

Core Strategy and Development Plan

Health Impact Assessment

2017





Health Impact Assessment of Sunderland's Draft Core Strategy and Development Management Plan

Chris Allan, Specialty Registrar in Public Health

July 2017

Contents

1. Executive summary	3
2. Introduction	6
3. Sunderland’s Local Plan and CSDMP.....	6
4. Health Impact Assessment.....	11
5. Impacts of spatial planning on Health & Wellbeing.....	12
6. Sunderland Health Profile	15
7. Core Strategy and Development Management – Policy alignment.....	21
8. Recommendations	43
9. Next steps	45
Appendix A: Design Principles and Strategic objectives of Sunderland’s Health and Wellbeing Strategy	46
References	53

Acknowledgements

Gillian Gibson, Director of Public Health, Sunderland City Council

Julie Parker-Walton, Consultant in Public Health (Acting), Sunderland City Council

1. Executive summary

Sunderland City Council is in the process of developing its Local Plan, of which the Core Strategy and Development Management Plan (CSDMP) would form the first part.

The links between health and the physical environment are well documented and housing, employment, transport and crime can all have major impacts on the health and wellbeing of local populations.

As part of Sunderland City Council's commitment to fulfilling its duty to improve the health and wellbeing of the local population and in recognition of the links between the environment and health it was agreed that a Health Impact Assessment (HIA) of the draft CSDMP be undertaken. The aims of which were:

- To assess the potential health impacts (positive and negative) of the draft CSDMP
- To assess the alignment of the policies within the draft CSDMP with the strategic objectives contained within Sunderland's Health and Wellbeing Strategy (HWBS), and
- To make recommendations to minimise or remove potential negative health impacts and where possible enhance potential positive ones.

A profile of health in Sunderland is provided in Section 6 and identifies some of the health challenges that exist within and across the city, such as the gap in life expectancies between people in the least and most deprived wards.

Due to time and resource constraints very rapid, prospective HIA was undertaken. The process involved a collaborative desk top review of existing evidence and other available HIAs in relation to urban development and health, and a policy appraisal of the alignment between the draft CSDMP and HWBS.

The overall conclusion is that the draft CSDMP if implemented as currently stated is likely to have a positive impact on the health and wellbeing of the local population. These benefits are likely to arise from the priority being given to an improved housing offer, the commitment to improving green infrastructure and enhancing green and open spaces, improvements to the city centre and plans to increase employment opportunities.

However the assessment has highlighted some areas for potential health optimisation. These have informed the 15 recommendations in Section 8 and are summarised below:

Alcohol

Recommendation 1: Plans to improve the night time economy should take account of the potential for cumulative impact licensing policies in the City. (Policy SS4 Central Area Policy)

Recommendation 2: Supporting the development of public houses should be considered alongside the council's role to reduce the impact of alcohol harms across the city and the Statement of Licensing Policy. (Policy HWS2: Protection and delivery of community, social and cultural facilities)

Healthy eating

Recommendation 3: Consider a) working with outlets to make the healthier choice the easier choice, and b) a population-level (cumulative impact) policy that takes into account risks to the health of children and young people by outlets sited close to schools. (Policy EP12: Hot Food Takeaways)

Healthy physical environments

Recommendation 4: Consider adopting and using criteria for non-obesogenic and healthy, sustainable environments such as promoting active travel and making the healthy choice the easier choice. (Policy EP2: Primary Employment Areas; Policy EP3: Key Employment Areas; Policy EP4: Other employment sites; Policy EP5: Policy New employment areas)

Recommendation 5: In the consideration of each proposal, all attempts should be made to making the healthy choice the easier choice. (Policy EP8: Designated Centres)

Recommendation 6: Consider undertaking a Health Impact Assessment for each separate proposal prior to development. (Policy EP9: Retail Hierarchy; Policy E1: Urban Design; Policy E17: Quality of Life and Amenity; Policy WM8: Land Instability and Minerals Legacy; Policy SA1: Vaux Strategic Allocation; Policy SA2: South Sunderland Growth Area)

Recommendation 7: Consider criteria for acceptable marketing e.g. promotion of healthy habits and preventing the advertising of potentially harmful products such as alcohol and fast food near schools and places young people gather. (Policy E3: Advertisements/Shop Fronts)

Recommendation 8: Consider including a clause in the policy to specifically consider quality of life as well as amenity. (Policy E17: Quality of Life and Amenity; Policy E18: Noise-Sensitive Development; Policy WM9: Cumulative Impact)

Recommendation 9: Any proposals should be considered in the light of the potential impact of residents living nearby. (Policy CM3: Renewable Energy)

Recommendation 10: Consideration should be given to the potential impact of heavy road traffic on air quality and road traffic accidents. (Policy CC4: Port of Sunderland)

Healthy physical environments/ Access to services and facilities

Recommendation 11: Proposals to provide outdoor recreation and leisure should be carefully scrutinised so that they are congruent with ecological sustainability (e.g., do not involve large scale use of synthetic/ inorganic materials) and social equity (e.g., considering whether types of recreation provide equitable access). (Policy E11: Green Belt; Policy E13: Development in the open countryside)

Access to services and facilities

Recommendation 12: Consideration should be given as to how the accommodation could be put to good use during non term-time. (Policy H5: Student Accommodation)

Recommendation 13: Consider ensuring that access to such facilities and services will be equitable and does not disproportionately favour those with higher socioeconomic status. (Policy EP13: Culture, Leisure and Tourism)

Recommendation 14: Consider using the principles of community street audit when planning specific changes to the centre and other sites. (Policy CC3: City Centre Accessibility and Movement)

Recommendation 15: Consider planning facilities for upcycling and facilitated freeshare in preference to disposal. (Policy WM1: Waste Management)

2. Introduction

Sunderland City Council was in the process of developing its Local Plan, of which the Core Strategy and Development Management Plan (CSDMP) would form the first part.

Health Impact Assessment (HIA) assesses the potential impacts of a plan, programme or policy on the health of the population and the distribution of those effects within the population. Whilst there is no statutory duty to undertake a HIA as part of the development of a new Local Plan, the approach was strongly advocated by government in recognition that public health is the outcome of a number of factors, not just health services. Following discussions between planning and public health officers in Sunderland City Council, it was decided that by carrying out a health impact assessment on the Council's draft CSDMP, we would be able to consider health impacts at a relatively early stage of the process which would make it possible to incorporate changes before the final version of the Local Plan was published.

This HIA of the draft CSDMP assesses the potential health impacts of each of the 80 policies identified in the document and rates these against the 8 Design Principles and 6 Strategic Objectives contained within the HWBS adopted by Sunderland's Health and Wellbeing Board (**Appendix A**). The process for the HIA was led by the Public Health team Sunderland City Council in consultation with planning officers from the Council's Planning and Regeneration team.

3. Sunderland's Local Plan and CSDMP

By law all Local Planning Authorities have a statutory duty to prepare a Local Plan, which would be the starting point for the consideration of planning applications for the development and use of land within the Local Authority area. The overarching aim of Sunderland's Local Plan was to "ensure that Sunderland is a city that is open for business and growth, providing jobs and prosperity for local people, delivering housing to meet the needs and aspirations of all of our communities, and tackling deprivation within the City, whilst protecting the city's important natural and historic environmental assets".

Sunderland's Local Plan was being developed in three parts:

1. CSDMP
2. Allocations and Designation Plan, and
3. International Advanced Manufacturing Park (IAMP) Area Action Plan (AAP) 2017-2037

The IAMP would set out site specific policies for delivery of a large advanced manufacturing park on land to the north of the existing Nissan Plant. The Council is working jointly with South Tyneside Council on the preparation of this plan, as the site was partly located within the administrative areas of both authorities.

The Allocations and Designation Plan would set out site-specific policies for the development, protection and conservation of land in the city in order to deliver the overall strategy set out within the CSDMP.

The draft CSDMP was a strategic Plan covering the period 2015 to 2033 which set out an overarching strategy for future change and growth in the city. Once adopted, the CSDMP

would become part of the City's statutory planning framework guiding decisions on all development and regeneration activity to 2033.

The draft CSMDP was written following a series of consultations with the community and stakeholders including:

- Issues and Options (winter 2005)
- Core Strategy and Preferred Options Draft (December 2007)
- Alternative Approaches (September 2009)
- Draft Core Strategy and Development Management Policies (August 2013), and
- Core Strategy Growth Options (March 2016)

The starting point for the CSDMP was the government's National Planning Policy Framework (NPPF) and National Planning Practice Guidance (PPG) which set out key planning principles and practices. The core principle of the NPPF was a 'presumption in favour of sustainable development', which was defined positively, i.e., seeking to meet the needs of the city in full unless harms outweighed benefits or development was contraindicated by other policies within the NPPF.

In order to ensure that the impacts of the strategy and policies within the plan were fully understood and that positive changes could be made to policy proposals to secure optimal benefits, the CSDMP was subject to a number of impact assessments, including

- Sustainability Appraisal (incorporating Strategic Environmental Assessment)
- Habitats Regulations Assessment
- Equalities Impact Assessment, and
- This Health Impact Assessment.

The draft CSDMP provided a socioeconomic profile of the City and identified a range of themed Strategic Issues and Priorities to be addressed by the Plan (**Table 1**).

Table 1: CSDMP Strategic Issues and Priorities

Theme	Strategic Issues	Strategic Priority
Spatial Strategy	<ul style="list-style-type: none"> • Reversing outward migration of working age population and planning to meet the needs of a growing and ageing population. • Supply of available development land is low in some areas, particularly the Washington subarea. • The supply of previously developed land available for development within the city has reduced significantly in recent years and now only comprises 34% of the land identified in the Strategic Housing Land Availability Assessment (SHLAA) for development in the next 15 years. 	SP1. To deliver sustainable growth within the city to meet all identified development needs, in particular supporting the retention of young economically active age groups and graduates.
		SP2. Ensuring an appropriate distribution and balance of employment, housing growth and other competing land uses. Where viable, maximising the reuse of previously developed land.
Health and Wellbeing	<ul style="list-style-type: none"> • The city current ranks as the 37th most deprived within the country. • Educational attainment of the city's residents is below that of the national regional averages. • Increasing concern over the number and concentration of hot food takeaways within the city's designated centres. • Health outcomes of the city's residents are below the national average on most comparable measures. 	SP3. Improving and protecting citizens' health, promoting healthy lifestyles and ensuring the development of facilities to enable lifelong learning to reduce inequality and ensure a high quality of life.
Homes	<ul style="list-style-type: none"> • Significant amount of in-commuting, particularly by higher wage earners. • There is a mismatch between housing stock and identified needs, with insufficient levels of larger family housing and bungalows identified. 	SP4. Providing enough land to meet the city's housing requirement and ensuring a range and choice of housing types and tenures, including increased provision of affordable and larger family homes.
	<ul style="list-style-type: none"> • There is shortage of affordable housing within the city, with an imbalance of 542 dwellings per annum identified within the 	SP5. Developing cohesive, inclusive and attractive sustainable neighbourhoods and neighbourhoods that are well

	<p>Strategic Housing Market Assessment (SHMA).</p> <ul style="list-style-type: none"> • Long-term vacancy rate within the city is 1.3%, which although lower than the regional average, is above the national average. 	<p>integrated with schools, shops, services, facilities and open space whilst ensuring that the diverse needs of the city's different communities are met.</p>
Economic Prosperity	<ul style="list-style-type: none"> • Unemployment rates within the city are higher than both the national and regional averages. • Whilst there is a good supply of employment land, it is not necessarily within the strongest market areas. There is anticipated to be a particular shortfall of employment land within the Washington subarea. 	<p>SP6. Facilitating economic growth by providing a wide portfolio of high quality employment sites, whilst supporting the development of new key employment sectors, including the low carbon economy, automotive and advanced manufacturing sectors, whilst strengthening existing industry.</p>
	<ul style="list-style-type: none"> • Over recent years the vast majority of new office floorspace has been constructed in out of centre locations such as Doxford International. This has resulted in a lack of quality office space within the city centre when compared to cities of a similar scale. • Retail spend within the city centre has been declining in recent years, due to impacts associated with out-of-centre retailing, consolidation of retailers in fewer centres and online retailing. 	<p>SP7. To consolidate the City Centre and develop its fringe into a vibrant and economically buoyant entity connected to its River and Coast, by improving and expanding the office and retail offer, whilst securing the vitality and viability of other designated centres throughout the city.</p>
Environment	<ul style="list-style-type: none"> • There are a wide range of heritage assets within the city which should be protected for the enjoyment of existing and future generations. • The city currently has 12 entries on Historic England's heritage at risk register. 	<p>SP8. To increase the contribution that urban design and valued cultural and heritage assets can make to the image of the city and the quality of life of its residents.</p>
	<ul style="list-style-type: none"> • The city has a number of protected geological and biological sites; however some of these are in an 'unfavourable' condition. • A total of 25% of the city's area 	<p>SP9. Protecting the city's biodiversity, geological resource, countryside and landscapes, including the River Wear, the coast and the magnesian Limestone</p>

