Calderdale Local Plan

Health and Wellbeing Infrastructure Supporting Paper

November 2018

1. Introduction

1.1 Local authorities' statutory responsibilities for public health services are set out in the *Health and Social Care Act 2012*. The Act conferred new duties on local authorities to improve public health. It abolished primary care trusts and transferred much of their responsibility for public health to local authorities from 1 April 2013. From this date local authorities have had a new duty to take such steps as they consider appropriate for improving the health of the people in their areas.

1.2 National planning policy places Local Plans at the heart of the planning system, so it is essential that they are in place and kept up to date. Local Plans set out a vision and a framework for the future development of the area, addressing needs and opportunities in relation to housing, the economy, community facilities and infrastructure – as well as a basis for safeguarding the environment, adapting to climate change and securing good design. They are also a critical tool in guiding decisions about individual development proposals, as Local Plans are the starting-point for considering whether planning applications can be approved. It is important for all areas to put an up to date plan in place to positively guide development decisions.

1.3 As indicated above Local Plans provide the basis for determining planning applications. Whilst the process of preparing the Plan must demonstrate that each site is capable of being delivered in an acceptable manner, the detailed design of each development will be scrutinized at the application stage.

1.4 The Local Plan will last for 15 years and developments will naturally come forward at a rate that is staggered across this period. This reflects the fact that there is a substantial lead-in period before a site begins to deliver homes, before and after planning permission is granted. Furthermore market conditions and practical capacity mean that homes can only be delivered at finite rate. A major assumption for the Local Plan is that all the housing identified within the Publication version will be completed within the plan period to 2032/33. This will require significant uplift of completion rates than have generally been observed historically. However making this assumption allows other service providers and commissioners to identify where growth pressures will arise and plan accordingly.

1.5 Although the lifespan of the Local Plan is 15 years, Plans should be reviewed at least once every five years, and should then be updated as necessary. This means that the Plan will take into account changing circumstances affecting the area, including delivery rates, or any relevant changes in national policy.

1.6 The information contained within the Local Plan will enable bodies such as the Calderdale Clinical Commissioning Group (CCG) to understand the scale, distribution and timing of growth over the next 15 years. This will enable them to plan the delivery of services and provide a basis for continuing partnership and cooperation with the Council and other organisations.

1.7 The absence of an up to date Local Plan will not necessarily prevent development from happening; however, in these circumstances the delivery of development will be unpredictable and lack strategic direction. Without the policies and proposals of a Local Plan it is more difficult to resist ad-hoc and less desirable development. Furthermore opportunities to incorporate all necessary infrastructure into developments, including health, will be missed.

1.8 The preparation of this paper has been an iterative process and has incorporated feedback from the CCG.

2. Purpose of Paper

2.1 The purpose of this paper is to support the delivery of the development identified in the Local Plan and the implementation of its policies. The paper expands upon the information in the Calderdale Infrastructure Delivery Plan and provides a clear narrative to demonstrate how the Local Plan will positively impact on the health and wellbeing of the population of Calderdale.

2.2 As identified above the Local Plan identifies land for development and sets policy criteria for assessing future planning applications. Both of these aspects are important from a health and wellbeing perspective. The former aspect requires consideration of the resulting new infrastructure requirements, whilst the latter presents an opportunity to help people to live healthier lives and therefore reduce the burden on stretched, existing infrastructure.

2.3 It is important that the Council and its partners have a shared understanding of how demographic change will influence the need for housing and associated infrastructure. Given the time horizon for the Local Plan and the changes that are occurring to the delivery of health and social care, this paper cannot be expected to set out concrete solutions. However, it will provide a foundation to inform future work and cooperation.

2.4 This paper reflects the shared ambition of Calderdale Council and the CCG to use spatial planning as a vehicle to enhance the health and wellbeing of their communities.

3. The Local Plan and Health and Wellbeing

3.1 The Local Plan starts from the premise that the built and natural environments are major determinants of physical and mental health and wellbeing. The planning system can therefore play an important role in facilitating healthy housing; active travel; a healthy environment; improved air quality; and vibrant neighbourhoods. Health, wellbeing and safety are major issues on the local and national planning, health and social care agendas, and as such are closely interrelated and dependent. Health is about more than simply access to medical treatment and associated services; supporting a healthy lifestyle, including routine activity and fitness for all ages, capabilities and interests through the built environment; it is also about living in a safe environment, feeling part of the community and being economically secure.

