaces; encourage greater use and enjoyment of Stoke-on-Trent's parks and green spaces by all sectors of the community; to help make Stoke-on-Trent a green and sustainable city; rectify the balance between green space requirements and the city's current green space offer; contribute to adapting to climate change and promoting biodiversity; and to provide a clear basis for beneficial investment in green spaces.

Newcastle-under-Lyme Sustainable Community Strategy 2008-2020 (2007)

- 3.2 The Sustainable Community Strategy was prepared and delivered by local organisations agencies and local people, which articulated the priorities, needs and aspirations of the community. The aim was to promote and improve the economic, social and environmental well-being of the area and to improve the quality of life for people in the borough by 2020. It contributed to achieving sustainable development recognising the regional opportunities by ensuring effective links with the Local Development Framework, which provides the spatial dimension to the strategy.

Stoke-on-Trent City Council Rights of Way Improvement Plan (2008)

- 3.3 The Rights of Way Improvement Plan identifies the key challenges and objectives to improving the Rights of Way network within Stoke-on-Trent. The plan addresses the issue that cyclists and other path users do not seem to have the same opportunities as walkers and that in order to encourage use, it is important to improve the quality and condition of the network. In order to achieve these, a co-ordinated effort is required to maintain and publicise the access network.

Staffordshire Rights of Way Improvement Plan (2007)

- 3.4 The Rights of Way Improvement Plan assessed the extent to which local rights of way meet the present and likely future needs of the public including:
- The opportunities provided by local rights of way for exercise and other forms of outdoor recreation and the enjoyment of the area.
 - The accessibility of local rights of way to the blind or partially sighted people and people with mobility problems.
- The SA needs to ensure that Rights of Ways are not lost through allocations, and any impacts are modified.

Newcastle-under-Lyme Borough Council Affordable Housing SPD

- 3.5 This document notes that housing need to be provided for all communities and ensure that the plan is sustainable in relation to a whole range of social inclusion issues that arise from affordable housing. This document provides guidance on the delivery of affordable housing in the Borough of Newcastle-under-Lyme. The SPD sets out a range of approaches, standards and mechanisms to secure affordable housing. This will ensure local needs are met, and sustainable communities and a balanced housing market are created.

NHS West Midlands Investing for Health: A Strategic Framework for the West Midlands (2007).

- 3.6 This document sets out aims for supporting the delivery of local plans to achieve a significant increase in the availability of services in the community. The site allocations document needs to ensure that health and well-being of society is taken into consideration. The SA should have a range of sustainability objectives and assess the sustainability of the plan to deliver a good quality of life, health and well-being and reduce poverty and social exclusion through the plan.

NHS West Midlands. Living Well in Staffordshire: Keeping you well, Making life better: our five year plan 2013-2018 (2007)

- 3.7 This document sets out objectives to tackle wider determinants of health, investing in prevention and early intervention, promoting independence, reducing health inequality and increasing life expectancy.

4.0 Other national documents

UK Sustainable Development Strategy “Securing the Future” (2005)

- 4.1 The Strategy incorporates a framework to enhance the achievement of the following aims: social progress, effective protection of the environment, prudent use of natural resources and maintenance of high and stable levels of economic growth and employment. The framework has a set of overarching principles, which form the basis for policy in the UK:
- Living within environmental limits
 - Ensuring a strong, healthy and just society
 - Achieving a sustainable economy
 - Promoting good governance
 - Using sound science responsibly

Under the overarching principle of Ensuring a Strong, Healthy and Just Society, this sets out to meet the diverse needs of all people in existing and future communities, promoting personal wellbeing, social cohesion and inclusion, and creating equal opportunity for all.

The document notes that promoting new, modern, sustainable ways of living, working, producing and travelling stand to achieve wider benefits to human health and well-being.