	<p>is designated as Green Belt and there are a number of settlement breaks which seek to stop communities coalescing.</p> <ul style="list-style-type: none"> Although the quality of green spaces within the city is generally good, the Green Space Audit does identify some areas which have a shortage of supply either in terms of quality or quantity. 	<p>Escarpment and seeking opportunities to enhance that resource where possible, whilst ensuring that all homes have good access to a range of interlinked green infrastructure.</p>
Climate Change	<ul style="list-style-type: none"> The Sunderland Preliminary Flood Risk Assessment (2011) identifies that there are up to 22,500 properties within the city that are at risk of flooding. The city also contains 6 Critical Drainage Areas and several Source Protection Zones. 	<p>SP10. Adapting to and minimising the impact of climate change by reducing carbon emissions and seeking to reduce the risk and impact of flooding.</p>
Transport and Accessibility	<ul style="list-style-type: none"> There are large parts of the city which are not currently served by the Tyne and Wear Metro. Most trips within the city are made by the private car. 	<p>SP11. Implementing sustainable transport solutions that enhance the city's profile, improve its economic competitiveness and achieve low-carbon outcomes, whilst enhancing accessibility for all to a full range of facilities and jobs and reducing dependency on the car. To implement traffic management measures to manage congestion and associated environmental and health impacts of traffic</p>
Minerals and Waste	<ul style="list-style-type: none"> The Council must seek to reduce the amount of waste generated within the city and improve how it is managed in order to meet national and local targets. 	<p>SP12. Increasing the reuse and recycling of 'waste' in line with sub-regional responsibilities and plan for the most sustainable way of disposing of the remainder.</p>
	<ul style="list-style-type: none"> The city contains significant mineral resources including areas of coal, magnesian limestone and sand and gravel. 	<p>SP13. To manage the city's mineral resources ensuring the maintenance of appropriate reserves to meet the future needs of the community whilst making sure that environmental impacts are</p>

		properly considered.
Infrastructure	<ul style="list-style-type: none"> • Telecommunications coverage within the city is good, with over 95% coverage for superfast broadband and 4G. • New development will require the infrastructure network to be improved to meet increased demand. 	SP14. To ensure that the City has the infrastructure in place to support its future growth and prosperity.

4. Health Impact Assessment

A Health Impact Assessment (HIA) aims to inform rather than replace decision making and is a tool that can be used to:

- Assess the potential health impacts (positive and negative) of policies, programmes and projects on a defined population.
- Improve the quality of public policy decision making, through evidence-based recommendations, to enhance predicted positive health impacts and minimise negative ones¹.

Methods for undertaking Health Impact Assessment may involve:

- Policy analysis.
- Profiling the areas and communities affected.
- Involving stakeholders and key informants in predicting potential impacts.
- Evaluating the importance, scale and likelihood of predicted impacts.
- Considering alternative options and making recommendations for action to enhance or mitigate impacts.

HIA uses a social model of health that builds on the understanding that a community's health is not just influenced by health services but by a range of economic, social, psychological and environmental influences such as educational attainment, housing and employment. Ideally, a wide range of stakeholders and members of the local community should be engaged, thus facilitating public participation in the decision making process and ensuring a wide range of viewpoints are considered.

HIAs can be either prospective – conducted before the activity takes place, concurrent – conducted while the activity is being undertaken or retrospective – conducted after the activity has finished. The preferred starting point for a HIA is prior to proposals being implemented and ideally at the outset of any policy development. This allows any recommendations to be made and considered in the planning stage to maximise health gain and prevent the implementation of any potentially harmful elements.

There are three defined levels of HIA:

1. Basic screening which involves a desk top review of policy or assessment of service plan these generally take 2 – 3 days to complete.

2. Rapid or intermediate HIAs which take 2 – 4 months are more detailed assessments using secondary data and may or may not include public engagement. They are used for reviews and modifications or for new interventions where a comprehensive HIA is prohibited by costs, time or other constraints.
3. Detailed or comprehensive HIAs are undertaken for major projects and policies, they involve extensive engagement and consultation, take several months to complete and require significant resource.

Unfortunately, due to the available time to undertake this assessment, it has not been possible to engage stakeholders and members of the local community.

4. Scope & Methodology of the draft CSDMP HIA

Due to time and resource constraints, Public Health and Planning officers agreed that a rapid prospective HIA should be undertaken on the draft CSDMP. This would involve:

- a) profiling the health of the population
- b) policy appraisal assessing the degree of overlap or alignment of the policies contained in the CSDMP with the Design Principles and Strategic Objectives contained in the HWBS (**Appendix A**), and
- c) development of recommendations to influence health optimisation arising from the policy appraisal

5. Impacts of spatial planning on Health & Wellbeing

A social model of health (**Figure 1**) was used to determine the potential health impact of Sunderland's draft CSDMP on the community and was adapted from that developed by Dahlgren & Whitehead² to show the links between planning and health. The inner diagram shows the factors such as lifestyle, education and environmental that can impact on health and wellbeing. The outer boxes highlight aspects of planning that can have an influence on these factors.

The natural environment: The natural environment can enhance health and wellbeing and green space has a role to play in tackling a range of health and social problems including obesity, heart disease and anti-social behaviour. A report on tackling obesity highlighted that levels of physical activity have declined significantly in the UK over the last 30 years for example distance cycled per person per year fell from 51 miles to 34 miles whilst car use increased by over 10%. Evidence is emerging that suggests residents of highly walkable neighbourhoods are more active and have slightly lower body weights than their counterparts in less walkable neighbourhoods³.

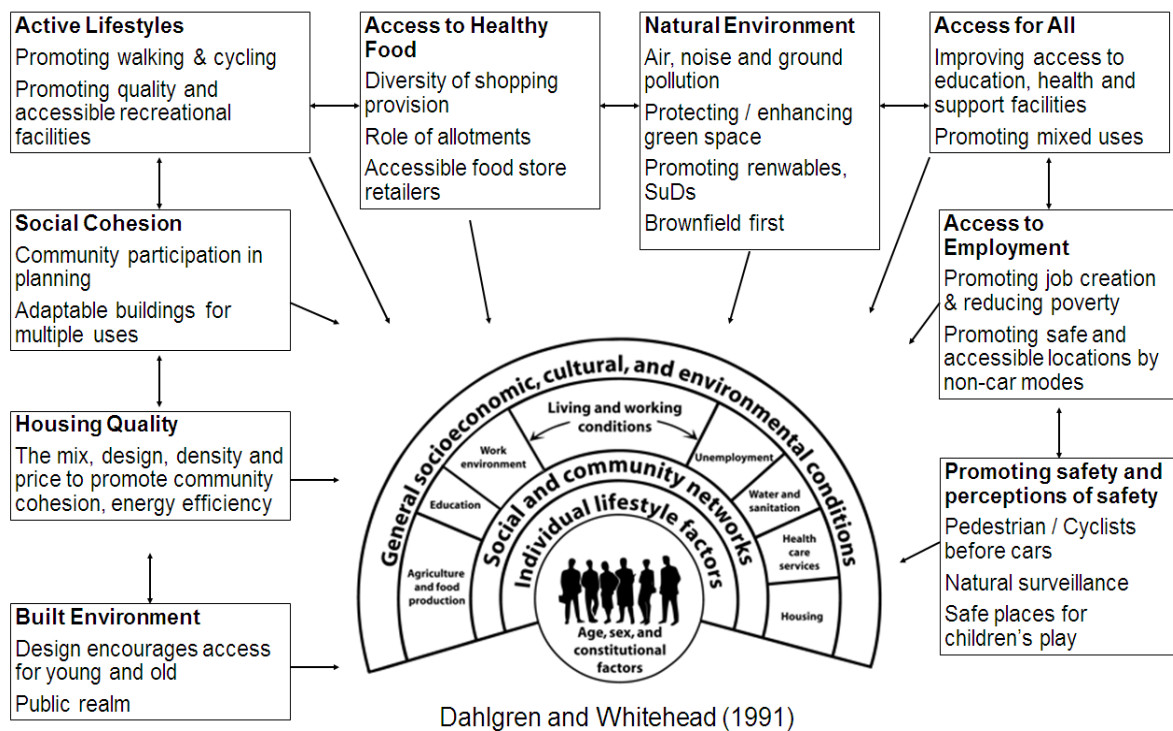
During their lifetime as many as one in six people in the UK will suffer from mental ill- health such as anxiety or depression. Having access to safe, green spaces is thought to be as effective as prescription drugs in treating some forms of mental illness in adults and in facilitating a reduction in symptoms for young people with Attention Deficit Hyperactivity Disorder⁴. As well as having a positive effect on mental and physical health green spaces can enhance the environment and improve community cohesion and connectedness which

are important predictors of well-being in older adults. The use of green outdoor spaces is said to be a good measure of social connectedness and a strong correlation has been identified between the availability of usable green space and social cohesion⁵.

The World Health Organisation (WHO) has provided a briefing pack describing the evidence base for and the interventions that can be taken to improve green infrastructure⁶. This shows that ‘by improving air and water quality, buffering noise pollution and mitigating the impacts of extreme events, urban green spaces can reduce environmental health risks associated with urban living. In addition, they support and facilitate health and well-being by enabling stress alleviation and relaxation, physical activity, improved social interaction and community cohesiveness. Health benefits include improved levels of mental health, physical fitness and cognitive and immune function, as well as lower mortality rates in general’ (WHO, 2017).

Figure 1: The social mode of health (Dahlgren and Whitehead, 1991).

Linking the Planning and Health Agendas



Town planners, health professionals, policymakers and people themselves are being encouraged to work together to create more green space and make better use of it to improve the health and well-being of local communities⁷. The National Institute for Health & Clinical Excellence (NICE) highlight the importance of incorporating green spaces into area cycling/walking infrastructures and promoting green spaces to encourage physical activity⁸. NICE recommend the involvement of local communities and experts at all stages of the development to maximise the use of green space and increase the potential for physical

activity including for people whose mobility is impaired. Ensuring public open spaces and public paths are maintained to a high standard and are safe, attractive and welcoming to everyone will help increase their use by local communities.

Housing quality: There is a breadth of evidence demonstrating the association between housing and physical and mental ill health and a range of specific housing related factors are known to adversely affect health⁹. These include:

- Agents that affect the quality of the indoor environment such as indoor pollutants including asbestos, mould and carbon monoxide. Living in these conditions has been found to increase the prevalence of respiratory and skin conditions and inadequate ventilation is associated with asthma.
- Cold and damp, housing design and/or layout - living in damp conditions can exacerbate respiratory conditions and children living in damp and conditions are highlighted as being at particular risk¹⁰. There is an association between excess winter deaths and those experiencing fuel poverty, living in homes that are poorly heated and homes with low energy efficiency.
- Overcrowding, neighbourhood quality etc.
- Factors related to housing policy such as housing allocation and housing tenure.

Owner-occupiers live longer and stay healthier than renters. Personal characteristics explain much of the difference between owners and social renters, but some dwelling and neighbourhood characteristics also play a role¹¹.