3.2 The Joint Strategic Needs Assessment (JSNA) produced by the Health and Wellbeing Board is an essential tool for understanding the health of the local population and is cross referred to as local evidence in the preparation of the Local Plan.

3.3 The Local Plan is supported by a Sustainability Appraisal (SA). The purpose of the SA is to inform the plan preparation process by appraising the Local Plan's objectives, policies, and allocations in relation to their sustainability, establishing their likely impacts, cumulative impacts, and the scope for mitigating any possible negative impacts.

3.4 The SA identifies human health as one of 16 sustainability issues. Under this heading a number of more detailed issues are then identified:

- Male Life Expectancy is significantly lower than the England average in 9 of 27 Middle Super Output Areas (MSOA);
- Female life expectancy is significantly lower than the England average in 8 of the 27 MSOAs;
- Life expectancy is significantly worse in central and northern Halifax for both males and females;
- Infant mortality rates are slightly higher but not significantly so in Calderdale compared to the national rate;
- In Calderdale, the percentage of those reporting bad or very bad health is around 6%. This is similar to the national average, and slightly lower than the regional average;

- Calderdale has a number of Lower Super Output Areas (LSOA)within 20% of the most deprived areas of the country;
- The majority of the worst performing LSOAs are located in Halifax and to the north of the town, with pockets of deprivation around the other main urban areas;
- 8.7% of 4-5 year olds in Calderdale are overweight or obese - this is slightly lower than the national average;
- 18.3% of 10-11 year olds in Calderdale are overweight or obese - again this is slightly lower than the national average;
- Despite this there are areas of concern over obesity in Halifax (especially central and northern) and areas within the other main urban areas;
- For adult obesity, Calderdale performs poorly, , with the majority of MSOAs having above average obesity whilst all the main urban areas also have obesity above the national average;
- Standardised mortality rates (SMRs) are significantly higher than the England average in some parts of central and northern Halifax.

3.5 The proposed local plan objectives, policies and allocations have been assessed against a series of SA objectives. The SA objective that is most relevant to this paper is:
"SA Objective 3. *'To create and retain healthy, vibrant and inclusive communities'*. Under this objective a number of decision making criteria for the Local Plan are set out:

- Will the proposal foster inclusive communities?
- Will the proposal affect people's sense of belonging, social support, and social interaction?
- Will the proposal affect people's opportunities to adopt healthy lifestyles, seek employment, access community organisations?
- Will the proposal increase access to unhealthy food (e.g. takeaways)
- Will the proposal reduce health inequalities?
- Will the proposal ensure a sustainable impact on wellbeing and health, and on tackling inequalities?

Building on these criteria a series of Indicators are identified:

- Population Growth / Change;
- Infant mortality rate: deaths up to 1 year per 1,000 live births;
- Standardised all age all cause mortality rate;
- % of population experiencing bad or very bad health;
- Life expectancy at birth;
- School/Educational attainment;
- Healthy Life Expectancy;
- Smoking prevalence;
- Physical activity levels

- Premature death due to air quality;
- Public Health Outcomes Framework Physical activity indicator;
- Indices of deprivation indicator;
- % of obese children (reception age);
- % of obese children (year 6);
- % of obese adults.

3.6 The net effect of this approach is that for any given sustainability objective, the Council can justify the options that are being progressed through the Local Plan.

3.7 The SA approach is iterative and has informed the evolution of the Local Plan. Having regard to this, a chapter of the Plan is specifically dedicated to health and wellbeing, and it includes policies on

- The Health Impacts of Development (Policy HW1)
- Health Impact Assessment (Policy HW2)
- Wellbeing (Policy HW3)
- Safeguarding Community Facilities and Services (Policy HW4)
- Sustainable Local Food Production (Policy HW5)
- Hot Food Takeaways (including prohibition of within 400m of the principal entry point to a school) (Policy HW6 – especially criterion i.) (see also the Council evidence base document *'The Impact on Health of Takeaway Fast Food Outlets'* - https://www.calderdale.gov.uk/v2/residents/environment-planning-and-building/planning/planning-policy/evidence-base/health-wellbeing)