Department of Health. White Paper: Healthy Lives, Healthy People: Our Strategy for Public Health in England (2010)

4.2 This White Paper responds to Professor Sir Michael Marmot's Fair Society, Healthy Lives report and adopts its life course framework for tackling the wider social determinants of health. The White Paper seeks to address the root causes of poor health and wellbeing, reaching out to the individuals and families who need the most support – and be:

- Responsive – owned by communities and shaped by their needs;
- Resourced – with ring-fenced funding and incentives to improve;
- Rigorous – professionally-led and focused on evidence; efficient and effective; and
- Resilient – strengthening protection against current and future threats to health.

Now local government control public health resources, local communities have the power and accountability to create healthy places to grow up and grow older in, with new partnerships in important areas, such as housing, planning, schools and transport. The White Paper sets out how communities can help address long-term challenges like climate change while having a positive impact on health in the short-term, through:

- Active travel – delivering low-cost health improvements and reducing emissions;
- Green spaces – improving mental health and the quality of community life, offering some protection from the expected increase in heatwaves and flooding;
- Spatial planning – promoting local ownership and occupation of public spaces;
- Behaviour change – embedding new ways of sustainable living and working; and
- Community projects to harness renewable energy – mitigating the effects of climate change.

Government office for Science. Tackling Obesity: Future Choices –Project Report (2nd Ed.) (2007)

4.3 The Tackling Obesity: Future Choices project observes that preventing obesity requires changes in the environment and organisational behaviour, as well as changes in group, family and individual behaviour. It highlights that specific environmental factors may shape the availability and consumption of different foods or the levels of physical activity undertaken by populations, thus limiting choices. It recommends changes to transport and urban design that align with policies to reduce energy consumption, pollution, health costs, traffic congestion and crime rates; as well as helping to bring about a generally healthier and more environmentally sustainable society.

Local Government Association and Public Health England. Healthy people, healthy places briefing: Obesity and the environment: regulating the growth of fast food outlets (2014).

4.4 This report addresses the opportunities to limit the number of fast food takeaways (primarily hot food takeaways, especially near schools) and ways in which fast food offers can be made healthier. It summarises the importance of action on obesity and a specific focus on fast food takeaways, and outlines the regulatory and other approaches that can be taken at local level with implications for planners.

Department for Communities and Local Government; Department of Health; Department for Work and Pensions. Lifetime Homes, Lifetime Neighbourhoods (2008).

4.5 This strategy paper sets out how developing housing and planning communities for an ageing population will become a national priority linked to well-being in all its forms. The documents sets out aims to plan at all levels – local, regional and national – for homes and communities so that people can live out their lives, as long as possible, independently, safely and happily with their families and friends around them. To ensure that there is the right range of choices of ‘specialist’ housing available for those who need more support, homes at the heart of the community that look and feel like home. The document states that Housing should be well designed with growing older in mind; it should meet the needs of all age groups and should build adaptable ‘homes for life’.

5.0 Past trends

Life expectancy

5.1 Table 1 presents the past life expectancy at birth (ONS, 2015) trends for Newcastle-under-Lyme and Stoke-on-Trent. Although Life Expectancy in Newcastle-under-Lyme has been increasing, it has consistently been lower than the national average. Life expectancy at birth for females (82.9) and males (78.6) is currently significantly lower than the national average (83.2 for females, 79.5 for males). Life expectancy is also increasing in Stoke-on-Trent, though it has been consistently lower than the national average and is currently significantly lower than the national average for females (80.9) and males (76.6).

Table 1: Life Expectancy at birth (years)

Year	N-u-L		S-o-T		Staffordshire		England	
	Female	Male	Female	Male	Female	Male	Female	Male
2006-08	81.6	76.9	79.6	75.4	81.5	77.8	82.0	77.9
2007-09	81.3	77.0	79.7	75.5	81.9	78.1	82.3	78.2
2008-10	81.5	78.1	80.0	76.2	82.4	78.4	82.5	78.5
2009-11	81.8	78.6	80.5	76.5	82.9	79.0	82.9	78.9
2010-12	82.3	78.9	80.5	76.7	83.0	79.4	83.0	79.2
2011-13	82.6	78.6	80.6	76.5	83.1	79.7	83.0	79.3
2012-14	82.9	78.6	80.9	76.6	83.2	79.7	83.2	79.5

Source: ONS, 2015.