Access to healthy food: The typical adult diet in the UK exceeds recommended dietary levels of sugar and fat and less than a third of adults are thought to meet the recommended intake of at least 5 portions of fruit and vegetables per day. Environmental influences on diet often relate to ease of access to food and drink either from local shops and supermarkets for home consumption or from hot food takeaways and restaurants. Whilst research into the link between fast food availability and obesity is still being developed associations between deprivation, density of fast food outlets and higher levels of obesity have been highlighted¹². Restricting access to hot food takeaways can have wider benefits than just influencing dietary intake, their impact on the generation of litter which can attract vermin and reduce the visual appeal of the environment as well as the potential to contribute to traffic congestion have been highlighted¹³. A recently published Takeaways toolkit¹⁴ highlights three approaches that Local Authorities should consider to progress this work which are: working with the takeaway businesses and food industry to make food healthier, working with schools to reduce fast food consumption and using regulatory and planning measures to address the proliferation of hot food takeaways. The toolkit includes case studies from areas that have implemented actions in response to an identified need to reduce the numbers of fast food takeaways locally.

Access to employment: Employment and working conditions are critical to improve population health and redress health inequalities. Being in good employment is identified as being protective of health; conversely unemployment contributes to poor health. Being in employment not only provides income but can also provide structure and purpose to peoples' lives. As many as one in seven men are thought to develop clinical depression within 6 months of becoming unemployed and there is a positive association between mortality and unemployment. The risk of suicide can increase significantly within a year of

job loss¹⁵. Gaining employment can reverse these negative trends and getting back into work has been found to increase the likelihood of reporting improved health and wellbeing. However the quality of work is also important and insecure or poor quality employment is associated with increased risks of poor physical and mental health¹⁶. Work is being undertaken to ensure that people in Sunderland have access to training that supports them in developing the skills needed to attain the quality, well-paid jobs that will be created through the growth in the local economy being pursued through the policies in the Core Strategy.

Community safety: Safety and security are essential to successful and sustainable communities and perceptions of the environment can impact on physical and mental wellbeing. People may be less likely to exercise or spend leisure time outdoors in neighbourhoods that are perceived to be or are unsafe due to crime and violence. Perceived lack of safety can also affect parents' decisions to allow their children to play outside thus reducing their opportunities for physical exercise and social interaction with peers. Safety and security are also essential to successful, sustainable communities. Designing out crime and designing in community safety are highlighted as being essential in the planning and delivery of new developments¹⁷. Crime and antisocial behaviour are more likely to occur when pedestrian routes are poorly lit and in areas that are unwelcoming, underused or have become derelict. Places that promote a sense of ownership, respect and shared responsibility are likely to have lower levels of crime and antisocial behaviour. Community street audits can focus on area-wide issues and look at small scale measures that improve street safety, improve success for all (including those with disabilities and the elderly) and highlight opportunities to design-out crime and encourage social connectedness.

6. Sunderland Health Profile

Demographic profile

According to ONS¹⁸, Sunderland has a growing and ageing population. The 2014 population projection to 2024 suggests that the population will grow over the ten years by 1.8%, with 0.7% due to natural change (i.e., the balance between live births and deaths). International migration will account for 3.8% of the change, while net national migration will contribute to a 2.6% reduction. It is not known to what extent membership of the EU could affect this balance.

NOMIS data¹⁹ indicate that the proportion of the population aged between 0 to 15 is not expected to fluctuate much in future years (17% in 2014 and again in 2039), whilst the group aged 65 is expected to increase by 7% (18% in 2014 and 26% in 2039). The population aged between 16 and 64 is projected to fall from 64% in 2014 to 58% in 2039. As such, in 2039, there is expected to be 1 person aged 65 and above for every 2.26 people aged 16 to 64. In 2014 this was 3.5 people aged 16-64 for every person aged 65 and above.

Ethnicity: According to ONS¹⁸, in 2011 Sunderland had a small black minority ethnic population; white (95.9%), Asian (2.7%) and other (1.4%).

Life expectancy and causes of death: The Local Health tool from Public Health England (PHE)²⁰ shows that life expectancy at birth for both men and women in Sunderland is lower than the England average. Healthy life expectancy for men in Sunderland is 58.8 years verse 63.4 years in England, and women's is 60.1 years verses 64.1 years in England.

There are inequalities in life expectancies between the sexes, and between different wards in the City. At the most extreme ends, a woman in Fulwell can expect to live around 14 years longer than a man in Hendon (Table 2).

Table 2: Life expectancy at birth by ward (green cells showing highest and red showing lowest values)

Ward Name	Life expectancy at birth for females, 2010-2014	Life expectancy at birth for males, 2010-2014
Barnes	81.7	77
Castle	80.9	75.6
Copt Hill	80.9	77.3
Doxford	82.7	80.7
Fulwell	84.9	80.3
Hendon	77	71.1
Hetton	80.9	78.7
Houghton	80.5	77.6
Millfield	80.3	75.5
Pallion	78.9	75.8
Redhill	78.9	75.1
Ryhope	82.2	77
St Anne's	80.1	75.5
St Chad's	82.6	78.4
St Michael's	82	79
St Peter's	81.7	77.6
Sandhill	80.1	74.9
Shiney Row	79.9	76.9
Silksworth	81.9	77.9
Southwick	79.3	75.7
Washington Central	81.3	78.8
Washington East	80.4	78.4
Washington North	79.8	74.5
Washington South	83.9	82.2
Washington West	79.8	78.1

PHE's Segment Tool²¹ shows that half the gap in life expectancy for men within Sunderland is due to deaths from circulatory diseasesⁱ (29%) and cancers (21.8%). This is 40% for women (18.7% circulatory, 21.5% cancers).

According to Local Health data, the greatest local inequality in health outcomes is observed in early deaths (aged under 75 years) from coronary heart disease (CHD), with people in Hendon experiencing more than 5 times the level of premature mortality than people in Washington South (Hendon Standardised Mortality Ratio (SMR)ⁱⁱ=241.1, Washington South SMR=43.6).

ⁱ This includes coronary heart disease and stroke, and the range of ICD10 codes I00 to I99. In ICD-10, CHD is covered by codes I20-I25. Codes I60-I69 capture stroke.

ⁱⁱ The ratio of the observed number of deaths in each ward to the number expected if the ward had the same age-specific rates as England and Wales, with 100 representing no difference.

People in Washington West (SMR=215.5) suffer more than 3 times the level of deaths from stroke than residents of Fulwell (Washington West SMR=215.5, Fulwell SMR=71).

The SMR from deaths due to cancer is highest in a cluster of wards around the river Wear (Figure 2). It is highest in St Anne's (143.5) and lowest in Washington South (95.1).

Whilst over the last ten years early death rates from cancer, heart disease and stroke have fallen in Sunderland, the rate of premature deaths from cancers and in women locally increased between 2012 and 2013 (Figure 3)²².

Figure 2: Standardised Mortality Ratio for deaths from all cancers, by ward

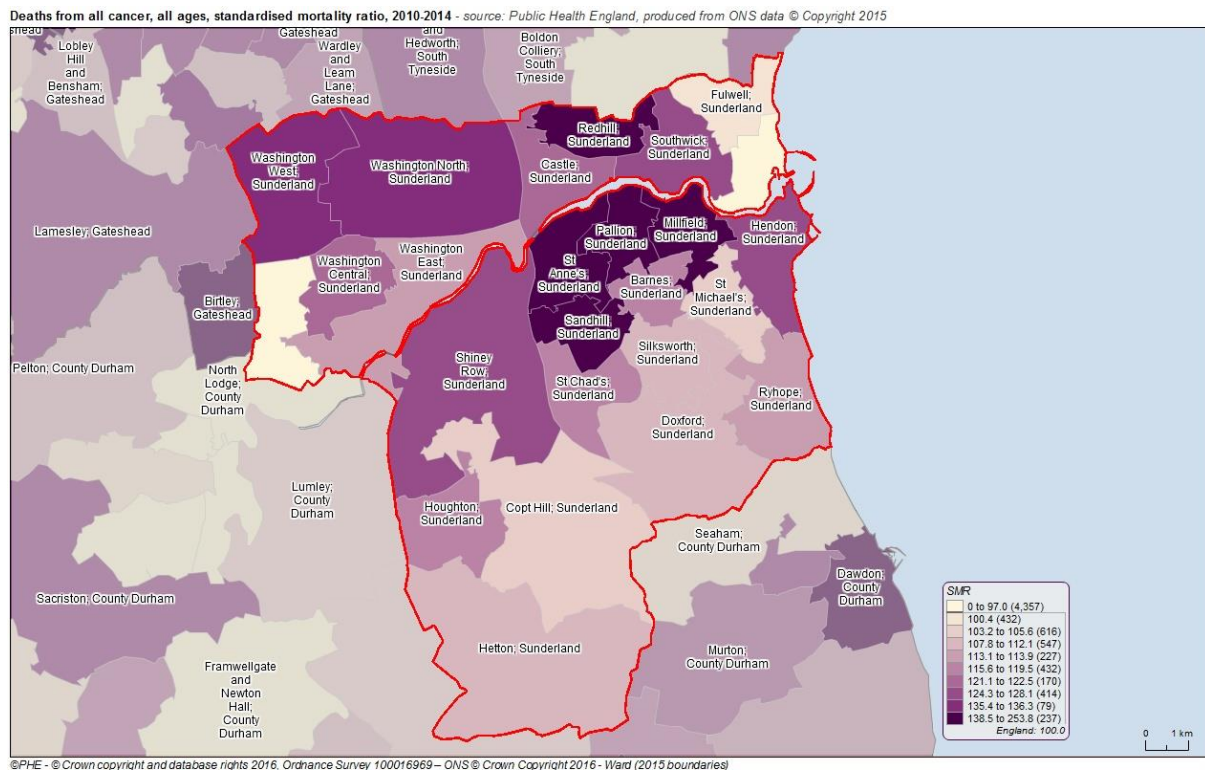
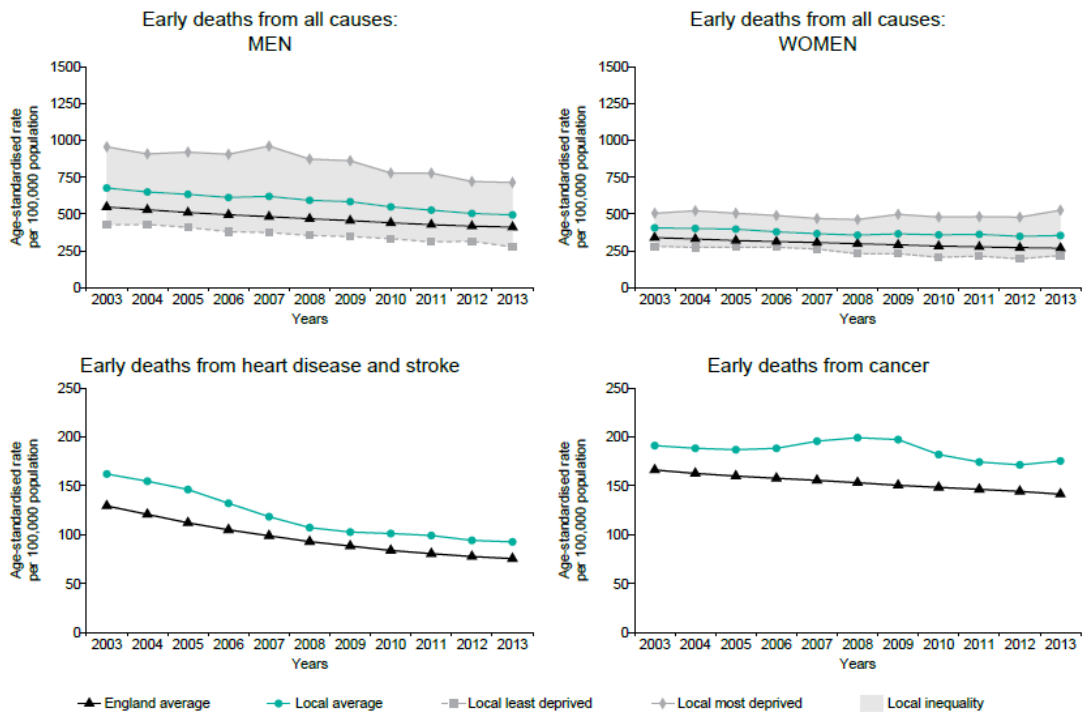


Figure 3: Trends in inequalities in premature mortality (PHE)



According to Local Health data, there is some local variation in the rate of new cancer diagnoses, with the residents of Sandhill (incidence ratio=127.9) experiencing levels that are 30% greater than St. Peter's (Sandhill incidence ratio=127.9; St. Peter's=97.4).