3.8 A number of other sections of the Local Plan have fundamental impacts on health and wellbeing. These include:

- **Addressing Climate Change** –ensuring the reduction of flood-risk, and carbon emissions, improving water quality, supporting sustainable transport networks, support for renewable and low carbon energy. (Policies CC1; CC2; CC3; CC6);
- **Infrastructure and Master planning** – ensuring the delivery of infrastructure including primary health care and community care services; safe sustainable travel; access to open space and recreation facilities; and blue/green infrastructure (Policies IM4; IM5; and IM7);
- **Housing** – affordability, housing for independent living (Policies HS4 and HS6);

- **Built environment** – High quality, inclusive design; safe and convenient access for all; public conveniences and baby facilities; landscaping including local food production (Policies BT1; BT3; BT4; BT5; BT6; and BT7);
- **Green Infrastructure and Natural Environment** - securing green infrastructure, protecting and extending access to recreational opportunities, protection of provision of allotments, Local Green Space (Policies GN1; GN2; GN6; GN7; GN8);
- **Environmental Protection** – pollution control including noise and air quality (Policies EN1; EN2; and EN3);

3.8 The policies identified above are ambitious and progressive and will contribute to achieving healthy, inclusive and safe places. The Local Plan will therefore be an important enabler for improved health and wellbeing across the population of Calderdale. Furthermore the master planning that will be intrinsic to the delivery of the sustainable growth identified in the Local Plan (see Policy IM7 *Master planning of Housing Sites*) will provide the mechanism to support the redesign of fit for purpose, place based health and wellbeing related services advocated by the Council, CCG and their other partners.

3.9 Calderdale Council and the CCG are in agreement that the planning policies identified above will contribute to the objective of helping people to live healthier and happier lives, with less reliance on the NHS. This objective is of increasing importance as public resources inevitably become more stretched. To achieve this, public health issues need to be tackled at source through the planning system. Furthermore health and wellbeing will only be tackled effectively if policies are drafted in terms that are clear and explicit (i.e. it will not be sufficient to rely on generic policy aspirations).

3.10 It is helpful to note that following publication of the Local Plan Sport England wished to offer its strong support to policies HW1 to HW3 of the Local Plan. Sport England observes that helping to improve levels of physical activity across communities is an increasingly important part of improving their overall well-being. SE considers that the policies recognise the role that the planning system can play in this. They also note that the use of Health Impact Assessments is a useful tool in understanding the health impacts of planning decisions at whatever scale.

3.11 The response of the development sector to the Council's policies on health and wellbeing is that they are variously unjustified, too onerous and should either be deleted or reduced in the scope. Respondents also considered that the principles of health and wellbeing could be satisfactorily addressed through the general principles of good design and layout, without recourse to what they see as a prescriptive policy approach.

3.12 The response outlined in the paragraph above is disappointing. Moreover it is considered that it can be countered with evidence. Aside from the *Impact on*

Health of Takeaway Fast Food Outlets evidence base document identified above, the Council has very recent statistics relating to an alarming worsening in obesity rates in Calderdale amongst children. This information is shown in the figures below:

Figure 1 – Excess weight in reception class children 2013/14 to 2017/18

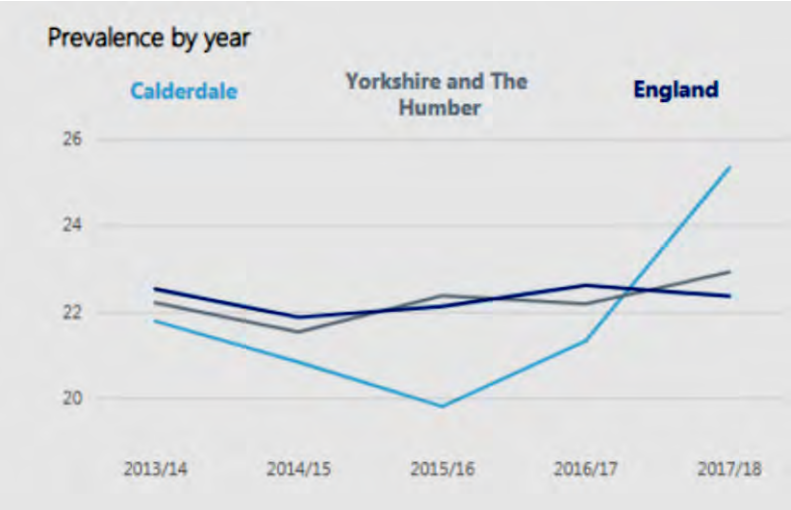
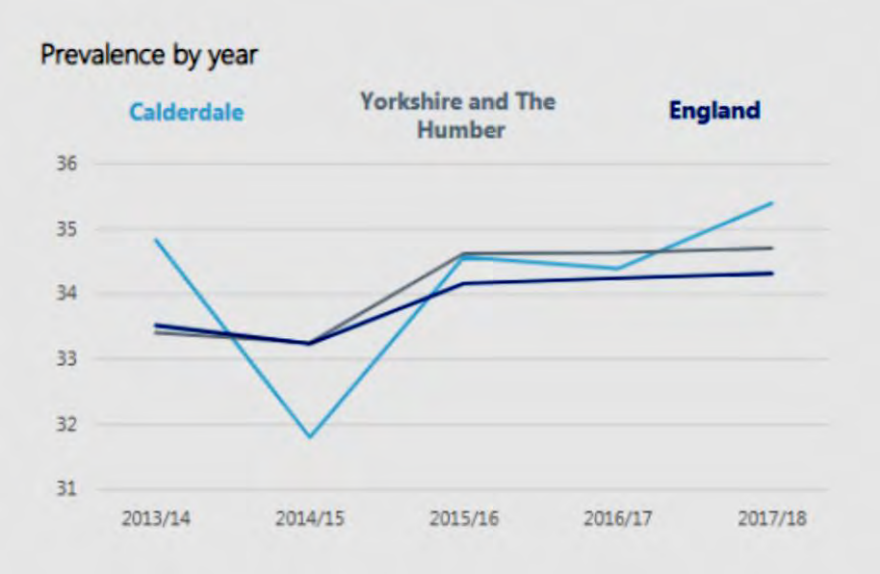
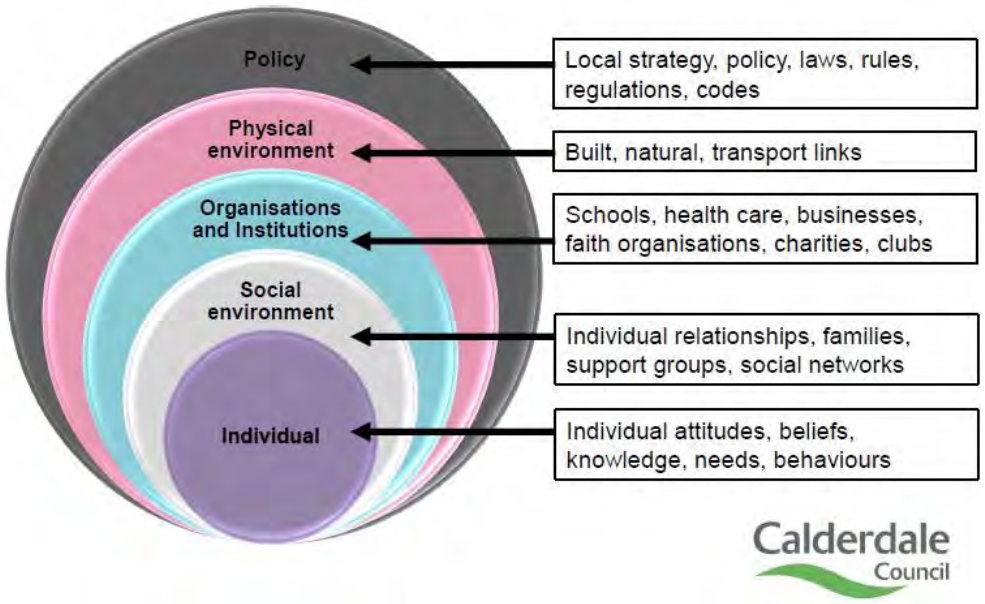


Figure 2 – Excess weight in year 6 children 2013/14 to 2017/18



3.13 Calderdale Council and the CCG consider that comprehensive action needs to be taken to reverse the increasing rates of obesity that will spread through the population as people move through the age cohorts. Within Calderdale a whole system approach is being taken to this issue, illustrated by figure 3 below. In this context the interventionist approach advocated by the Local Plan is considered to be justified.

Figure 3 – Whole system approach to tackling obesity



4. Demographic Change and the Distribution of Growth

4.1 National planning policy (see Revised National Planning Policy Framework, July 2018) establishes that Plans must be positively prepared**,** which means providing a strategy which, as a minimum, seeks to meet the area's objectively assessed needs. It is therefore fundamental that proposals brought forward through the Plan are based on an understanding of population and household forecasts.