Deprivation and wider social determinants of health

5.2 The Index of Multiple Deprivation score (IMD, 2015) for Stoke-on-Trent is far higher than the national average while Newcastle-under-Lyme is lower than the national average. Table 2 shows that unemployment, child poverty, low birth weight and fuel poverty are all significantly higher than the national average in Stoke-on-Trent. In Newcastle-under-Lyme, the majority of indicators are better than the national average with the exception of fuel poverty. Possibly due to the rural areas of Newcastle-under-Lyme, fuel poverty is significantly higher than the national average.

Table 2: Deprivation and wider social determinants of health

Indicator	Year	N-u-L	S-o-T	Staffordshire	England
IMD score	2015	18.5	34.4	16.4	21.6
Unemployment	2012-13	2.8*	5.1 [†]	2.6*	3.8
% living in 20% most deprived areas	2005	14.2	53.2	8.5	19.9
	2007	14.2	53.2	8.5	19.9
	2010	14.7	52.4	9.3	20.4
	2013	15.0	52.6	9.4	20.4
Children in Poverty (under 16)	2009	18.9*	29.9 [†]	16.4*	21.9
	2010	18.6*	28.4 [†]	15.9*	21.1
	2011	17.7*	27.5 [†]	15.4*	20.6
	2012	16.6*	26.4 [†]	14.4*	19.2
Fuel poverty (%)	2011	14.3 [†]	15.4 [†]	12.9 [†]	10.9
	2012	13.4 [†]	16.1 [†]	12.2 [†]	10.4
	2013	12.1 [†]	14.7 [†]	11.3 [†]	10.4
Low birth weight (%)	2010	3.3	3.1	2.4*	2.9
	2011	2.2	3.4 [†]	2.6	2.8
	2012	3.7	3.9 [†]	2.8	2.8
	2013	2.6	4.2 [†]	2.3*	2.8
	2014	3.1	4.0 [†]	2.3*	2.9

Source: ONS, 2015, Public Health England, 2015 and Health Profiles, 2015

* Significantly better than England average [†] Significantly worse than England average

Inequality in life expectancy alongside deprivation

5.3 Table 3 presents the slope index of inequality which compares the life expectancy of the most deprived deciles lower-super output areas (i.e. 10% most deprived LSOA) with the least deprived decile lower-super output areas (i.e. 10% least deprived LSOA). Lower-Layer Super Output Areas (LSOAs) are small areas designed to be of a similar population size, with an average of approximately 1,500 residents or 650 households. These were produced by the Office for National Statistics for the reporting of small area statistics and are a standard way of dividing up the country.

5.4 This gap in life expectancy (2011-2013) between areas in Newcastle-under-Lyme is 6.7 years for females (0.2 below National average) and 8.8 years for males (0.3 below National average). The gap between the least deprived decile and most deprived decile LSOA in Stoke-on-Trent is 6.3 years for females (0.6 below National average) and 10.1 years for males (1.0 above National average). Table 3: Slope index of inequality in life expectancy (years)

Year	N-u-L		S-o-T		Staffs		England	
	Female	Male	Female	Male	Female	Male	Female	Male
2006-08	8.5	8.9	5.9	7.9	5.7	8	6.8	9.8
2007-09	9.7	9.6	6.3	7.9	6	8	6.9	9.8
2008-10	10.1	8.8	4.9	7.9	5.9	7.6	7	9.6
2009-11	8.4	7.9	4.5	8.4	5.8	7.3	6.9	9.4
2010-12	7.2	8.3	4.5	9.3	5.8	7.1	6.8	9.2
2011-13	6.7	8.8	6.3	10.1	6.3	6.6	6.9	9.1

Source: Public Health England, 2015 and HSCIC, 2015.