Overweight & obesity: Maintaining a healthy weight through regular physical activity and eating a healthy diet are key factors in promoting and protecting physical and mental health. Obesity tends to be intergenerational, as children of parents who are overweight or obese are less likely to have a healthy weight. Increasing levels of excess weight are also associated with decreasing socioeconomic status²³. Overweight and obesity in childhood puts children at increased risk of developing type 2 diabetes, heart disease and some cancers in later life²⁴.

The 2017 Health Profile shows that just over half (50.6%) of adults in Sunderland achieved the recommended 150 minutes of physical activity per week, which is higher than previously (48.9%), but still lower than the national average, which was 57%. 70.1% of adults in Sunderland were classified as being overweight or obese, higher than the England rate of 64.8%.

The National Child Measurement Programme (NCMP) began in 2006/07. The programme measures the height and weight of pupils in reception (aged 4 – 5 years) and year 6 (aged 10 – 11 years) to assess levels of overweight and obesity. Uptake of the programme is high at over 90% so the programme provides an effective measure of the prevalence of childhood obesity. NCMP data for the 2015/16 school year²⁵ shows that in Sunderland almost a quarter (23.9%) of children in reception were classified as obese or overweight, which is slightly lower than the rate in 2011/12 (24.5%) and lower than baseline levels in 2006/07 (27.8%). The proportion of overweight and obese children in year 6 in Sunderland in 2015/16 was 39.8% which is higher than rates in 2011/12 (39.1%) & 2006/07 (38.4%). In 2014/15 levels of overweight and obesity amongst Sunderland children in reception and year 6 were higher than levels in England, which were 22% and 33% respectively.

Aggregated data from 2012/13, 2013/14, and 2014/15 indicates local variation in excess weight (i.e., overweight and obesity) amongst children. Local Health shows that the prevalence of excess weight in children in year 6 is 44% greater in Pallion (41.6%) than in Fulwell (28.9%). The prevalence of obesity in year 6 children is greatest in Sandhill (28.5%), which is almost double that of the lowest in Fulwell (15.2%).

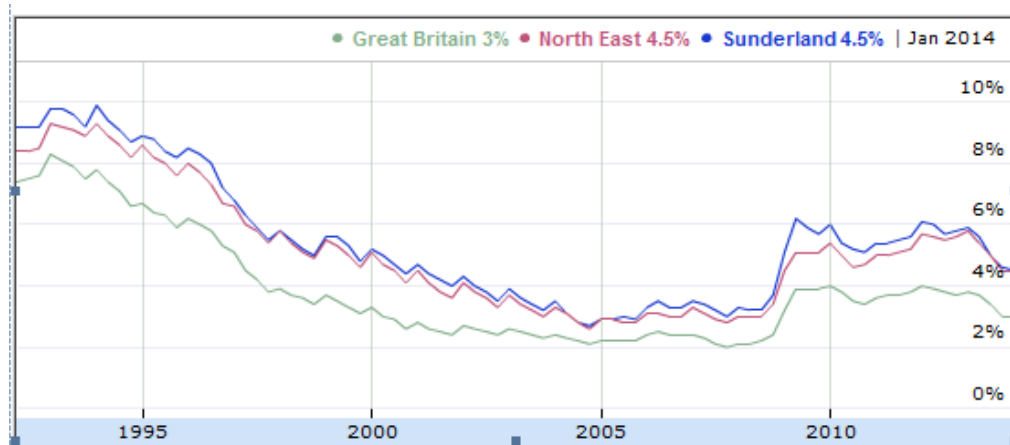
Physical Activity: Public Health England also uses Annual Population Survey (APS) data to inform a wider definition of physical activity that includes walking and cycling for active travel purposes, dance and gardening. In Sunderland, 37.0% of the adult population are inactive (i.e. less than 30mins of physical activity per week), compared to the national average of 28.7%. 50.6% of the adult population are active (i.e. 150mins or more physical activity per week), compared to the national average of 57.0%

Mental Health and Wellbeing: One in four people in the UK will suffer a mental health problem in the course of a year. As well as impacts on the individual and their family and friends, the cost of mental health problems to the economy in England have been estimated at £105 billion²⁶. Indicators in relation to self-reported well-being for happiness, anxiety and worthwhile scores are included in the Public Health Outcomes Framework²⁷. The 2013 Community Mental Health Profile for Sunderland²⁸ showed that rates of depression amongst adults and hospital admissions for self-harm were higher amongst Sunderland residents than the England average. Young people aged 0 – 17 years in Sunderland are also more likely to experience poorer mental health. Figures for 2015/16 showed the rate of 10-24 year olds admitted to hospital as a result of self-harm was 439.6 per 100,000 which was higher than the England rate of 430.5 per 100,000²⁹.

Prevalence rates of dementia for people aged 65 + registered on GP lists on Sunderland as of 2016 is currently at 4.6% compared to England at 4.3%, although the estimated diagnosis rate for residents of Sunderland in this age group is 72.1% versus 67.9% in England, indicating better identification of people with dementia in Sunderland.

Employment: Rates of unemployment in Sunderland are above the England average. In 2012 the rate of long term unemployment amongst 16 – 24 year olds in Sunderland was 15.4 per 1,000 which is higher than the England rate of 9.5 per 1,000³⁰. Data for 2015 shows that 5.9% of 16 – 18 year olds in Sunderland were recorded as not in education, employment or training, this is higher than the England figure of 4.2%³¹. There is a correlation between unemployment and poor health. **Figure 4** shows that 4.5% of people in Sunderland were claiming Job Seekers Allowance in January 2014. This is similar to the North East rate and higher than the Great Britain rate of 3%.

Figure 4: All people claiming Job Seekers Allowance. Comparing Sunderland to North East & England rates. 1992 – 2014.



Source: www.nomisweb.co.uk. Local labour market profile for Sunderland

Income: Sunderland has a higher proportion of children under 16 years of age living in poverty than the England average. The latest available data relating to 2014³² shows that 26% of under 16s in Sunderland were classified as living in poverty, the England average for the same period was 20.1%.

Education: Sunderland has a lower level of young people achieving GCSEs at 53.9% verse 57.8%¹⁸ for England.

Accidents: The recorded rate of 0 - 15 year olds who were killed or seriously injured in road traffic accidents in 2013-15 was 28.4 per 100,000 this is significantly higher than the England average of 17 per 100,000³³. Accidents are most likely to occur in areas of deprivation and during school opening and closing times. The introduction of neighbourhood-wide traffic calming and alternative street design has been shown to facilitate a reduction in road accidents in other areas.

Housing quality: 76.1% of housing stock in Sunderland is in council tax bands A and B. 99.2% of Sunderland households were reported to have central heating in 2011 which is higher than the England average of 97.3%. Overcrowding affects 5.7% of households in Sunderland compared to 8.7% in England whilst 34.4% of pensioners in Sunderland live alone, this is higher than the England average of 31.5%.

Levels of homelessness in Sunderland are below the regional and national averages. There were 109 applications for homeless status in Sunderland that were accepted as homeless and in priority need 2011/12. Rates have fallen over recent years. Rates were highest in 2003/04 when there were 900 applications accepted in Sunderland.

A survey of private sector housing conditions in Sunderland undertaken in 2014³⁴ highlighted the following in Sunderland:

- 81.8% of homes were occupied;
- 6.5% of homes had been vacant for over 6 months;
- 81.8% of properties in Sunderland were owner occupied and 16.7% were private rented;
- 14.2% of heads of household in the private rented sector are unemployed
- compared to 1.9% of owner occupied households;
- Median household income within the private rented sector is estimated at £20,310 compared to £37,700 in the owner occupied sector;

- 46.4% of private rented households are economically vulnerable compared to 12.5% of owner occupied households.
- 14,079 dwellings (15.7%) fail the requirements of the Decent Homes standard
- 2,493 dwellings (2.8%) exhibit Category 1 hazards within the Housing Health and Safety Rating System (HHSRS);
- 8,582 dwellings (9.5%) are in disrepair;
- 431 (0.5%) dwellings lack modern facilities and services; and
- 4,793 occupied dwellings (5.7%) fail to provide a reasonable degree of thermal comfort.

Crime and fear of crime: The rate of first time entrants to the youth justice system in Sunderland was 637.7 per 100,000 amongst 10-17 year olds during 2015 which is higher than the England rate of 368.9 per 100,000 during the same period³⁵. In 2011/12 rates of reported violent crime in Sunderland were lower than the England rates. Fear of crime can be linked to neighbourhood design, which in turn has a negative impact on neighbourhood interaction. Opportunities for community interaction in the evening in Sunderland are predominantly focussed around pubs and clubs.

Access to Greenspace: A recent audit³⁶ indicates that overall greenspace provision in Sunderland is above the national average, however access is not equitable and deprived areas in Sunderland are highlighted as having the lowest greenspace variety and quality. Access to quality greenspace can increase participation in outdoor physical activity and has been shown to support and improve mental health and wellbeing³⁷.

Access to facilities: Some parts of the city have poor access to day-to-day facilities, promoting social isolation and increasing the number of trips by car. Access to fresh fruit and vegetables, free ATMs and quality green space is limited in some areas. Whilst access to health facilities such as doctors surgeries or community pharmacies are within longer walking or cycling distance in some areas the current street conditions are not always conducive to walking or cycling.

7. Core Strategy and Development Management – Policy alignment

Table 3 outlines the potential health impacts of the draft CSDMP and alignment of policies with the Design Principles and Strategic Objectives of the HWBS, namely:

Design Principles

- DP1: Strengthening community assets
- DP2: Prevention
- DP3: Early intervention
- DP4: Equity
- DP5: Promoting independence and self care
- DP6: Joint Working
- DP7: Address the factors that have a wider impact on health
- DP8: Lifecourse approach

Strategic Objectives

- SO1: Promoting understanding between communities and organisations
- SO2: Ensuring that children and young people have the best start in life
- SO3: Supporting and motivating everyone to take responsibility for their health and that of others
- SO4: Supporting everyone to contribute
- SO5: Supporting people with long-term conditions and their careers, and
- SO6: Supporting individuals and their families to recover from ill-health and crisis

Full descriptions of the Design Principles and Strategic Objectives are given in **Appendix A**.

For each policy within the CSDMP, an assessment was made as to the extent to which the policy intent could have a positive or negative impact on health, in accordance with the principles and objectives of the HWBS.

In **Table 3**, the principles and objectives from the HWBS relevant to each policy in the CSDMP are listed in appropriate columns based on the assessment of their potential positive or negative contributions to the health of the population.

In some cases, policies may fall into both categories because, depending upon the implementation, the policies could pose risks and/ or provide benefits.