4.2 The starting point for consideration of this issue is the overall demographic change (across the various population cohorts) that is projected to occur over the life of the Local Plan between 2018 and 2033.

4.3 Calderdale's objectively assessed need for new homes is 12,600 over the life of the Local Plan. This figure is largely driven by projected household growth, with an adjustment being made to account for relative affordability. Household growth is defined by the Office for National Statistics' household projections.

4.4 Household projections are driven by assumptions on future levels of fertility, mortality and net migration, and household formation behavior (i.e. how this population groups into household units). It is important to appreciate that household and population growth are related but separate concepts. Population growth is affected by the rates of birth, death and migration, which does in turn affect household growth. However, the latter is also influenced by factors such divorce and separation, children moving out of the family home, and people moving from shared houses to their own homes.

4.5 The need for infrastructure is influenced by changes to the size and structure of the population and the location of households. The Office for National Statistics Projections for changes to Calderdale's population between 2014 and 2032 (published in 2016) showed an increase of about 18,000. Table 1 shows the updated position following the publication of the latest population projections in May 2018. In terms of total population growth it can be seen that the latest figures revise the figure downwards quite considerably to about 10,000. The differences between these figures show how forecasts vary through time.

4.6 It can be seen from the Table 1 that overall growth masks important differences between the age ranges of population cohorts. In particular, the population cohort below the age of 65 grows more slowly and peaks before 2033, compared to the rapid and continual growth of the 65+ range.

4.7 Table 2 indicates how the Local Plan will distribute household growth through the various areas of Calderdale. Taken together the Tables indicate that the challenges facing primary health care and community infrastructure commissioners and providers are firstly an aging population and secondly a pattern of growth that is focused on the eastern part of Calderdale.

Table 1 – Population Change 2016 – 2033 (based on ONS projections published May 2018)

Age category	2016	2033	Net Change	Peak Year
0-3 (preschool)	10,309	9,423	-886	2016
4-18 (school)	38,268	38,308	+40	2024
18-65 (working	125,020	121,486	-3,534	2019
66-89 (retired)	33,751	47,435	+13,684	2033
90+	1,721	2,675	+954	2033
Calderdale All ages	209,069	219,327	10,258	2033

Table 2 – Distribution of household growth 2018-33

Settlement	Existing Dwellings (2017/18)	Assumed New Housing	Assumed Total Housing at 2032	% change
Halifax	36,816	4,255	41,071	11.15%
Brighouse	16,395	4,968	21,363	30.3%
Elland /Greetland / Stainland /Holywell Green	10,003	821	10,824	8.21%
Todmorden	7,277	682	7,959	9.37%

Sowerby Bridge	6,812	551	7,363	8.08%
Hebden Bridge	4,630	168	4,798	3.62%
Mytholmroyd & Luddendenfoot	4,977	139	5,116	2.79%
Ripponden & Rishworth	4,544	358	4,902	7.88%
Northowram & Shelf	4,404	700	5,104	15.89%
Calderdale Total	**95,858**	**12,642**	**108,500**	13.19%

4.8 The delivery of houses in response to the growth identified in the Tables above will occur over the life of the Local Plan; however, due to the lead-in times for newly allocated sites to start delivering finished homes, more modest amounts of development will occur during the earlier years of the Local Plan. This means that growth in demand for services will be staggered over the Local Plan's 15 year period.

4.9 The Government requires the Council to identify a five year supply of deliverable housing sites. The supply of housing land includes commitments (i.e. sites that already have planning permission), new allocations (i.e. the new sites that have been identified in the Local Plan) and windfalls (i.e. sites that come forward despite not being formally identified). The rate at which houses are expected to be delivered is called the trajectory. Calderdale Council has opted to take an approach which staggers the housing requirement. Table 3 shows the manner in which houses from the various sources of supply are expected to come forward through the life of the Local Plan.