Active Lifestyles

5.5 Diabetes is a consequence of obesity and sedentary behaviour and it can be largely prevented/delayed through lifestyle changes such as exercise, weight loss, healthy eating. The number of people diagnosed with diabetes is increasing in both Newcastle-under-Lyme and Stoke-on-Trent. Compared with the national average (6.2%), the number of adults (aged 17 and over) diagnosed with diabetes in 2014-14 is significantly higher in both Newcastle-under-Lyme (7.0%) and Stoke-on-Trent (7.3%).

5.6 Table 4 presents health indicators related to physical activity, obesity and diabetes. In 2014, the number of physically active adults, aged 16 and over in Newcastle-under-Lyme (51.8%) is significantly lower than the National average (57%). The percentage of the population who reported to walk or cycle to work (10.1%) in the latest Census (2011) is below the national average (14.1%). In Stoke-on-Trent, the number of physically active adults aged 16 and over (51.6%) is significantly below the National average (57%). The percentage of the population who reported to walk or cycle to work (12.2%) in the Census (2011) is also below the National average.

5.7 The percentage of adults, aged 16 and over with excess weight (2012-14) is significantly higher in both Newcastle-under-Lyme (67.8%) and Stoke-on-Trent (68.6%) than the national average (64.6%). The percentage of children aged 10-11 years (2013-14) who have excess weight (34.8%) has recently fallen in Newcastle-under-Lyme but remains higher than the national average (33.5%). The percentage of children aged 10-11 years (year 6) who have excess weight (34.8%) has fallen in Stoke-on-Trent but remains significantly higher than the national average (33.5%). The obesity levels for adults within the plan area has increased slightly, while the regional and national average has fallen.

5.8 The number of healthy eating adults, aged 16 and over in Newcastle-under-Lyme (49.1%) is lower than the national average (53.5%). In Stoke-on-Trent, the number of healthy eating adults (47%) is significantly lower than the national average. In 2010, the number of hot food takeaways per 100,000 population in Stoke-on-Trent (98) was far higher than the national average (77.9) while Newcastle-under-Lyme (77) is comparable to the national average. Recent local monitoring figures in 2015 indicate that Stoke-on-Trent has 337 hot food takeaways which would suggest there are closer to 135 hot food takeaways per 100,000 population.

Table 4: Active lifestyle indicators (%)

Indicator	Year	N-u-L	S-o-T	Staffordshire	England
Active adults	2012	53.3	50.2 [†]	55.9	56.0
	2013	58.4	45.6 [†]	55.9	56.0
	2014	51.8 [†]	51.6 [†]	54.1 [†]	57.0
Healthy eating	2014	49.1	47.0 [†]	52.9	53.5
Hot food takeaways (HFTs) (per 100,000)	2010	77	98	-	77.9
Total number of HFTs	2010	96	235	-	-
Obese adults	2003-05	27.8 [†]	31.2 [†]	24.2	23.6
	2006-08	25.8	27.6 [†]	26.7 [†]	24.2
	2012-14	25.9	29.7 [†]	26.2	24.0
Excess weight (adults)	2012-14	67.8 [†]	68.6 [†]	68.6 [†]	64.6
Obese children (year 6)	2011-12	20.2	24.0 [†]	19.5	19.2
	2012-13	20.7	22.5 [†]	18.4	18.9
	2013-14	18.7	22.3 [†]	18.0*	19.0
Excess weight (year 6)	2011-12	35.1	39.3 [†]	34.5	34.0
	2012-13	37.3 [†]	38.2 [†]	33.5	33.3
	2013-14	34.8	36.5 [†]	32.8	33.5
Diabetes	2011-12	6.5 [†]	7.0 [†]	6.0 [†]	5.8
	2012-13	6.8 [†]	7.2 [†]	6.4 [†]	6.0
	2013-14	7.0 [†]	7.3 [†]	6.7 [†]	6.2
Active commute	2001	11.6	14.2	12.1	14.1
	2011	10.1	12.2	11.1	14.1
Public transport	2001	7.0	11.0	6.1	16.4
	2011	6.0	9.1	5.4	18.3
Sedentary commute	2001	81.1	74.5	81.4	69.0
	2011	83.6	78.2	83.1	67.1

Source: Public Health England, 2015, ONS, 2001, 2011, NOO, 2010, 2015 and HSCIC, 2015.