Table 3: Policy analysis of draft CSDMP and HWBS

Policy Number and Title	Broad description	Potential Positive Impact	Potential Negative Impact	General observations and commentary on the maximisation of health benefits/ minimisation of health harms
Policy SS1: Presumption in favour of sustainable development	When considering development proposals, the Council will take a positive approach that reflects the presumption in favour of sustainable development contained in the National Planning Policy Framework (NPPF).	DP7		Environmental sustainability is key to securing resources for health, and so this policy should have a generalised positive impact
Policy SS2; Principles of Sustainable Development	Proposals for development will be considered favourably where it can be demonstrated that they can meet the following principles of sustainable development	DP5; DP7; SO3		Environmental sustainability is key to securing resources for health, and so this policy should have a generalised positive impact, if sustainability principles are well observed.
Policy SS3 Spatial Delivery for Growth	The regeneration and sustainable growth of Sunderland to 2033 and beyond will be achieved through delivering development across the city in the most sustainable locations.	DP1; DP5; DP7; SO3; SO4		There are plans to create 10,660 new jobs and 13,824 net additional homes. If the growth of additional jobs relies heavily on the automotive industry and results in greater car ownership in the City, this could increase the risk of pollution and road traffic accidents whilst at the same time protecting health through increasing gainful employment (if a significant proportion of good quality jobs was secured by residents of Sunderland). This risk should be mitigated by SS2. It is not clear whether there will be a balance of affordable homes and those built to reduce outward migration and in-commuting. The strategy suggests that just 3% of the greenbelt will be lost. There is a potential for the development of the Vaux site to address the

Policy Number and Title	Broad description	Potential Positive Impact	Potential Negative Impact	General observations and commentary on the maximisation of health benefits/ minimisation of health harms
				attrition noted in the City's central area.
Policy SS4 Central Area Policy	The City Council will continue to promote the City Centre as the focus for retail, office, residential and the wider Central Area for leisure and residential activity, within the context of the wider aspiration to provide a high quality environment and visitor experience.	DP1; DP4; DP5; DP7; DP8; SO1; SO3; SO4		The plans to improve connectivity and access to services, and to improve provision for further and higher education within the City centre have the potential to improve health outcomes. Plans to improve the night time economy should consider the potential cumulative impact of alcohol licensing. Commitment to ensure that the relationship between vehicular traffic, pedestrians, and cyclists maximises accessibility for all users should enhance the opportunity to improve health.
Policy HWS1; Health and Wellbeing	The Council will seek to improve health and wellbeing in Sunderland	DP1 thru DP8; SO1 thru SO6		This is a good statement of intent, reflecting the local authority's duty to take such steps as considered appropriate for improving the health of the people in the area. However, the strategy lacks specific detail on implementation other than controlling takeaway outlets.

Policy Number and Title	Broad description	Potential Positive Impact	Potential Negative Impact	General observations and commentary on the maximisation of health benefits/ minimisation of health harms
Policy HWS2; Protection and delivery of community, social and cultural facilities	The Council will support the development of new social and community facilities including places of worship and public houses.	DP1; DP5; DP6; DP7; SO1; SO3	DP2; DP3; DP7; SO1; SO3	The plan to protect public houses may not be consistent with the plan to improve the offer in the night time economy. Supporting the development of public houses should be considered alongside the council's role to reduce the impact of alcohol harms across the city and the Statement of Licensing Policy. This may mean restricting licensed premises in some areas. It is not clear why only "smaller scale proposals [need] to demonstrate that the facility has good access by public transport, walking and cycling routes", suggesting that larger scale proposals could encourage car use. On the other hand, the Council proposed to actively consult with the community on developments.
Policy H1: Sustainable Neighbourhoods	The Council will seek to ensure that Sunderland will become a more sustainable city to live.	DP1; DP4; DP5; DP7; DP8; SO5		This is a broad description of the policy to create sustainable housing. The detail is in subsequent policies. The strategy contains no references to homelessness, either visible or invisible.
Policy H2: Housing Delivery	Policy H2: Housing Delivery 1. The Council will seek to meet its objectively assessed housing needs (13,824 net additional dwellings). 2. The Council will ensure that it maintains a rolling five year supply of deliverable housing sites throughout the plan period. 3. The requirement set out within this policy should be treated as a minimum and the Council will support delivery in excess of this on appropriate sites.	DP7		There was insufficient detail in this policy (more information was provided in subsequent sections) to say who, what, where and when would be affected. The policy is however broadly in alignment with the design principle of the Health and Wellbeing Strategy.

Policy Number and Title	Broad description	Potential Positive Impact	Potential Negative Impact	General observations and commentary on the maximisation of health benefits/ minimisation of health harms
Policy H3: Housing Mix	Proposals for new housing should seek to deliver an appropriate mix of housing types, sizes and tenures in order to meet identified needs and to create and maintain mixed and balanced sustainable neighbourhoods.	DP4; DP5; DP7; DP8; SO5		There is insufficient detail in the draft plan to say who, what, where and when will be affected by this policy. There is a clear intention to build family homes and suitable accommodation for the elderly and those with special needs. Building large family homes in particular locations could create inequalities.
Policy H4: Affordable Housing	In order to deliver affordable housing to meet identified needs, all housing developments over 10 dwellings, or on sites of 0.5ha or more, will be expected to provide at least 15% affordable housing provision.	DP4; DP7	DP4; DP7; SO1; SO2	There is insufficient detail in the draft plan to say who, what, where and when would be affected. Whilst the plan aims to have a mix of housing provision, it also provided exclusions to the rule. It acknowledges that "there is an affordable housing imbalance of 542 dwellings per annum" and that the 15% requirement will be insufficient to meet need". Therefore, there is a potential for this policy to fail to tackle inequalities and poor living conditions.
Policy H5: Student Accommodation	To assist in the regeneration of the city centre and in creating a 'University City', the Council will support proposals for purpose-built student accommodation or the conversion of existing buildings for student accommodation within the city centre and on existing university campuses.			The policy to support sustainable development of student accommodation in the City centre is evidence of a healthy policy in principle. Consideration could be given as to how the accommodation could be put to good use during non term-time.

Policy Number and Title	Broad description	Potential Positive Impact	Potential Negative Impact	General observations and commentary on the maximisation of health benefits/ minimisation of health harms
Policy H6: Travelling showpeople, gypsies and travellers	The Council will meet the needs of travelling showpeople and gypsies and travellers.	DP1; DP4; SO1	SO1	The focus on travelling communities could help to address health inequalities, so long as connections with the communities are supported. It is not clear from the strategy if there is a need for 33 impermanent plots in addition to the existing 100. It is also not clear why industrial estates have been identified (to accommodate show machinery?), and whether affected communities were involved in those decisions. It is difficult to assess the impact on travelling showpeople, gypsies and travellers until there has been engagement and consultation with these communities.
Policy H7: Residential Conversions and Change of Use	The loss of existing housing stock through change of use or redevelopment schemes, will only be supported under certain conditions.			No clearly identifiable areas of overlap with the HWBS.
Policy H8: Housing in Multiple Occupation (HMO)	Proposals for HMOs will be permitted under certain conditions.	DP7; SO1	DP7	The plan to seek evidence that the development would not cause undue noise or disturbance should support community safety and cohesion. It would be helpful to provide clear criteria on what an overconcentration of HMO's would be (e.g., persons per km). The provision of such housing is favourable compared to people being homeless, however, affordable housing for all outside of this sector would be preferable.
Policy H9: Backland and Tandem Development	Planning permission will be granted for schemes for residential new build within the curtilage of an existing dwelling under certain conditions.			No clearly identifiable areas of overlap with the HWBS.

Policy Number and Title	Broad description	Potential Positive Impact	Potential Negative Impact	General observations and commentary on the maximisation of health benefits/ minimisation of health harms
Policy EP1: Economic Growth	The Council will facilitate sustainable economic growth within the city.	DP7		Whilst the development of the International Advanced Manufacturing Park and Vaux sites could improve employment opportunities and contribute to the low carbon agenda, the increase in productivity and employment could also increase the use of private and heavy goods vehicles. A local sector-informed approach to education and skills could help to match local people to employment opportunities. Evidence shows that a good working environment is good for health, and that a bad working environment (characterised by low levels of job control and organisational fairness, and a high effort-reward imbalance) may contribute to poor health. There is strong evidence to show how having a healthy workforce can reduce sickness absence, lower staff turnover and boost productivity.
Policy EP2: Primary Employment Areas	A number of areas are allocated as Primary Employment Areas and will be safeguarded for B1 (Business – excluding B1a), B2 (General Industrial) and B8 (Storage and Distribution) employment use.	DP5; DP7; SO3; SO4	DP5; SO3	The policies relating to employment areas (EP2 to EP5) could have potential health benefits because fair employment and good work is a key determinant of good health. The extent to which this is realised will depend on the implementation of the policies. With respect to each policy, the Council could consider adopting and using criteria for non-obesogenic and healthy, sustainable environments such as promoting active travel and making the healthy choice the easier choice.
Policy EP3: Key Employment Areas	A number of areas are allocated as Key Employment Areas and will be safeguarded for B1 (Business - excluding B1a), B2 (General	DP7; SO4		As per EP2.

Policy Number and Title	Broad description	Potential Positive Impact	Potential Negative Impact	General observations and commentary on the maximisation of health benefits/ minimisation of health harms
	Industrial) and B8 (Storage and Distribution) employment use.			
Policy EP4: Other employment sites	On non-designated employment sites, proposals for new employment uses or extensions to existing employment uses will be supported.	DP7; SO4		Fair employment coupled with good work is a key determinant of good health.
Policy EP5: Policy New employment areas	The council will support proposals for new employment uses outside Primary and Key Employment Areas under certain conditions.	DP7; SO4		Where new employment areas are proposed, the Council could consider adopting and using criteria for non-obesogenic and healthy environments (e.g., access to public transport and promoting active travel) and healthy workplaces, as having a healthy workforce can reduce sickness absence, lower staff turnover and boost productivity - this is good for employers, workers and the wider economy.
Policy EP6: Offices	The Council will support the development of office development (Use Class B1a) within certain locations.	DP7; SO4		Whilst the development of the Vaux and other sites could improve employment opportunities and economic growth, the development could increase the use of private vehicles, air pollution and the risk of traffic-related accidents. Air quality monitoring and public transport could be considered in these growth areas.
Policy EP7: Trade Counters	Conditions limiting the use of industrial buildings for trade.			No clearly identifiable areas of overlap with the HWBS.

Policy Number and Title	Broad description	Potential Positive Impact	Potential Negative Impact	General observations and commentary on the maximisation of health benefits/ minimisation of health harms
Policy EP8: Designated Centres	The Council will continue to support the roles of its designated centres to ensure they remain as thriving and viable destinations, consistent with their scale and function	DP1; DP2; DP3; DP4; DP5; DP7; DP8; SO1; SO3		The policy could offer some protection through access to services for members of the public who are less mobile, or do not have easy access to a car. The policy aims to protect or create environments that are sustainable, healthy and inclusive and aims to ensure that facilities and services are accessible within centres. In the consideration of each proposal, all attempts should be made to making the healthy choice the easier choice.
Policy EP9: Retail Hierarchy	In order to maximise regeneration, ensure the appropriate distribution of investment and protect identified centres, a hierarchy of centres has been identified.	SO1	DP4	The policy aims to encourage design for centres with 'a good supply of local services and facilities in safe and attractive environments [that] encourage people to walk, cycle and socially interact, thus facilitating healthy lifestyles and promoting well-being'. Would the Council consider undertaking an HIA for each separate proposal? The policy has the potential to negatively impact on equity of access due to the hierarchy where the Town Centre will be the focus.
Policy EP10: Retail Impact Assessments	When assessing applications for edge or out-of-centre retail development, the Council will require an impact assessment to be submitted if the development is over certain Local Thresholds.			No clearly identifiable areas of overlap with the HWBS.
Policy EP11: Primary and secondary frontages	Conditions limiting support for proposals for frontages.			No clearly identifiable areas of overlap with the HWBS.

Policy Number and Title	Broad description	Potential Positive Impact	Potential Negative Impact	General observations and commentary on the maximisation of health benefits/ minimisation of health harms
Policy EP12: Hot Food Takeaways	Conditions limiting support for proposals for hot food takeaways.	DP2; DP3; DP4; DP5; DP7; SO2; SO3	DP2; DP3; DP4; DP5; DP7; SO2; SO3	The policy has the potential to positively impact on the health of the population by limiting access to energy dense foods. However, the thresholds were not available at the time of writing. Could the Council consider a) working with providers to make the healthier choice the easier choice, and b) consider a population-level (cumulative impact) policy that takes into account for example the levels of obesity or the at risk population in an area (e.g., schools) rather than the amount of retail space occupied?
Policy EP13: Culture, Leisure and Tourism	The Council will support the development of cultural, leisure and tourism development within the city.	DP2; DP4; DP7; SO1; SO3	DP4	The policy has the potential to positively impact on the health and wellbeing of the population by encouraging increased physical activity and leisure activities. The council should ensure that access to such facilities and services will be equitable and does not disproportionately favour those with higher socioeconomic status.
Policy E1: Urban Design	Conditions for achieving high quality design and positive improvement from all development, which protects and enhances the environment and existing locally distinctive character, and encourages innovation, development.	DP2; DP5; DP7; SO1; SO3		The policy has the potential to promote better health outcomes by encouraging sustainable development with due regard for example to flood risk and preventing criminal activity. Could the council consider utilising HIA for large development proposals?
Policy E2: Public Realm	Criteria for considering existing and proposed areas of public realm.	DP7; SO1		The policy has the potential to positively impact on the health wellbeing of the population by encouraging the maintenance and development of public spaces that are safe and accessible and incorporate public art.