Table 3 – Housing Trajectory

	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33
Commitments	532	464	410	380	102										
Local Plan Allocations		231	545	740	815	797	859	770	799	738	767	608	667	671	453
Windfall Allowance				162	162	97	97	97	97	97	97	97	97	97	97
Annual Five Year Supply Requirement	560	560	560	910	910										
Cumulative Total	532	1227	2182	3464	4543	5437	6393	7260	8156	8991	9855	10560	11324	12092	12642
Housing Need	12600	12600	12600	12600	12600	12600	12600	12600	12600	12600	12600	12600	12600	12600	12600

5. The current provision position in Calderdale

5.1 Within Calderdale there are 26 General Practices with approximately 121 doctors, 33 dental practices, 40 pharmacies, 34 optometrists and one acute hospital foundation trust (CHFT) and one mental health trust (SWYPFT). According to the Department of Health's information centre for health and social care statistics, in January 2017, there were 220,263 people registered with a Calderdale GP. There is also the Calderdale Royal Hospital in Halifax, and the Todmorden Health Centre providing district wide care. There are also walk-in centres in Halifax and Todmorden.

5.2 Based on the figures above, each GP surgery serves an average population of approximately 8,500 people. Assuming the 2014 based population growth of about 18,000 over the life of the Local Plan, it is anticipated that approximately two further GP practices would be required by 2032.. The latest ONS population projections indicate growth between 2016 and 2033 of around 10,200 persons, which is substantially lower than the previously projected population change of 18,000. If this were the case it would suggest a lesser requirement for new GP practices. This significant change in demographic projections indicates the uncertainties surrounding the planning of future facilities and services.

5.3 In order to assist in the consideration of future requirements in Southeast Calderdale, the Council has prepared a map that overlays the catchment areas of the GP practices with the proposed housing allocations. This is map is attached at Appendix 1.

5.4 Whilst the above paragraph sets out an indication of the level of increased provision that might be required, this is only a starting point and it should not be assumed that the physical construction of new facilities or the extension or refurbishment of existing facilities for example, are being advocated as the only solutions. Furthermore the situation is greatly complicated by the changing age structure of the population. In relation to this, the overall policy position in health and social care has begun to radically shift towards new approaches and models of commissioning and provision. Calderdale's joined-up response to this is outlined in the paragraphs below.

6. Calderdale Cares

6.1 In the present climate of austerity and growing demand, the government advocates the integration of health and social care, in all areas of England, by 2020. Calderdale Council, the CCG and their other partners propose a realignment

of community health services, primary care, public health and social care services for children and adults through *Calderdale Cares*.

6.2 Calderdale Cares is a jointly agreed, place-based framework for Health and Social Care in Calderdale that is underpinned by strong collaboration across the statutory and community sector and where organisations work together and share resources to deliver holistic person-centred support at a locality level. In a report to Calderdale Council's Cabinet in February 2018, the strategy is as set out below:

Stage 1

The Health and Wellbeing Board's 'Single Plan' for Calderdale is a collective agreement of strategic aims, outcomes, measures and values that informs *Calderdale Cares.* It enshrines a whole system approach and places the Council at the forefront of a 'place based' approach that emphasises a shift toward locally-led and whole population focused, community based support.

All partners recognise the potential risks and challenges posed by this including recognition that both the Calderdale and Huddersfield NHS Foundation Trust (CHFT) and South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) may require standardised operating procedures across their larger footprint.

A full review of borough wide community assets will be undertaken and will form the basis of future models of health and social care.

A scoping exercise will be undertaken identifying which Council and health services should be aligned. This will include a risk analysis and proposals for mitigating those risks.

In order to reduce duplication and ensure best value for each £ pound spent, joint commissioning by the Council and the CCG will be undertaken by an enhanced Integrated Commissioning Executive. The broader focus will reflect the whole population outcomes approach advocated by *Calderdale Cares* that will see the allocation of budgets to integrated services on the basis of local need.

A 'neighbourhoods' model will be established across the health and social care system as a basis for locality working. These areas should cover populations of up to approximately 50,000 and will manage whole population budgets.

After a 12-month period, a full review will measure the effectiveness of the new ways of working and identify improvements needed. This review will be considered by the Health and Wellbeing Board.

Stage 2

By 2020, *Calderdale Cares* will be established as an alliance committed to delivering integrated community health, primary care and social care services with defined outcomes and accountabilities.

In-scope services will be delivered through local neighbourhoods, all of which will have identified budgets to meet the health needs of their population.

Governance arrangements for joint commissioning and overseeing service provision will be fully established with continued strategic oversight by the Health and Wellbeing Board, with clear accountabilities for each aspect of delivery.