* Significantly better than England average † Significantly worse than England average

5.9 A potential way planning can directly influence physical activity is through ensuring developments promote active travel by creating permeable and walkable environments. Investing in cycling infrastructure and public transport can also encourage active travel. In Newcastle-under-Lyme and Stoke-on-Trent, there has been a reduction in active travel and use of public transport and an increase in sedentary commuting (car, passenger, taxi). This is in contrast to the national trend which has seen an increase in public transport use and a decrease in sedentary

commuting. Table 5 shows that between 2001 and 2011, the number of vehicles has increased by 12.5% in Newcastle-under-Lyme and 15.9% in Stoke-on-Trent. There are fewer households without access to a vehicle and fewer households with access to only one vehicle alongside an increase in the number of houses with access to two or more vehicles. Table 6 shows that public transport use is much lower and driving is much greater in the plan area than the national average, across a range of distances, particularly in Newcastle-under-Lyme.

Table 5: Percentage of cars or vans per household

Indicator	Years	N-u-L	S-o-T	England
No car or van	2001	24.6	34.6	26.8
	2011	22.1	30.9	25.8
1 car or van	2001	44.8	45.2	43.7
	2011	42.7	44.2	42.2
2+ car or van	2001	30.7	20.2	29.5
	2011	35.1	24.8	32.1
Relative increase in number of cars/vans in the area	2001- 2011	12.5	15.9	13.7

Source: ONS, 2001, ONS, 2011

Mortality

- 5.10 Table 6 present mortality and premature mortality rates. In 2012-14, premature mortality rates (under 75 years of age) in Newcastle-under-Lyme for cancer increased slightly but remained below the national average. Premature mortality rates for cardiovascular disease and liver disease were higher than the national average and respiratory disease was significantly higher than the national average. Suicide rates in 2012-14 were higher than the national average. Excess winter deaths in 2012-13 are higher than the national average. Air particulate attributable deaths in 2013 were below the national average.
- 5.11 In 2012-14, premature mortality rates (under 75 years of age) in Stoke-on-Trent for cancer, cardiovascular disease, liver disease, respiratory disease were all significantly higher than the national average. Suicide rates in 2012-14 were significantly higher than the national average. Excess winter deaths in 2012-13 remained lower than the national average. Air particulate attributable deaths in 2013 were similar to the national average.

Table 6: Mortality and premature mortality rates

Indicator	Year	N-u-L	S-o-T	Staffordshire	England
Cancer (under 75) per 100k	2009-11	142.6	183.7 [†]	143.2	148.5
	2010-12	129.3*	177.6 [†]	140.5	146.5
	2011-13	130.2*	183.8 [†]	136.8	144.4
	2012-14	136.2	182.2 [†]	133.3*	141.5
Cardio-vascular (under 75) per 100k	2009-11	85.9	105.9 [†]	75.7*	84.4
	2010-12	82.2	104.1 [†]	72.9*	81.1
	2011-13	83.3	97.1 [†]	70.9*	78.2
	2012-14	79.7	91.9 [†]	71.0*	75.7
Liver disease (under 75) per 100k	2009-11	20.2	24.1 [†]	16.1*	18.0
	2010-12	19.8	23.2 [†]	15.8*	18.0
	2011-13	17.6	23.8 [†]	15.8*	17.9
	2012-14	19.7	22.4 [†]	16.0*	17.8
Respiratory (under 75) per 100k	2009-11	36.9	50.7 [†]	29.1*	34.2
	2010-12	35.3	52.8 [†]	28.4*	33.5
	2011-13	37.7	53.8 [†]	27.2*	33.2
	2012-14	39.1 [†]	53.3 [†]	27.7*	32.6
Suicide per 100k	2009-11	9.3	9.0	9.1	8.5
	2010-12	10.2	11.9 [†]	8.4	8.5
	2011-13	10.5	12.6 [†]	9.2	8.8
	2012-14	9.5	12.1 [†]	9.1	8.9
Excess winter deaths index	2010-11	14.8	15.6	12.7	17.0
	2011-12	16.2	13.6	12.4	16.1
	2012-13	34.2	19.5	25.7 [†]	20.1
Air particulate attributable fraction (%)	2010	-	5.6	5.2	5.6
	2011	4.8	5.2	4.9	5.4
	2012	4.6	4.9	4.7	5.1
	2013	4.9	5.2	5.0	5.3