Policy Number and Title	Broad description	Potential Positive Impact	Potential Negative Impact	General observations and commentary on the maximisation of health benefits/ minimisation of health harms
Policy E3: Advertisements/Shop Fronts	Conditions for the ways in which advertisements and shop fronts contribute to the visual appearance of the city's street scenes.	DP2; DP5; DP7		The Council could consider criteria for acceptable marketing e.g. promotion of healthy habits and advertising such as alcohol and fast food near schools and places young people gather.
Policy E4: Historic environment	The historic environment will be valued, protected, enhanced and managed for its contribution to character, local distinctiveness and sustainability.			No clearly identifiable areas of overlap with the HWBS.
Policy E5: Heritage Assets	Development proposals which may affect the significance of heritage assets in Sunderland (both designated and undesignated) or their setting should demonstrate how these assets will be protected, conserved and where appropriate enhanced.	DP1; DP7; SO1; SO3		This policy has the potential to protect health, given that cultural stability may help to foster a sense of coherence.
Policy E6: Green Infrastructure	The Council will aim to maintain and improve the Green Infrastructure Network by enhancing, creating and managing multifunctional greenspace that are well connected to each other and the wider countryside.	DP1; DP2; DP3; DP4; DP5; DP7; SO1; SO3		This policy has the potential to protect and improve physical and mental health and social wellbeing, including through applying climate change mitigation and adaptation measures and linking walking and cycling routes.
Policy E7: Biodiversity and Geodiversity	Criteria for development proposals affecting biodiversity or geodiversity.			No clearly identifiable areas of overlap with the HWBS.

Policy Number and Title	Broad description	Potential Positive Impact	Potential Negative Impact	General observations and commentary on the maximisation of health benefits/ minimisation of health harms
Policy E8: Woodlands/ Hedgerows and Trees	Criteria for proposals that may affect significant trees, woodlands and hedgerows	DP7		The policy has the potential to positively impact on health including due to the links between trees and air quality, including temperature reduction and other microclimatic effects and removal of air pollutants. However, the actual health benefits will depend upon the implementation of the policy, and how and which vegetation is affected.
Policy E9: Greenspace	The Council will protect, conserve and enhance the quality, community value, function and accessibility to the City's green space and wider green infrastructure, especially in areas of deficiency and aim to ensure that all residents have access to a wide range of quality greenspace	DP1; DP2; DP4; DP5; DP7; DP8; SO2; SO3		This policy has the potential to protect and improve physical and mental health and social wellbeing, including through enhancing the fixed formal play offer, improving access to quality natural greenspaces, and ensuring that all residents could access a range of indoor and outdoor sport and leisure venues across the City. However, the policy erred on the side of qualified protection of existing assets rather than enhancement or improvement.
Policy E10 Burial Space	The Council will protect all existing burial spaces and seek to re-use existing spaces for new burial spaces where appropriate.			No clearly identifiable areas of overlap with the HWBS.
Policy E11: Green Belt	The Green Belt (as designated on the Policies Map) in Sunderland will be protected against inappropriate development and maintained.	DP1; DP2; DP5; DP7; SO3		Protecting access to green spaces could positively impact on health by providing opportunities to engage in physical activity and improve psychological wellbeing. The strategy suggests that just 3% of the greenbelt would be lost through development. Proposals to provide outdoor recreation and leisure should be carefully scrutinised so that they are congruent with ecological sustainability (e.g., do not involve large scale use of synthetic/ inorganic materials)

Policy Number and Title	Broad description	Potential Positive Impact	Potential Negative Impact	General observations and commentary on the maximisation of health benefits/ minimisation of health harms
				and social equity (e.g., considering whether types of recreation provide equitable access).
Policy E12: Settlement Breaks	Settlement Breaks (as designated on the Policies Map) will be protected against inappropriate development.	DP1	DP1	This policy could be protective of health and wellbeing (in terms of defining communities and providing open areas). However separating communities by manmade structures such as major roads could impact on social cohesion and access to local amenities.
Policy E13: Development in the open countryside	Development in the countryside can help to sustain existing businesses, boost the rural economy and assist in rural diversification. Proposals will be permitted where they meet certain criteria.	DP1; DP7; SO1	DP4; DP7	The policy has the potential to positively impact on health by permitting development of facilities for outdoor physical activity and those required to ensure the conservation of community assets. However, the criterion that developments would be permitted for single dwellings could have the potential to increase socioeconomic inequalities. Proposals to provide outdoor recreation and leisure should be carefully scrutinised so that they support ecological sustainability (e.g., do not involve large scale use of synthetic/ inorganic materials) and equitable access.
Policy E14: Landscape Character	The Council will protect, conserve and enhance the varied landscape character throughout the city.	DP1		No clearly identifiable areas of overlap with the HWBS. However, the positive aesthetic of the landscape could contribute to individual and social wellbeing. Landscapes should also be considered for accessibility.

Policy Number and Title	Broad description	Potential Positive Impact	Potential Negative Impact	General observations and commentary on the maximisation of health benefits/ minimisation of health harms
Policy E15: Creating and protecting views	All development proposals should take account of views in to, out of and within development areas: schemes should be designed to preserve or enhance key local views and vistas, and create new public views where possible.			No clearly identifiable areas of overlap with the HWBS. However, the positive aesthetic of the landscape could contribute to individual and social wellbeing.
Policy E16: Agricultural Land	Development of "best and most versatile" agricultural land will not normally be permitted unless certain criteria are met.			No clearly identifiable areas of overlap with the HWBS.
Policy E17: Quality of Life and Amenity	Criteria for development proposals potentially affecting biodiversity or geodiversity and amenity of the local community.	DP1; DP2; DP7; SO1		This policy has the potential to protect populations from many environmental (including biological, chemical and mechanical) hazards affecting physical and psychological health and to protect community assets. It would be beneficial to include a clause in the policy to specifically consider quality of life as well as amenity, and to express an intention to undertake HIA for each proposal likely to affect quality of life and amenity.
Policy E18: Noise-Sensitive Development	Criteria for development proposals potentially affecting noise levels.	DP2; DP7		This policy has the potential to protect populations from noise pollution that can affect psychological health and social cohesion. It would be beneficial to include a clause in the policy to specifically consider quality of life as well as amenity, and to express an intention to undertake HIA for each proposal likely to affect quality of life and amenity.
Policy E19: Contaminated Land	Criteria for development proposals potentially affected by contaminated land.	DP2; DP7; SO3		This policy has the potential to protect populations from the effects of land contamination.

Policy Number and Title	Broad description	Potential Positive Impact	Potential Negative Impact	General observations and commentary on the maximisation of health benefits/ minimisation of health harms
Policy E20: Health and Safety Executive areas and Hazardous Substances	Conditions for development proposals for notifiable installations.	DP2; DP7; SO3		This policy has the potential to protect populations from the potential harmful effects of hazardous substances.
Policy CM1: Carbon management	The Council will seek to ensure that the development in the city minimises the impact of climate change.	DP2; DP7; SO3		This policy has the potential to protect populations from the potential harmful effects of climate change. We would support the aim to ensure that plans for growth are consistent with measures to manage and mitigate climate change (e.g., the indirect costs of growth such as increased traffic and use of non-renewable materials).
Policy CM2: Decentralised, renewable and low carbon energy	The development of decentralised, renewable and low carbon energy will be supported subject to satisfactory resolution of all site specific constraints.	DP2; DP7; SO3		This policy has the potential to protect populations from the potential harmful effects of developing low carbon energy, such as noise nuisance and flood risk.
Policy CM3: Renewable Energy	Criteria for proposals to develop renewable energy.	DP2; DP7; SO3	SO1	This policy has the potential to protect aspects of the human environment at risk from developing renewable energy, such as air traffic and the impact on residents. Any proposals should be considered in the light of the potential impact of residents living nearby.
Policy CM4: Flood risk and Water management	The City Council will seek to reduce flood risk, promote water efficiency measures, and protect and enhance water quality.	DP2; DP7; SO3		This policy has the potential to protect populations from hazards to broad dimensions of health (physical, mental, social and economical) that could arise from flooding and contaminated water.
Policy CM5: Surface Water Management	All development proposals will be required to consider the effect of the proposed development on flood risk, on-site and off-site, commensurate	DP2; DP7; SO1; SO3		As per CM4.

Policy Number and Title	Broad description	Potential Positive Impact	Potential Negative Impact	General observations and commentary on the maximisation of health benefits/ minimisation of health harms
	with the scale and impact of the development.			
Policy CM6: Water Quality	All development must demonstrate control of the quality of surface water runoff during construction and for the lifetime of the development.	DP2; DP7; SO3		As per CM4.
Policy CM7: Disposal of Foul Water	Conditions for ensuring that development proposals include appropriate provision for drainage.	DP2; DP7; SO3		As per CM4.
Policy CM8: Sustainable Design and Construction	Sustainable design and construction will be integral to new development in Sunderland.	DP2; DP7; SO3		This policy incorporate a number of considerations pertinent to sustainability already covered in the CSDMP such as preventing flood risk and using organic materials that could help to develop healthy and sustainable places and communities, and prevent risks to health.
Policy CC1: Sustainable Travel	The Council will promote sustainable travel and seek to enhance connectivity for all users.	DP1; DP2; DP4; DP5; DP7; SO1; SO3; SO4		Promoting sustainable and active travel could help to connect communities and improve access to employment and services. The policy also has the potential to protect and improve the health of the local population, for example through reducing air pollution and dependence on private use vehicles, increasing physical exercise and improving physical and mental health outcomes.
Policy CC2: Connectivity and Transport Network	Planned actions to improve connectivity and enhance the city's transport network.	DP1; DP2; DP4; DP7; SO1; SO3; SO4	SO3	As per CC1, this policy has the potential to impact on health in a number of positive ways. However, the policy has the potential to negatively impact on health through increasing traffic, accident risk and air pollution.

Policy Number and Title	Broad description	Potential Positive Impact	Potential Negative Impact	General observations and commentary on the maximisation of health benefits/ minimisation of health harms
Policy CC3: City Centre Accessibility and Movement	The council will improve accessibility to and movement within the city centre.	DP2; DP4; DP7; SO1; SO3; SO4		In conjunction with Policy SS4, the combination of actions to improve connectivity and access within the City centre has the potential to improve physical and mental health outcomes for example by encouraging physical activity and reducing dependency on private use vehicles and the threat of traffic-related accidents in the centre. Improving transport networks could help to connect communities and improve access to employment and services. The Council should consider using the principles of community street audit when planning specific changes to the centre and other sites.
Policy CC4: Port of Sunderland	The Council will promote the reinvigoration and future development of the Port of Sunderland.	SO4	SO3	The policy has the potential to increase levels of employment. Consideration should be given to the potential impact of heavy road traffic on air quality and road traffic accidents.
Policy CC5: Local Road Network	Conditions to ensure that development does not adversely impact on the existing road network.	DP2; DP7; SO3		This policy has the potential to protect the physical health of residents by ensuring that proposals have due regard to safety and convenience for sustainable modes of transport.
Policy CC6: New Development and Transport	Criteria to ensure that new development proposals will have due regard to safety, access, and sustainability.	DP2; DP7; SO3		This policy has the potential to protect and promote the physical health of residents for example by ensuring that proposals incorporate considerations for sustainable travel (e.g., electric vehicles and cycling) and do not exacerbate congestion and hence pollution.
Policy CC7: Digital Communication	Conditions for the permission of proposals for the installation of telecommunications equipment.			No clearly identifiable areas of overlap with the HWBS.