The enhanced Integrated Commissioning Executive will play a pivotal role in driving the continued integration process – removing the purchaser/provider split and commissioning the proposed alliance of providers, and regularly monitoring performance in line with pre-determined outcomes.

7. Implications for the Delivery of Development Through the Local Plan

7.1 The production of the Local Plan is extremely timely given that the commissioning and provision of primary health and community care services are just entering a period of radical change. In this regard, the Council is in the beneficial position of possessing a more detailed and up to the minute understanding of how the structure of the population will change and where growth will be focused over the next 15 years. Through the Local Plan, the Council is guiding development towards locations where, through economies of scale and an effective policy framework, master planning will ensure that communities are provided with the infrastructure they need to ensure their future sustainability.

7.2 If required, physical space can be identified within the Garden Suburbs proposed in the Local Plan to provide new premises for primary health and community care facilities. This could feasibly take the form of a hub where health and social care is delivered alongside other associated services or facilities. However, much will depend on the decisions that are taken at the level of the locality. This will in turn be influenced by local need and preferences including those of providers and

patients, as well as the assets that are already available with the various partners' estates.

8. Cross-boundary coordination and cooperation

8.1 The area of Southeast Calderdale and North Huddersfield has a relatively permeable boundary. Furthermore both Calderdale and Kirklees Councils are proposing significant strategic housing allocations in their respective Local Plans. It should also be noted that the ongoing process of hospital reconfiguration affects hospital sites in Halifax and Huddersfield.

8.2 Calderdale and Kirklees and working together closely to ensure that our aspirations for development can be delivered sustainably. To this end the Councils have been jointly awarded £170,000 through the Ministry of Housing, Communities and Local Government's Planning Delivery Fund. These funds are being deployed to ensure effective planning and coordination of infrastructure across both sides of the boundary.

8.3 Pursuant to the objective of demonstrating the duty to cooperate Calderdale and Kirklees are close to agreeing a Statement of Common Ground on planning policy matters and a Memorandum of Understanding on joint working.

8.4 To the Northeast (around the Shelf, Northowram and Boothtown areas) Calderdale borders on Bradford. These areas are less of a focus for housing growth compared to Southeast Calderdale. The issues relating to the duty to cooperate are therefore less complex in relation to Bradford. Notwithstanding this Calderdale and Bradford Councils are continuing a process of dialogue and cooperation as their respective Plans proceed.

8.5 Subject to the above it is considered that there are sufficient safeguards in place to ensure that health and wellbeing matters are properly addressed across Council boundaries.

9. The Future model of cooperation between the Council as Local Planning Authority and CCG

9.1 Discussions between the Council and CCG have identified a need to embed a process of future cooperation in order to ensure that the voice of the NHS is heard. Listed below are measures that have been agreed:

- The CCG will be an identified stakeholder in masterplanning exercises for Garden Suburbs
- The CCG be invited to make comments on pre-planning application enquiries for schemes of more than 100 houses

- The CCG will be a formal consultee on planning applications for more than 100 dwellings
- The CCG will be a formal consultee on all pre-applications enquiries and applications relating to care homes, extra-care facilities and retirement villages
- Calderdale Council will share with the CCG the latest information on demographic change and housing requirements as and when it becomes available
- Calderdale Council will share with the CCG quarterly statistics on housing completions
- Calderdale Council will seek to act as a broker between the CCG/primary health care providers and developers/land owners/site promoters
- The CCG will seek to act as a first point of contact for Calderdale Council on matters relating to spatial planning and health care.

10. Conclusion and Next Steps

10.1 The Local Plan has been prepared at a time of significant change to the delivery of health and social care. These changes are yet to embed themselves and as such it is not possible at the present time to provide a finalised position on the physical health and wellbeing infrastructure that will need to be delivered over the life of the Local Plan.

8.2 The Local Plan is however an enabler for positive change and should therefore be viewed as an opportunity rather than threat. Strong working relationships already exist between Calderdale Council, the CCG and their various partners at a local level, whilst in addition there is surety that future requirements are already being planned, commissioned and provided for properly.

8.3 Through the process of master planning strategic sites (i.e. the Garden Suburbs), provision will be made for the necessary health and wellbeing infrastructure. As thinking on future requirements evolves and crystallises, it will be important to feed this back into the planning process to ensure that it is fully reflected in plans.