Source: Public Health England, 2015

* Significantly better than England average † Significantly worse than England average

6.0 What we are doing now

Integrating Health in All Policies

6.1 Health in All Policies (HiAP) is an approach that acknowledges the wider determinants of health (i.e. environment, housing, education, income) and encourages cross-sector collaboration to improve health and well-being in all its forms. The World Health Organisation recognises this approach and encourages government agencies across all sectors to routinely consider both the positive and negative health outcomes when making decision. Stoke-on-Trent City Council's Public Health and Planning Policy department are working together to engrain health considerations throughout the Joint Local Plan.

Healthy Urban Planning Indicators

- 6.2 Both Newcastle-under-Lyme and Stoke-on-Trent are considering how planning can directly and indirectly influence health and how we can measure these influences. In addition to the indicators previously discussed, table 7 presents a number of healthy urban planning indicators that can be compared with the national average (table 7).
- 6.3 In Newcastle-under-Lyme, the majority of the remaining healthy urban planning indicators presented are significantly better than the National average. The exception being low birth weight, long term illness or disability and percentage of people reporting bad or very bad health which are significantly below the national average. The amount of publicly accessible green space (PAGS) in N-u-L is less (3.4%) than the regional average (6.2%). Use of public transport to commute (6.0%) is far less than the National average (18.3%) while car or van use is far greater (68.6%) than the National average (61.6%).
- 6.4 In Stoke-on-Trent, the majority of the remaining healthy urban planning indicators are significantly worse than the National average. The exception being households with central heating which is significantly higher and over-crowding which is significantly lower than the National average. The amount of PAGS in S-o-T is higher (15.9%) than the regional average (6.2%).

Table 7: Remaining healthy urban planning indicators (%)

Indicator	Year	N-u-L	S-o-T	Staffordshire	England
Income deprivation	2010	11.9*	21.3 [†]	10.9*	14.7
Long term illness or disability	2011	20.8 [†]	22.7 [†]	19.2 [†]	17.6
Households with central heating (%)	2011	98.2*	97.5*	97.9*	97.3
Bad or very bad general health (%)	2011	6.5 [†]	8 [†]	5.7 [†]	5.5
Pensioners living alone	2011	31.6	34.3 [†]	28.5	31.5
Over-crowding	2011	4.2*	6.1*	4.0*	8.7
Older people in deprivation	2010	15.7*	23.4 [†]	15.1	18.1
Noise complaints	2013-14	6.0	7.5	5.5	7.4
Adults accessing mental health services	2010-2011	4.4	4.1	-	3.0
Publicly accessible green space	2014	3.4	15.9	6.2	-

Source: ONS, 2011, Public Health England, 2015; HSCIC, 2015

* Significantly better than England average [†] Significantly worse than England average

Hot food takeaways

- 6.5 Stoke-on-Trent City Council is currently developing a Hot Food Takeaway Supplementary Planning Document to guide planning decisions relating to hot food takeaways. Newcastle-under-Lyme Borough Council is also considering a similar approach. In order to explore whether health and school exclusion zones are a material consideration, a systematic review of appeal decisions made by The Planning Inspectorate was undertaken by Staffordshire University and Stoke-on-Trent City Council.
- 6.6 The findings of the review identified that when an adopted hot food takeaway policy is applied appropriately by a local authority, the inspectorate uses this policy to justify dismissal of the appeal. In appeals where health is discussed, the majority of Inspectors (87%) argued that health is a material consideration. In appeals where school exclusion zones are identified as an issue, the majority of Inspectors (92%) argued that school exclusion zones are a material consideration.