Policy Number and Title	Broad description	Potential Positive Impact	Potential Negative Impact	General observations and commentary on the maximisation of health benefits/ minimisation of health harms
Policy WM1: Waste Management	The Council will encourage and support the minimisation of waste production, and the re-use and recovery of waste materials including, for example, re-cycling, composting and Energy from Waste recovery.	DP2; DP7; SO1; SO3		The practical application of the waste hierarchy throughout the local area should help to improve the relationship between the public and the environment, and support businesses and residents to change behaviours in favour of sustainability. The Council should consider planning facilities for upcycling and facilitated freeshare in preference to disposal.
Policy WM2: Waste Facilities	Proposals for new built waste facilities should be focused on previously developed employment land (excluding land within Primary Employment Sites) and will be required to meet certain criteria.	DP2; DP7		This policy has the potential to protect the public and the environment from hazards arising from waste.
Policy WM3: Safeguarding Waste Facilities	The City Council will safeguard the existing strategically important waste management sites.			No clearly identifiable areas of overlap with the HWBS.
Policy WM4: Open waste Facilities	Criteria for permitting new open waste facilities.		SO1	The Council could consider having a specific clause excluding the use of land within a certain distance of human settlements to minimise any potential impacts or perceived impacts on health and wellbeing.
Policy WM5: Mineral extraction	Proposals for mineral extraction must demonstrate the extent, quality, significance and need for the reserves to be extracted.	DP2; DP7; SO1		The policy includes a condition for proposals to protect against floods risks and an expectation for applicants to provide detailed information on likely significant effect of the development on human beings, soil, water, climate, etc., and so should be protective of environmental and human health.
Policy WM6: Mineral Safeguarding Area	Conditions for the permission of planning for development of incompatible non-mineral	DP2; DP7		The policy has the potential to protect the physical and psychological health of residents by ensuring that planning applications for

Policy Number and Title	Broad description	Potential Positive Impact	Potential Negative Impact	General observations and commentary on the maximisation of health benefits/ minimisation of health harms
	development within a Minerals Safeguarding Area.			development within 100m of safeguarded facilities adequately address noise, dust, light and air emissions.
Policy WM7: Opencast Coal	There will be a presumption against open cast coal extraction within the city unless certain criteria are met.	DP7; SO1		This policy could have a positive health impact by ensuring that proposals are environmentally acceptable, and hence help to create and develop sustainable places.
Policy WM8: Land Instability and Minerals Legacy	Criteria for development proposals affected by land formerly used for coal mining.	DP7; SO1		The policy has the potential to protect the environment and the public from hazards such as land instability and gas. The Council could consider criteria for HIA screening for such proposals.
Policy WM9: Cumulative Impact	Planning permission will be granted for minerals and waste developments where the cumulative impact would not result in significant adverse impacts on the environment of an area or on the amenity of a local community, either in relation to the collective effect of different impacts of an individual proposal, or in relation to the effects of a number of developments occurring either concurrently or successively.	DP7; SO1		The policy has the potential to protect the environment and the local community from the cumulative impact of minerals and waste developments. The Council could consider including the health of the population as a criterion, as well as amenity of place.
Policy WM10: Restoration and Aftercare	Conditions for the restoration and aftercare of minerals extraction and temporary waste management development.			No clearly identifiable areas of overlap with the HWBS.

Policy Number and Title	Broad description	Potential Positive Impact	Potential Negative Impact	General observations and commentary on the maximisation of health benefits/ minimisation of health harms
Policy SA1: Vaux Strategic Allocation	Outline plan of the development of the former brewery site.	DP4; DP7; SO4		The development of the site has the potential to improve physical and mental health and to address social inequality, provided that good work becomes available proportionate to need, and the site is developed in accordance with broader policies relating to sustainability and the promotion of active travel. The policy within the draft CSDMP lacked sufficient detail to consider alignment with the HWBS in detail. The development of the Vaux site should, where resources allow, be subject to separate dedicated HIA.
Policy SA2: South Sunderland Growth Area	Outline plan of the development of 227ha of land between Ryhope and Doxford Park allocated to create a new high quality, vibrant and distinctive neighbourhood comprising approximately 3,000 homes.	DP1; DP2; DP7; DP8	DP4; DP7	The proposed development has the potential to promote good health within the identified area including through developing cultural facilities, green infrastructure, and having due regard to a mix of housing types and tenures. However, The residents of Doxford and Ryhope have fared considerably well with respect to life expectancies and levels of deprivation when compared with others wards within the City (see Public Health England's Local Health and the Indices of Multiple Deprivation, 2015) and as such, the new development has the potential to increase social inequalities in health across the City. The development should, where resources allow, be subject to separate HIA.
Policy SA3: Housing Release Sites	Outline plan to deliver approximately 1,546 dwellings within 15 sites.	DP2; DP4; DP5; DP7; SO1; SO3		The policy aligns with the HWBS through supporting developments that provide an equitable housing mix, minimise environmental risks, protects the environment and promotes access to services.

Policy Number and Title	Broad description	Potential Positive Impact	Potential Negative Impact	General observations and commentary on the maximisation of health benefits/ minimisation of health harms
Policy SA4: Safeguarding Areas	Approximately 100 hectares of land safeguarded for future development beyond 2033.			No clearly identifiable areas of overlap with the HWBS.
Policy ID1: Delivering Infrastructure	Provisions for implementation of proposals.	DP5; DP6; SO1		The policy has the potential to positively impact on health by seeking to ensure that the necessary infrastructure (including access to health services) exists to support the implementation of the policies contained within the CSDMP. This will be facilitated by effective joint working.
Policy ID2: Planning Obligations	Criteria for seeking section 106 planning obligations.	DP1; DP4; DP7; SO1; SO3		This policy has a wide-ranging potential to positively impact on health, for example through seeking to secure affordable housing and improve or mitigate impacts on access to services, green infrastructure, community safety, heritage, and active travel. The extent to which the policy and practice are health-promoting will depend upon implementation.
Policy ID3: Enforcement	The Council will exercise the range of enforcement powers vested in the local planning authority is to ensure that development is regulated and that any significant impacts arising from a breach are stopped, or reduced to acceptable levels.			No clearly identifiable areas of overlap with the HWBS.

8. Recommendations

The draft CSDMP did not provide detailed plans at a lower level, reflecting the high level nature of the document. Therefore ensuring that opportunities to improve the health and wellbeing are maximised will be dependent upon the on-going consideration of health issues and potential impacts as emerging plans are developed and the continued consultation and engagement of local communities affected by the plans will be crucial to this.

The following 15 recommendations below should be considered as this work develops. Where relevant the associated draft CSDMP policies to which the recommendations relate are shown in brackets.

Alcohol

Recommendation 1: Plans to improve the night time economy should take account of the potential for cumulative impact licensing policies in the City. (Policy SS4 Central Area Policy)

Recommendation 2: Supporting the development of public houses should be considered alongside the council's role to reduce the impact of alcohol harms across the city and the Statement of Licensing Policy. (Policy HWS2: Protection and delivery of community, social and cultural facilities)

Healthy eating

Recommendation 3: Consider a) working with outlets to make the healthier choice the easier choice, and b) a population-level (cumulative impact) policy that takes into account risks to the health of children and young people by outlets sited close to schools. (Policy EP12: Hot Food Takeaways)

Healthy physical environments

Recommendation 4: Consider adopting and using criteria for non-obesogenic and healthy, sustainable environments such as promoting active travel and making the healthy choice the easier choice. (Policy EP2: Primary Employment Areas; Policy EP3: Key Employment Areas; Policy EP4: Other employment sites; Policy EP5: Policy New employment areas)

Recommendation 5: In the consideration of each proposal, all attempts should be made to making the healthy choice the easier choice. (Policy EP8: Designated Centres)

Recommendation 6: Consider undertaking a Health Impact Assessment for each separate proposal prior to development. (Policy EP9: Retail Hierarchy; Policy E1: Urban Design; Policy E17: Quality of Life and Amenity; Policy WM8: Land Instability and Minerals Legacy; Policy SA1: Vaux Strategic Allocation; Policy SA2: South Sunderland Growth Area)

Recommendation 7: Consider criteria for acceptable marketing e.g. promotion of healthy habits and preventing the advertising of potentially harmful products such as alcohol and fast food near schools and places young people gather. (Policy E3: Advertisements/Shop Fronts)

Recommendation 8: Consider including a clause in the policy to specifically consider quality of life as well as amenity. (Policy E17: Quality of Life and Amenity; Policy E18: Noise-Sensitive Development; Policy WM9: Cumulative Impact)

Recommendation 9: Any proposals should be considered in the light of the potential impact of residents living nearby. (Policy CM3: Renewable Energy)

Recommendation 10: Consideration should be given to the potential impact of heavy road traffic on air quality and road traffic accidents. (Policy CC4: Port of Sunderland)

Healthy physical environments/ Access to services and facilities

Recommendation 11: Proposals to provide outdoor recreation and leisure should be carefully scrutinised so that they are congruent with ecological sustainability (e.g., do not involve large scale use of synthetic/ inorganic materials) and social equity (e.g., considering whether types of recreation provide equitable access). (Policy E11: Green Belt; Policy E13: Development in the open countryside)

Access to services and facilities

Recommendation 12: Consideration should be given as to how the accommodation could be put to good use during non term-time. (Policy H5: Student Accommodation)

Recommendation 13: Consider ensuring that access to such facilities and services will be equitable and does not disproportionately favour those with higher socioeconomic status. (Policy EP13: Culture, Leisure and Tourism)

Recommendation 14: Consider using the principles of community street audit when planning specific changes to the centre and other sites. (Policy CC3: City Centre Accessibility and Movement)

Recommendation 15: Consider planning facilities for upcycling and facilitated freeshare in preference to disposal. (Policy WM1: Waste Management)

9. Next steps

The Health & Wellbeing Board should be asked to consider and endorse the recommendations highlighted above and receive annual updates against the recommendations as the draft CSDMP and related plans are taken forward.

Appendix A: Design Principles and Strategic objectives of Sunderland’s Health and Wellbeing Strategy

Design Principles

Design Principle Number	Short Description	Long Description
DP1	Strengthening community assets	By recognising everyone has a valuable contribution to make, we will empower individuals, families and communities, increasing their capacity to be involved, including in the co-production of services. This will enable residents to mobilise and build on existing community strengths and potential to help them address their own, their family’s and their community’s needs. This asset-based approach does not ignore needs – instead, it distinguishes between those needs that can best be met by families and friends, those best met by communities working in partnership with public services, and those that can only be met by public sector providers.
DP2	Prevention	A greater emphasis will be placed on customer insight, local intelligence and experience to effectively identify risks to health and wellbeing and to work within communities to prevent people developing problems.
DP3	Early intervention	We know that early intervention with children, young people, adults and carers can reduce more complex health issues in the longer term. Identifying and tackling issues at an early stage whenever they occur throughout an individuals life can prevent them escalating into more problematic and complex needs.
DP4	Equity	The conditions in which people are born, grow, live, work and age are responsible for the avoidable differences in their health. Equity in health means everyone being able to achieve their full health potential regardless of their personal circumstances. To achieve this there needs to be fair distribution of resources and opportunities for health as well as fairness in the support offered to people when they are ill. Health inequalities exist both within Sunderland’s communities, and between Sunderland and England. These health inequalities are often related to obesity,

Design Principle Number	Short Description	Long Description
		alcohol related diseases and smoking rates. We know that we have particular communities where these health inequalities are most evident and we need to address this.
DP5	Promoting independence and self care	The increasing emphasis on personalisation of services and of individual health and care budgets means that we must focus on creating alternative types of services that can be sustained within the community. We will continue to support our most vulnerable individuals, families and communities. Wherever possible and appropriate, our interventions will enable and re-able people to live their lives effectively without the need for recurring agency support.
DP6	Joint Working	Working together to make best use of our strengths and assets so that we can provide flexible and tailored services that respond to local conditions and focus on what matters to residents to achieve more for our communities
DP7	Address the factors that have a wider impact on health	Differences in people's health result from differences in the opportunities that people are able to take advantage of during their lives. A government commissioned independent review of health inequalities identified a number of social determinants which increase inequalities in life expectancy across the life course. The review identified six key objectives to reduce health inequalities caused by these determinants. These are: <ul style="list-style-type: none"> - Give every child the best start in life - Enable all children, young people and adults to maximize their capabilities and have control over their lives - Create fair employment and good work for all - Ensure healthy standard of living for all - Prevent ill health - Create and develop healthy and sustainable places and communities. To see a sustainable improvement in life expectancy for all of the population,

Design Principle Number	Short Description	Long Description
		including a reduction in inequalities, the wider determinants of health need to be addressed – this includes a major focus on achieving the best start in life to break the cycle of health inequalities.
DP8	Lifecourse approach	Intervention and support should be available throughout our lives, recognising that triggers for crisis can occur at different points in people’s lives (particularly at key transition points). It is important that we set in place the foundations in early years and encourage families to play a strong role in developing their own resilience whilst also recognising and responding to the changing needs of individuals as they age.