7.0 Health and communities: strengths and weaknesses

Table 8: Newcastle-under-Lyme strengths and weaknesses

Strengths	Weaknesses
<ul style="list-style-type: none"> • Indices of Multiple Deprivation (IMD, 2015) are lower than the national average. • Unemployment is significantly lower than the National average. • Child poverty is significantly lower than the National average. • Childhood obesity is lower than national average. • Premature mortality rates in cancer are lower than the national average. • Noise complaints are lower than the national average. • Number of household with central heating is significantly higher than the National average. • Overcrowding is significantly lower than the National average. • The percentage of older people in deprivation is significantly lower than the National average. 	<ul style="list-style-type: none"> • Fuel Poverty is significantly higher than the national average. • Excess Winter deaths are far higher than the national average. • The proportion of active adults is significantly lower than the national average. • The proportion of healthy eating adults is lower than the national average. • The proportion of obese adults has increased and is higher than the national average. • The proportion of adults with excess weight is significantly higher than the national average • Excess weight in children (year 6) is higher than the national average. • The proportion of adults with a long term illness or disability is significantly higher than the national average. • The proportion of adults reporting bad or very bad health is significantly higher than the national average. • Diabetes is significantly higher than the national average. • The proportion of adults who walk or cycle to work is lower than the national average. • The proportion of adults who use public transport to commute to work is lower than the national average. • The proportion of adults who commute to work by car or van is far higher than the national average. • Premature mortality rates in cardiovascular disease and liver disease are higher than the national average. • Premature mortality rates from respiratory disease are significantly higher than the national average. • N-u-L has lower levels of publicly accessible green space than the regional average (Staffordshire). • Adults accessing mental health services is higher than the national average. • Suicide rates are higher than National average. • Life expectancy for female and males is slightly lower than the national average. • With an ageing population, N-u-L do not currently have a way of monitoring age friendly housing.

Table 9: Stoke-on-Trent strengths and weaknesses

Strengths	Weaknesses
<ul style="list-style-type: none"> • Stoke-on-Trent has far higher levels of publicly accessible green space than the regional average (Staffordshire). • Number of household with central heating is significantly higher than the National average. • Excess Winter Deaths are lower than the regional and national average. • Overcrowding is significantly lower than the National average. • Stoke-on-Trent canals are an asset which can be developed to active travel within the area. • Stoke-on-Trent has the potential for a very well-connected cycling infrastructure if 'gaps' are addressed through development. • Stoke-on-Trent has recently become a City of Sport (2016) 	<ul style="list-style-type: none"> • Indices of Multiple Deprivation (IMD, 2015) are far higher than the national average. • Unemployment is significantly higher than the national average. • Child poverty is significantly higher than the National average. • Low birth weight is significantly higher than the national average. • Fuel Poverty is significantly higher than the national average. • The proportion of active adults is significantly lower than the national average. • The proportion of healthy eating adults is significantly lower than the national average. • The proportion of obese adults has increased and is significantly higher than the national average. • The proportion of adults with excess weight is significantly higher than the national average. • The proportion of children (year 6) who are obese is significantly higher than the national average. • Excess weight in children (year 6) is significantly higher than the national average. • The number of Hot Food Takeaways in Stoke-on-Trent per 100,000 people is far higher than the national average. • The proportion of adults with a long term illness or disability is significantly higher than the national average. • The proportion of adults reporting bad or very bad health is significantly higher than the national average. • Diabetes is significantly higher than the national average. • The proportion of adults who walk or cycle to work is lower than the national average. • The proportion of adults who use public transport to commute to work is lower than the national average. • The proportion of adults who commute to work by car or van is far higher than the national average. • The relative increase in the number of vehicles in the plan area is higher than the national average. • Premature mortality rates from cancer, cardiovascular disease, liver disease and

	<p>respiratory disease are significantly higher than the national average.</p> <ul style="list-style-type: none">• The proportion of pensioners living alone is significantly higher than the national average.• Adults accessing mental health services is higher than the national average.• Suicide rates are significantly higher than National average.• Life expectancy for females and males is far lower than the national average.
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