Strategic Objectives

Strategic Objective Number	Short Description	Long Description
S01	Promoting understanding between communities and organisations	<p>1.1. Increasing awareness of the services and support available to people in their community and assisting them to access these</p> <p>1.2. Services are responsive to community needs and assets, becoming co-produced where possible.</p> <p>If the health of local people is to improve then we must all pull together and play our part. Relationships between agencies and local people, including patients and service users, need to be much more dynamic and enable local people to have a much greater influence on which services are provided, as well as how and when they are provided. Equally, individuals and communities need to develop an understanding of the strengths that they have and can draw upon collectively, enabling them to take control of their own health.</p> <p>If we do these things then we will all have a much better understanding of our own health needs and how best we can address these, either through our own endeavours or with the help of others if we need it. This will give us confidence in ourselves and in the services that we rely upon in times of need.</p>
S02	Ensuring that children and young people have the best start in life	<p>2.1. Encouraging parents and carers of children to access early years opportunities</p> <p>2.2. Supporting children and families throughout the whole of a child's journey, including the transition into adulthood.</p> <p>Many of us understand and acknowledge the influence (directly and indirectly) that families and schools have on the development and life chances of children and young people. These two important factors can have a huge impact upon the health, education and future employment opportunities of a child or young person.</p> <p>To ensure a positive future for our children and young people there needs to be effective joint working across agencies and the wider family to encourage individuals and families to achieve their full potential by addressing their physical and emotional health issues. Schools in particular are in a position where they are able to support the physical and emotional development of their pupils and their immediate family.</p>

Strategic Objective Number	Short Description	Long Description
S03	Supporting and motivating everyone to take responsibility for their health and that of others	<p>3.1. Increasing emotional health and resilience of individuals, families and communities</p> <p>3.2. Frontline workers, volunteers and community leaders becoming aware of the main social determinants of health as well as the risks and opportunities and when and how services can be accessed</p> <p>3.3. Supporting people to make sustainable changes throughout their lives that will improve their health, utilising new technologies and methods of engagement with communities</p> <p>3.4. People (including young people) are aware of the importance of accessing long-acting health protecting interventions such as immunisation and screening and early presentation following the development of signs and symptoms of ill-health</p> <p>3.5. Making the healthy choice the easier choice.</p> <p>The most powerful influences upon how we behave come from our family and friends. They shape our knowledge, perspectives, experiences and preferences and as a consequence can either encourage or discourage us to lead a healthy lifestyle. It is important that we realise this effect on ourselves as well as the effect we can have on those around us. However there are also a range of options open to agencies that can help to make a healthy lifestyle an easy option, for example this can be through health education, provision within schools, mentoring programmes, as well as providing good transport links and easy access to the city's natural assets such as open and green spaces. Our agencies also need to consider how they can encourage and sustain people's interest in a healthy lifestyle through local and national events, cultural activities, and through Sunderland's major employers.</p>

Strategic Objective Number	Short Description	Long Description
S04	Supporting everyone to contribute	<p>4.1. Understanding the health barriers to employment and training, and supporting people to overcome them</p> <p>4.2. Working together to get people fit for work</p> <p>4.3. Working with local businesses to ensure a healthy workforce</p> <p>4.4. Supporting those who don't work to contribute in other ways.</p> <p>Those of us that find ourselves unemployed will realise already the detrimental affect this can have on our health, indeed it is known that poorer health can be found amongst those who are unemployed for longest. The effects of poor health can be divided into the short-term (resulting from the immediate impact of unemployment) and the long-term more complex health impacts that can develop. The potential health and wellbeing impacts of unemployment are:</p> <ul style="list-style-type: none"> - Distress, anxiety and depression that may also impact upon other family members - Worsening health behaviours in the form of increased smoking, increased alcohol consumption and a decrease in exercise. - Financial problems that can reduce living standards, increase the likelihood of social isolation and lower self-esteem. <p>So it is important that agencies work together to build confidence and motivation and provide pathways into training and employment. But we must also work with employers so that they understand how the policies they implement can have a significant effect on both the health of their employees and their employee's families. Good health in this environment can be promoted through healthier working conditions and more flexible employment.</p> <p>For those of us not in work there will be the opportunity to contribute to those communities that can benefit from our skills and talents. This will enable us to improve the lives of those around us and enable us to build community pride through a variety of volunteering opportunities.</p>
S05	Supporting people with long-term conditions and their carers	<p>5.1. Supporting self-management of long-term conditions</p> <p>5.2. Providing excellent integrated services to support those with long-term conditions and their carers</p> <p>5.3. Supporting a good death for everyone.</p> <p>We realise that carers and people with long term conditions can be experts in their care because they understand better than others the problems they encounter on a daily basis. Our agencies need to reflect on how they can work together and redesign their service provision in order to incorporate the preferences of patients and service users, as well as self-management of their condition where this is possible. We will ensure that this approach incorporates a range of services that are reliable, consistent and maximise the quality of life for those people with long-term conditions as well as their families and carers.</p>

Strategic Objective Number	Short Description	Long Description
S06	Supporting individuals and their families to recover from ill-health and crisis	<p>6.1. Supporting individuals and families to have emotional resilience and control over their life</p> <p>6.2. Providing excellent integrated services to support people to recover from ill health and crisis</p> <p>6.3. Winning the trust of individuals and families who require support.</p> <p>Any of us may find ourselves in need of support in a crisis situation. This may result from ill health or injury where we are suddenly unable to undertake everyday tasks, or where our main carer's own health and ability to carry on caring has suddenly broken down. Where this is the case our agencies will identify the best ways of facilitating rehabilitation by working together through a mixture of appropriate integrated services.</p>

References

- ¹ Scott-Samuel A, Birley M, Arden K (2001). *The Merseyside Guidelines for Health Impact Assessment Second Edition*, (May 2001). <http://www.live.ac.uk/ihia/IMPACT%20reports/2001merseysideguidelines31.pdf>
- ² Dahlgren. G & Whitehead. M. (1991). *Policies and strategies to promote social equity in health*. Stockholm Institute of Future Studies.
- ³ Foresight Tackling Obesity: Future Choices Projects. Project Report second edition. Government Office for Science (2007).
- ⁴ Great Outdoors: How Our Natural Health Service Uses Green Space to Improve Wellbeing – An action report. Faculty of Public Health (2013). Available at www.fph.org.uk/
- ⁵ Kweon, I et al. *Green open spaces and the social integration of inner city adults*. Environment and Behaviour. 30 (6) (1998).
- ⁶ Urban green spaces: a brief for action. World Health Organization (2017). Available at <http://www.euro.who.int/en/health-topics/environment-and-health/urban-health/publications/2017/urban-green-spaces-a-brief-for-action-2017>
- ⁷ Great Outdoors: How Our Natural Health Service Uses Green Space to Improve Wellbeing – An action report. Faculty of Public Health (2013). Available at www.fph.org.uk/
- ⁸ Physical activity and the environment (PH008). National Institute for Health and Clinical Excellence. (2008). Available at www.nice.org.uk
- ⁹ Housing and public health a review of reviews of interventions for improving health. Evidence briefing. National Institute for Clinical Health Excellence (2005). Available at www.publichealth.nice.org.uk
- ¹⁰ Peat, J.k, Dickerson, J and Li, J. (1998). *Effects of damp and mould in the home on respiratory health: a review of the literature*. *Allergy* 53 (2): 120 - 8
- ¹¹ Hiscock, R., Macintyre, S., Kearns, A., & Ellaway, A. (2003). Residents and Residence: Factors Predicting the Health Disadvantage of Social Renters Compared to Owner-Occupiers. *Journal of Social Issues*, 59(3), 527-546.
- ¹² Map of fast food outlets. National Obesity Observatory. Available at: www.noo.org.uk/uploads/doc/vid_15683_FastFoodOutletMap2.
- ¹³ Healthy people, healthy places briefing: Obesity & the environment: regulating the growth of fast food outlets. Public Health England. (November 2013).
- ¹⁴ London Food Board and Chartered Institute of Environmental Health. Takeaways toolkit. Food Matters. (London 2012).
- ¹⁵ Worklessness and health what do we know about the causal relationship? Evidence review. Health Development Agency. (March 2005). Available at: www.nice.org.uk
- ¹⁶ Fair Society Healthy Lives. The Marmot Review (2010). <http://theinstituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report>
- ¹⁷ Safer Places. The Planning System and Crime Prevention. Office of the Deputy Prime Minister. (2004).
- ¹⁸ <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/subnationalpopulationprojectionsforengland/2014basedprojections>
- ¹⁹ <https://www.nomisweb.co.uk/query/construct/summary.asp?menuopt=200&subcomp=>
- ²⁰ Public Health England, Local Health. Available at <http://www.localhealth.org.uk/>
- ²¹ <https://fingertips.phe.org.uk/profile/segment/>
- ²² <https://fingertips.phe.org.uk/profile/health-profiles>
- ²³ Joan Costa-Font, Joan Gil, *Intergenerational and socioeconomic gradients of child obesity*, *Social Science & Medicine*, Volume 93, September 2013, Pages 29-37, ISSN 0277-9536, (<http://www.sciencedirect.com/science/article/pii/S0277953613003298>)
- ²⁴ Healthy Lives, Healthy People: A Call to Action on Obesity in England. HMG. (October 2011).
- ²⁵ National Child Measurement Programme Report – England 2014 – 15 school year. (December 2015). Available at www.hsic.gov.uk
- ²⁶ No Health Without Mental Health: A Cross Government Mental Health Strategy for people of all ages. Department of Health (2011). Available at: www.dh.gov.uk
- ²⁷ Improving outcomes and supporting transparency. Part 1A: A public health outcomes framework for England, 2013 – 2016. Department of Health (2013)
- ²⁸ Community Mental Health Profile 2013 – Sunderland. The Network of Public Health Observatories (2013). Available at: www.nepho.org.uk/cmhp
- ²⁹ Public Health England Children and Young People's Mental Health and Wellbeing Profile (July 2017) <http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/0>
- ³⁰ Sunderland Health Profile 2013. Available at www.healthprofiles.info
- ³¹ Public Health Outcome Framework www.phoutcomes.info
- ³² Sunderland Health Profile (2017) <https://fingertips.phe.org.uk/profile/health-profiles>
- ³³ Overview of child Health <https://fingertips.phe.org.uk/profile-group/child-health>

³⁴ Private Sector Housing Condition Survey. Sunderland City Council (2014)
<http://www.sunderland.gov.uk/CHttpHandler.ashx?id=16023&p=0&fsize=1Mb&ftype=Private%20sector%20housing%20stock%20-%20condition%20survey%202014%20-%20citywide.PDF>

³⁵ Child and Maternal Health <https://fingertips.phe.org.uk/profile-group/child-health>

³⁶ Sunderland Greenspace Audit and Report 2012. Sunderland City Council (2013).

³⁷ Great Outdoors: How Our Natural Health Service Uses Green Space to Improve Wellbeing – An action report. Faculty of Public Health (2013). Available at www.fph.org.uk/